Food Protein-Induced Enterocolitis Syndrome: Insights From Review of a Large Referral Population

PURPOSE OF THE STUDY. The goal of this study was to describe the demographic characteristics, clinical symptoms, and allergy test results in a large cohort of patients with food protein–induced enterocolitis syndrome (FPIES).

STUDY POPULATION. Patient charts were reviewed from The Children’s Hospital of Philadelphia, a large referral hospital with patients primarily from Pennsylvania, New Jersey, and Delaware.

METHODS. This study was a retrospective chart review of electronic medical records from 2007 to 2012. Originally, 992 patients were identified as having “allergic gastroenteritis and colitis” according to International Classification of Diseases, Ninth Revision, coding. A total of 462 patients met the classic definition of FPIES with reproducible episodes of prolonged vomiting or diarrhea 2 to 6 hours after exposure to an inciting allergen. Patients with IgE-mediated food allergy and chronic symptoms (eg, chronic diarrhea) were excluded. Patch testing with foods (similar to contact food allergy and chronic symptoms (eg, chronic diarrhea)) were excluded. Patch testing with foods (similar to contact allergy testing performed for nickel allergy) were conducted.

RESULTS. The patient population was primarily male (60%) and white (65%). Milk was the most common trigger food, with reactions reported in 67% of patients. The next most common food trigger was soy (41%), followed by grains (34.6%) and egg (11%). FPIES reactions were less common to meats and fish, vegetables and fruits, and peanut and tree nuts. A majority (70%) of patients reacted to 1 or 2 foods, and 5% reacted to >6 foods. Patients had their first FPIES reaction to milk and soy at ∼7 months of age compared with 12 months of age for solid foods. There was a relatively equal distribution between patients who presented with vomiting versus vomiting and diarrhea, and a minority (5%) presented with severe symptoms, including hypotension, pallor, or lethargy. Skin prick test results were negative in 96% of patients tested regardless of the food, and patch test results were negative 45% of the time over all foods. More than 85% of the patients had resolved their FPIES reactions by 5 years of age.

CONCLUSIONS. The data from this study confirm previous findings that a majority of FPIES reactions are due to milk and soy, and most patients experience resolution of this allergy early in life. It also confirms previous findings that results of skin prick tests are typically negative in FPIES. The results refute a previous pilot study that suggested utility of patch tests with foods. FPIES remains a clinical diagnosis with no simple method for testing.

REVIEWER COMMENTS. This study is the largest of FPIES to date. The prevalence of this type of food allergy is unclear. Familiarity with FPIES is important because misdiagnosis is common, considering that symptoms may initially mimic infection or a surgical malady and results of typical allergy tests measuring IgE antibodies are characteristically negative.

Clinical, Serologic, and Histologic Features of Gluten Sensitivity in Children

PURPOSE OF THE STUDY. The goal of this study was to evaluate the characteristics of gluten sensitivity in children.

STUDY POPULATION. The study included 15 children (10 boys, 5 girls) with a median age of 10.3 years (range: 1.6–15 years) who were diagnosed at 2 pediatric gastroenterology tertiary centers in Italy. Patients were referred for excluding an adverse food reaction to wheat.

METHODS. The diagnosis of gluten sensitivity was made after symptoms were associated with wheat ingestion despite a negative celiac disease evaluation. All children included in this case series tested negative for IgA endomyosial antibodies, IgA tissue transglutaminase antibodies, wheat-specific IgE, gluten-specific IgE, skin prick testing to wheat, and atopy patch testing to wheat. A small bowel biopsy was offered to all 15 patients (11 of 15 consented). Tissue transglutaminase IgA, endomyosial antibody and native antigliadin antibody IgA and IgG, HLA typing, and multiple hematologic measurements were obtained before initiation of a gluten-free diet. Patients followed a gluten-free diet for 8 weeks, followed by an open, hospital-based 5-g gluten challenge and monitoring for 48 hours. Symptom diaries were used. A 30% increase in a symptom score after the gluten challenge was deemed significant. A group of 15 patients with functional gastrointestinal disorders without celiac disease and without food-associated symptoms and 15 patients with celiac disease served as the control and comparison groups, respectively.

RESULTS. The median time to symptom onset after the open gluten challenge was 44 hours (range: 38–80 hours). Abdominal pain was the most frequently reported symptom postchallenge, reported in 12 (80%) of 15 children, followed by diarrhea (73%), fatigue (33%), and bloating (26%). Limb pain, vomiting, constipation, headache, and failure to thrive were also reported. Antigliadin antibody IgG was detected in 10 (66%) of 15 children with a diagnosis of gluten sensitivity, in 13 children (86%) with celiac disease, and in 2 (13%) of the control children. Titers of antigliadin antibody IgG were significantly lower in children with...
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