Corn: Popcorn, cereal, muffins, cornstarch, corn meal, corn bread, corn tortillas, corn syrup

Citrus fruits: Orange, lemon, lime, grapefruit; any of these in drinks, gelatin, juice, or medicines

Tomatoes: Juice, some vegetable soups, spaghetti, pizza sauce, catsup

Spices: Chili, pepper, vinegar, cinnamon

*Most common allergens.

Oral allergy syndrome occurs when a food allergen (commonly fruits and vegetables) is ingested and there is subsequent edema and pruritus involving the lips, tongue, palate, and throat. Recovery from symptoms is usually rapid. **Immediate GI hypersensitivity** is an IgE-mediated reaction to a food allergen; reactions include nausea, abdominal pain, cramping, diarrhea, vomiting, anaphylaxis, or all of these. Additional food allergies seen in young children include allergic eosinophilic esophagitis, allergic eosinophilic gastroenteritis, food protein–induced proctocolitis, and food protein–induced enterocolitis.

Food allergy or hypersensitivity may also be classified according to the interval between ingestion and the manifestation of symptoms: immediate (within minutes to hours) or delayed (2 to 48 hours) (American Academy of Pediatrics, 2014).

Food allergies can occur at any time but are common during infancy because the immature intestinal tract is more permeable to proteins than the mature intestinal tract, thus increasing the likelihood of an immune response. Allergies in general demonstrate a genetic component: Children who have one parent with allergy have a 50% or greater risk of developing allergy; children who have both parents with allergy have up to a 100% risk of developing allergy. Allergy with a hereditary tendency is referred to as **atopy**. Some infants with atopy can be identified at birth from elevated levels of IgE in umbilical cord blood.

Deaths have been reported in children who experienced an