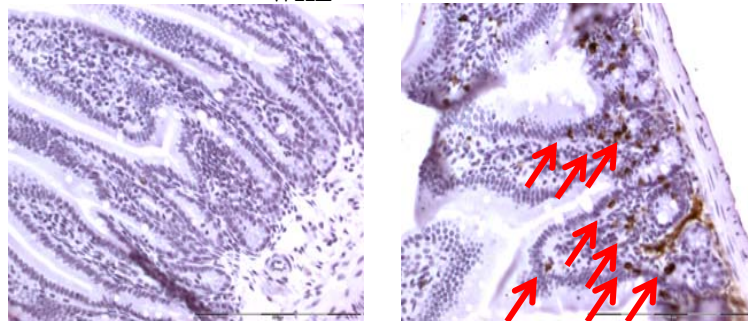
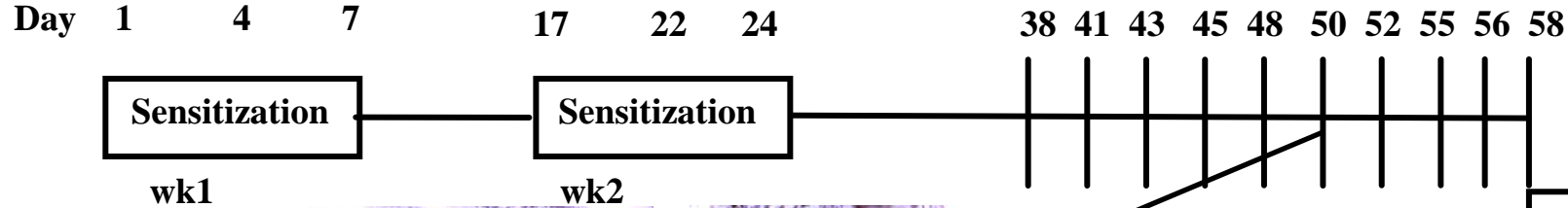


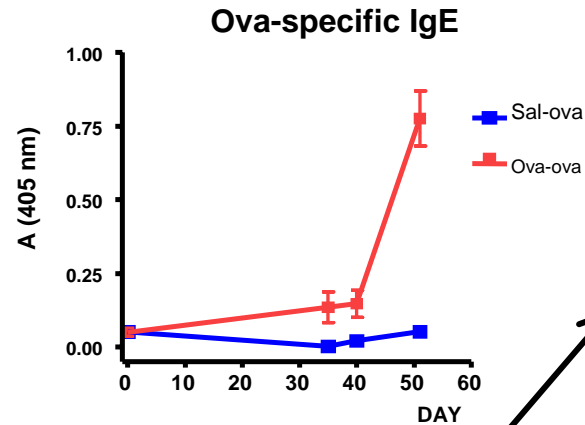
# Time table for the sensitizations and challenges

Ova = ovalbumin, i.g. = intragastric,  
ec = epicutaneous

1. Saline (e.c.) + saline (i.g.)
2. Saline (e.c.) + ova (i.g.)
3. Ova (e.c.) + saline (i.g.)
4. Ova (e.c.) + ova (i.g.)



Pathological mast cell finding in the small intestine of the allergy group



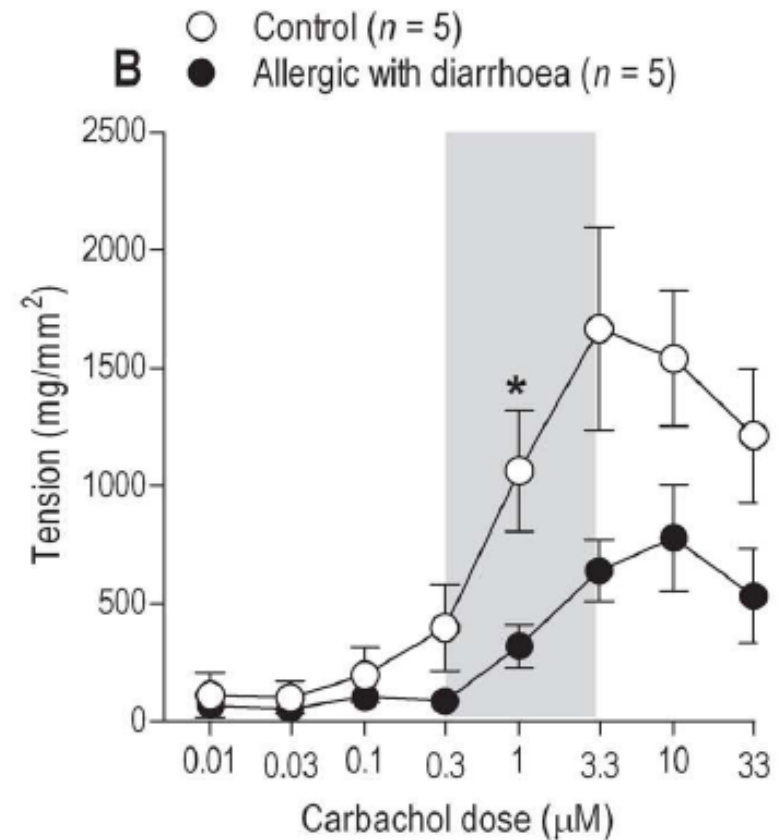
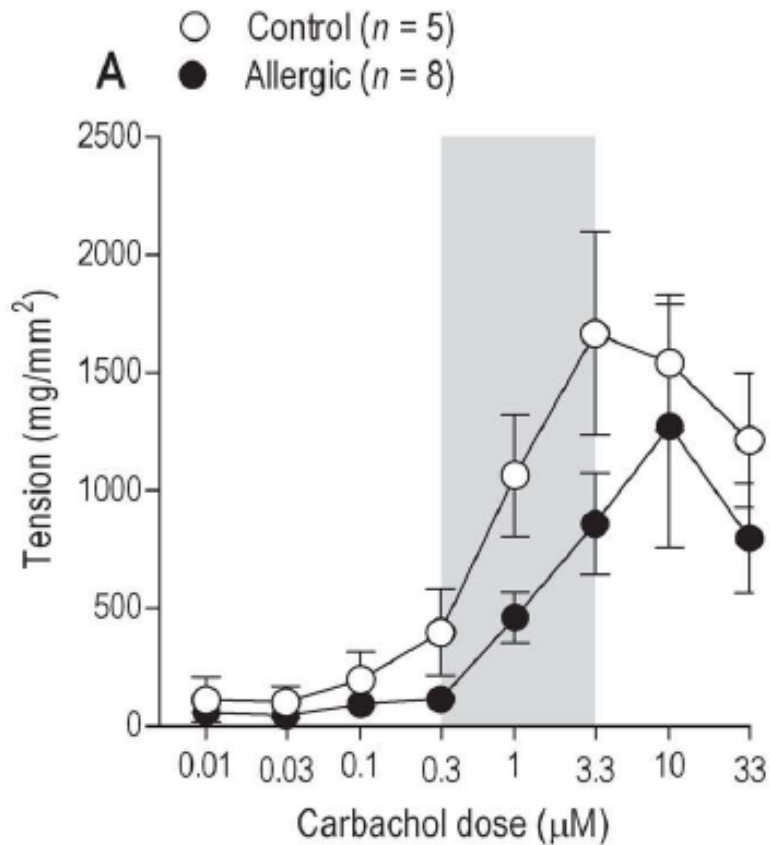
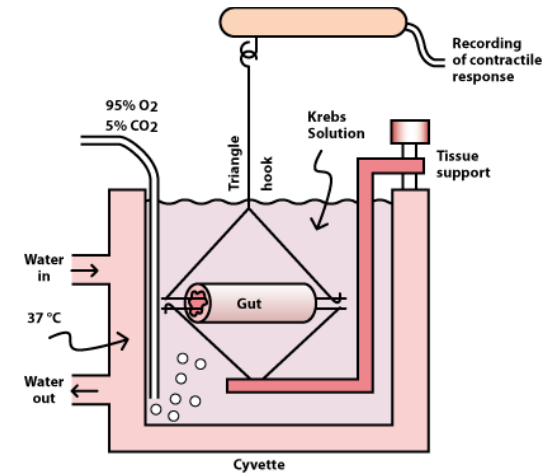
20-40 min



**Sacrification**  
**Tissue samples**  
**Blood**

If started from oral dose followed by dermal sensitization => will not succeed since oral tolerance!

Carbachol-induced constrictions:  
*hypocontractility* in the allergy group  
 => facilitation for quick transit in the GI



# Conclusions

- Skin wounding, in the presence of allergen, induced IgE production
- Challenge by the second mucosal route will further increase specific IgE production
- When challenged by oral route => mastocytosis, in the small intestine
- Jejunal mast cell density and intestinal mast cell activation product are correlated with serum specific IgE
- Inflammatory cytokines IL-4 and IL-6 are increased in allergic jejunum but not in ileum
- Acute diarrhea was precondition for jejunal contractility response