



I think and allergy doctor –
can you test please

Dr Warren Hyer

Consultant Paediatrician

Consultant Paediatric Gastroenterologist

Educational objectives

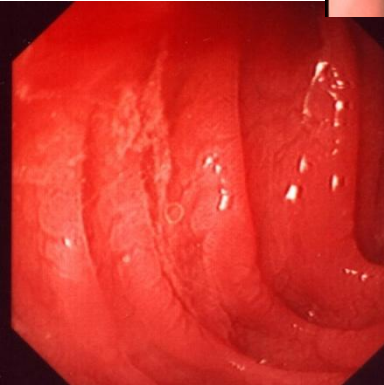
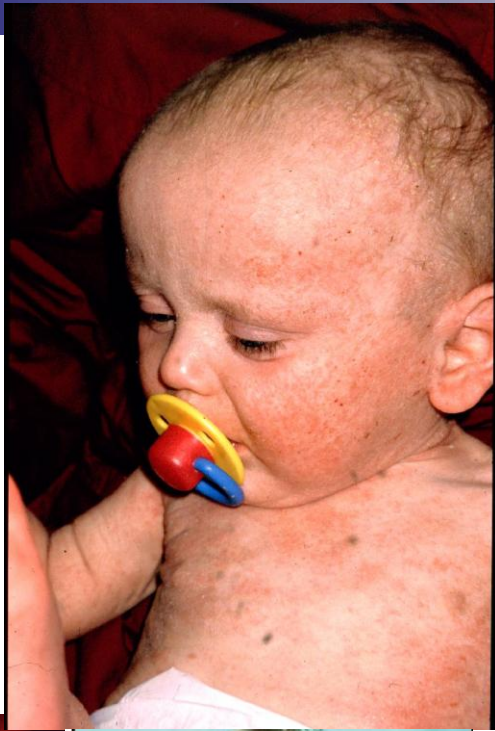
- IgE versus non IgE GI disease
- Screamers
- Eczema
- Rectal bleeding
- Eosinophilic disease
- Elimination diets

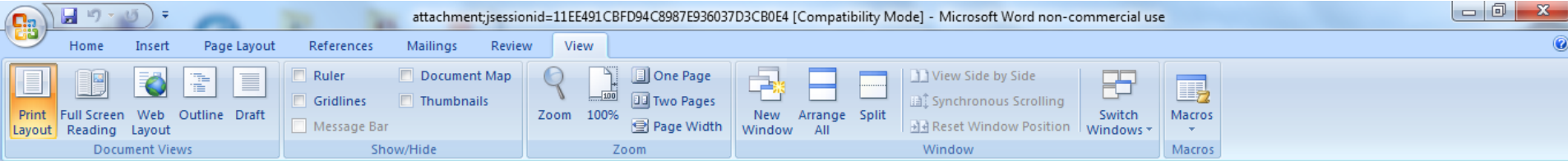
IgE mediated immediate reaction

- Food allergy like urticaria or anaphylaxis
- Oral allergy syndrome

Non IgE mediated – delayed manifestation

- eczema
- Allergic colitis
- Infantile colic
- GORD
- Allergic dysmotility
- Enteropathy





Thank you for seeing this neonate who is screaming excessively.

She was born by planned LSCS because of delayed labour (Term + 12). In the immediate post natal period her mother tells me she needed mucous aspiration several times. Since discharge she has been very snuffly but has not responded to saline drops. She is on bottle milk and her parents have tried different milk, including lactose free milk, with no effect. On examination I can detect no abnormalities.

Her parents are clearly a little fraugh and I would appreciate your opinion on whether you feel there is anything which can be done to help.

She has an older sibling, a 19month old sister you have seen and diagnosed lactose intolerance.

Thank you for your help.

■ What would you do for this child?

- Commence anti reflux therapy
- Start colief for lactose intolerance
- Change formula to a bitter hydrolysate feed and possibly make the feed difficulties worse
- Suggest start solids at the very earliest moment and keep going to then

Surely not all children who cry have reflux or colic?



The unsettled baby: how complexity science helps

Pamela Sylvia Douglas,¹ Peter Stewart Hill,²
Wendy Brodribb¹

diverse cultures. But unsettled behaviour may emerge if disruption of feedback loops exceeds the capacity of the mother–baby CAS to compensate, or adapt. For example, unidentified breastfeeding difficulty, including problems with attachment, positioning and suck–swallow–breath co-ordination, may interfere with self-organising neuro-hormonal and autocrine breastfeeding feedback loops, causing cry-fuss behaviours, failure to thrive, or both.^{36 39} The

months of life.^{10 42 48 52} Because of human evolutionary biology, babies sleep safest in same room as parents,^{51 69 70} and are more settled in the first few months of life if they are breastfed on demand and in close physical contact with the care giver.⁵³ Attunement contrasts with

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Efficacy of Proton-Pump Inhibitors in Children With Gastroesophageal Reflux Disease: A Systematic Review


Rachel J. van der Pol, Marije J. Smits, Michiel P. van Wijk, Taher I. Omari, Merit M. Tabbers and Marc A. Benninga

Pediatrics 2011;127:925-935; originally published online Apr 4, 2011;

CONCLUSIONS: PPIs are not effective in reducing GERD symptoms in infants. Placebo-controlled trials in older children are lacking. Although PPIs seem to be well tolerated during short-term use, evidence supporting the safety of PPIs is lacking. *Pediatrics* 2011;127:925–935

Over-Prescription of Acid-Suppressing Medications in Infants: How It Came About, Why It's Wrong, and What to Do About It

Eric Hassall, MBChB, FRCPC, FACG¹



Cows milk formulae

- Allergic
- Cheap
- tastes nice

Partially hydrolysed

- Soy not an option
- Questionable effectiveness

Whey hydrolysate

- Palatable but allergic
- e.g. Pepti

Caesin hydrolysate

- First line for food allergy
- e.g. nutramigen

Elemental

- Unpalatable
- Expensive
- First line if breast feeding
 - e.g. neocate
 - Nutramigen AA

Gastro-oesophageal reflux disease

According to expert consensus, gastro-oesophageal reflux disease is not a cause of excessive crying in the first months of life.^{6 w4} Proton pump inhibitors increase the baby's risk of infection and possibly of food allergies.^{15 16 w6} These drugs are

GER

CMA

DYSPHAGIA
HAEMATEMESIS
MELENA
RUMINATION
NAUSEA/BELCHING
ARCHING
BRADYCARDIA
HICCUPS
SANDIFER'S SYNDROME
ASPIRATION
LARINGITIS/STRIDOR
RESPIRATORY INFECTIONS
HOARSENESS

CRYING
IRRITABILITY
COLIC
PARENTAL ANXIETY
FEEDING REFUSAL
FAILURE TO THRIVE
VOMITING
REGURGITATION
SIDEROPENIC ANAEMIA
WHEEZING
APNEA/ALTE/SIDS
SLEEP DISTURBANCES

DIARRHEA
BLOODY STOOLS
RHINITIS
NASAL CONGESTION
ANAPHYLAXIS
CONSTIPATION
ECZEMA/DERMATITIS
ANGIOEDEMA
LIP SWELLING
URTICARIA/ITCHING

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To test for this, no IgE testing
Elimination and rechallenge

Non IgE mediated – delayed manifestation

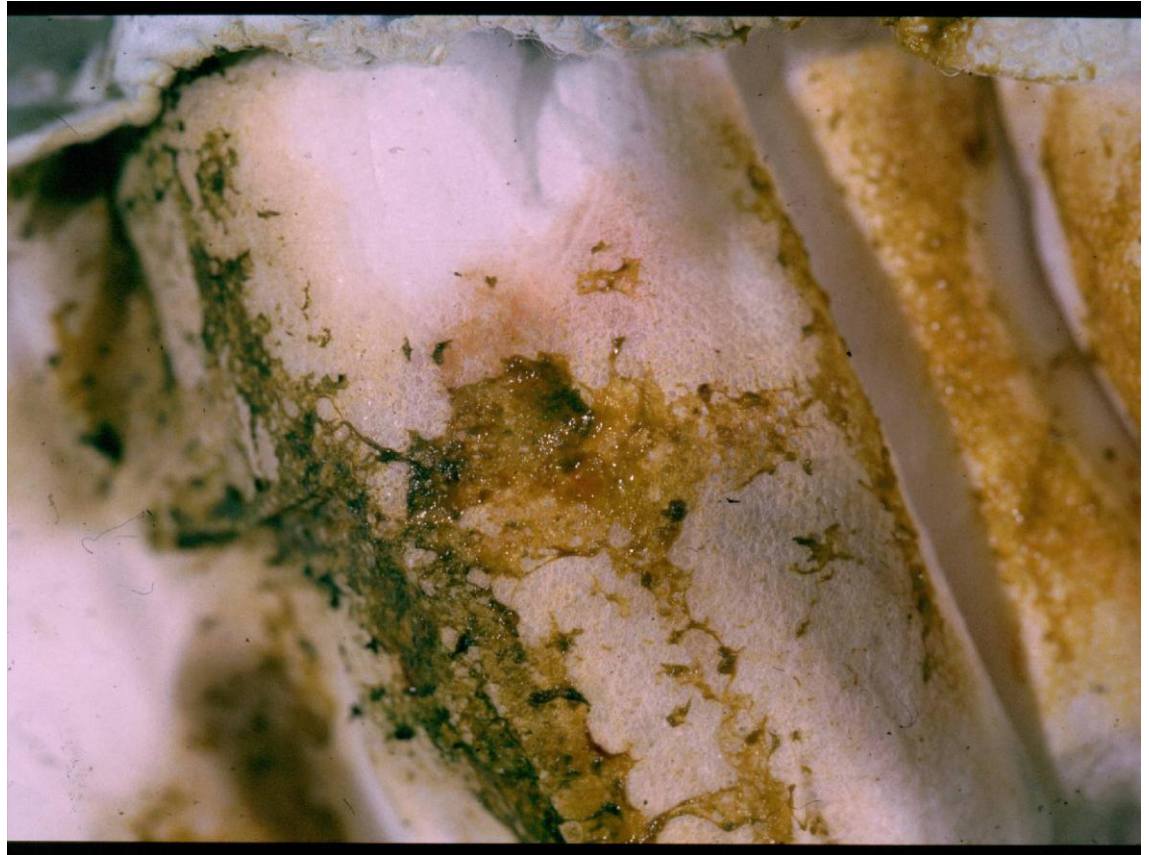
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Breast feed induced
proctitis

Do I need to change
mothers diet?

What should I
remove?

What happens when
they get older



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■ What would you do for this new born who is exclusively breast feeding?

- Advise mother to stop dairy in her diet
- Advise mother to stop breast feeding
- Give lactase drops to help break down the lactose
- Give neocate to the mother

Diarrhoea – sugar or protein

- Don't use the word lactose intolerance
- There is 7g of lactose in breast and formula milk
- Mucous + blood = colitis



- Is this a normal variant?
- Is a little inflammation good for you?
- Not always dietary protein induced proctocolitis
 - May be infection....



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Dietary protein induced enteropathy

- Cows milk more likely than coeliac
- Predictive bloods
- Investigation of choice is SBB



What should you do?

- Enteropathic build, +ve TTG
 - Refer for small bowel biopsy
 - Gluten free diet
 - Send to a paediatric gastroenterologist
 - Ask for AEN



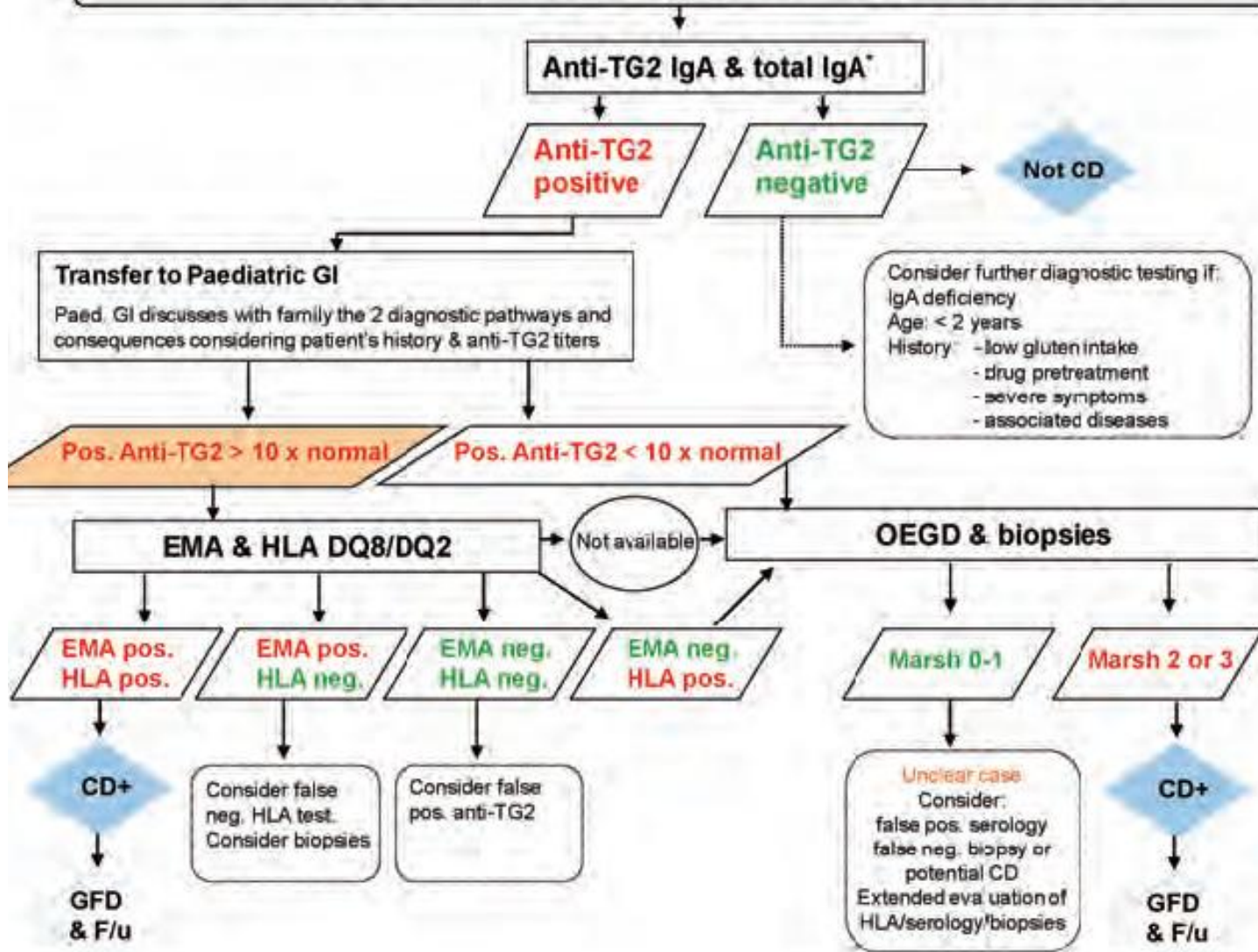
New guidelines for coeliac disease

CLINICAL GUIDELINE

European Society for Pediatric Gastroenterology, Hepatology, and Nutrition Guidelines for the Diagnosis of Coeliac Disease

**S. Husby, †S. Koletzko, ‡I.R. Korponay-Szabó, §M.L. Mearin, ||A. Phillips, ¶R. Shamir,
#R. Troncone, **K. Giersiepen, ††D. Branski, ‡‡C. Catassi, §§M. Lelgeman, ||||M. Mäki,
¶¶C. Ribes-Koninckx, ###A. Ventura, and ****K.P. Zimmer, for the ESPGHAN Working Group on
Coeliac Disease Diagnosis, on behalf of the ESPGHAN Gastroenterology Committee*

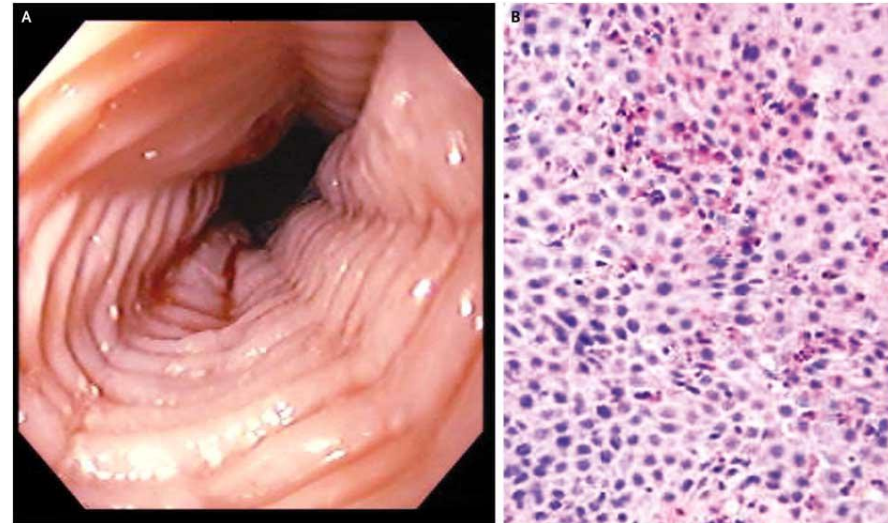
Child / Adolescent with Symptoms suggestive of CD



Food sticking doctor

■ Therapeutic choices:

- PPI
- Dietary change
- Swallow budesonide respules
- Leave alone



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Eosinophilic GI disease

- Controversial treatment options
 - PPI
 - Asthma therapies
 - Dietary change
 - Elemental diet
 - How much is reflux
- How often to scope?
- Significance of eosinophils?
- Risk of strictures



Why is this important?

- Burden of allergic disease
- Rising prevalence
- Misconceptions about food allergy (the adult approach)

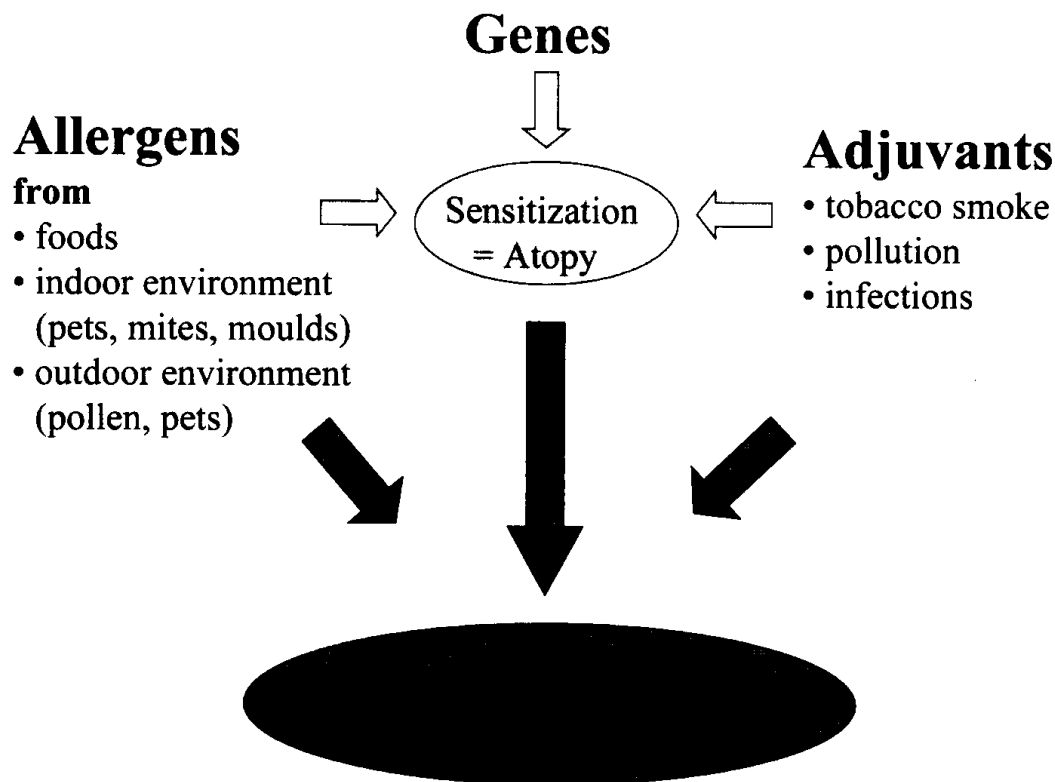


FIGURE 3: Risk factors for the development of an atopic disease

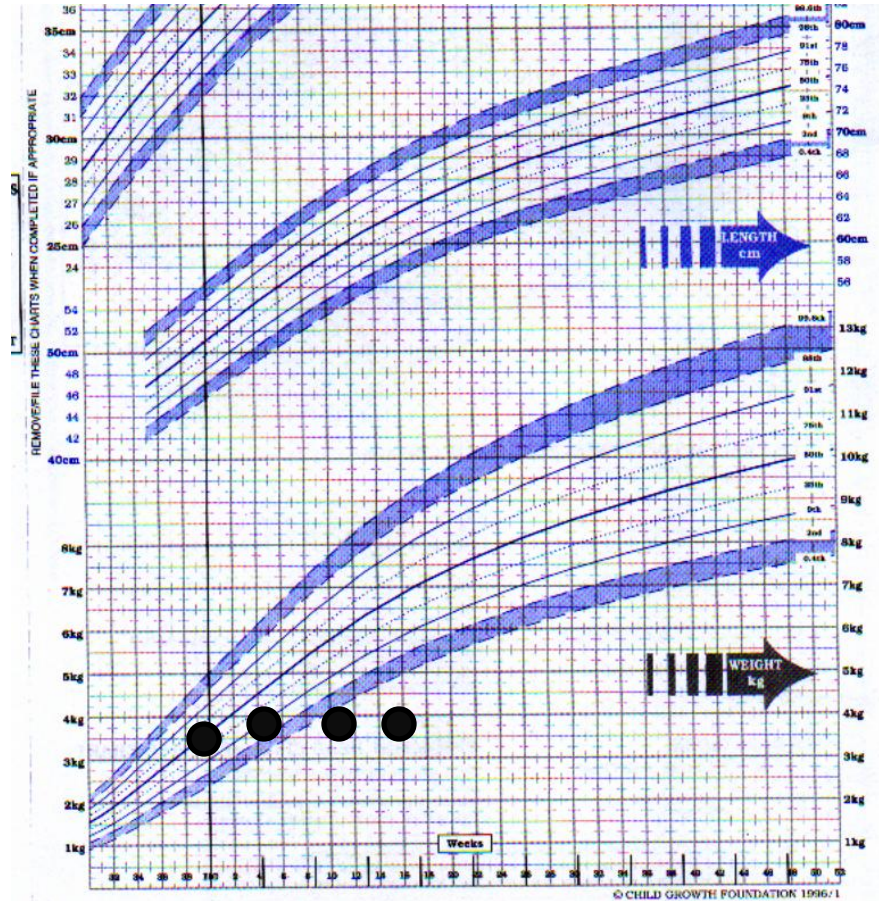
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Warning signs in severe




Severe eczema in child < 1 year

Start creams,
bath regime

See weekly,
look for red
flags

Determine
steroid
dependency

If > moderate
daily, then
dietary
modification



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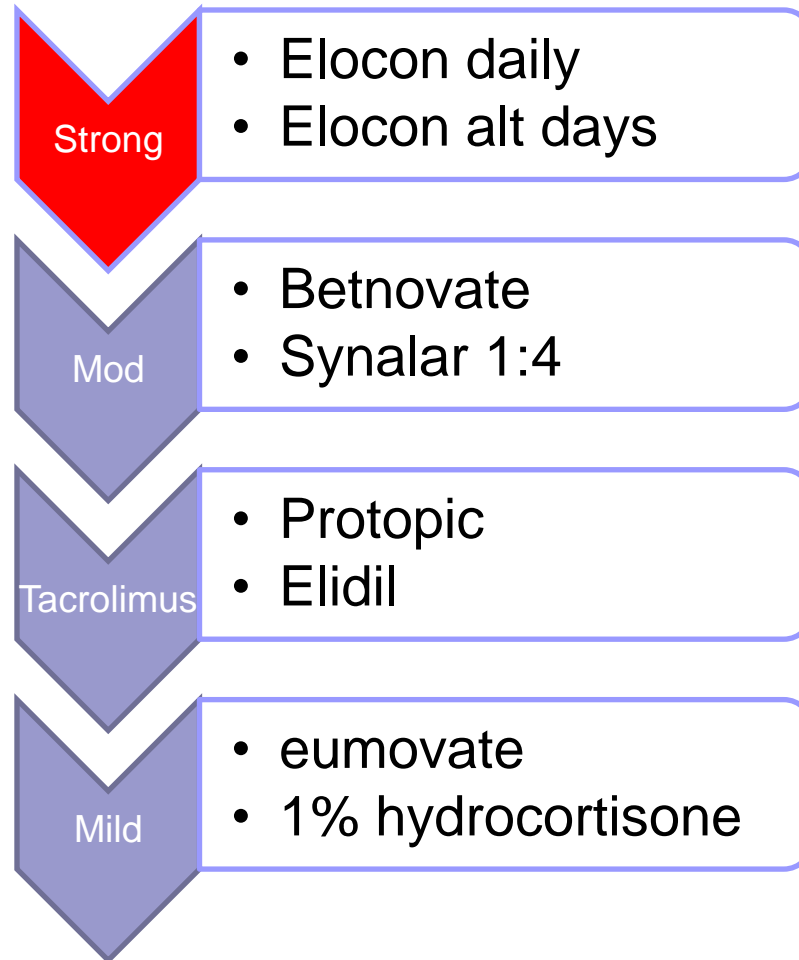
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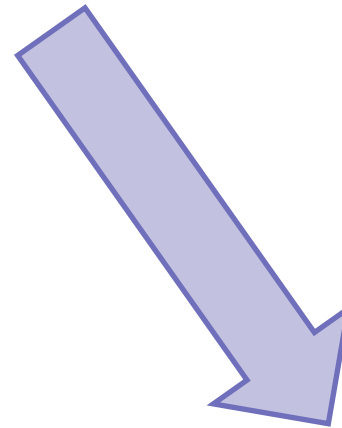
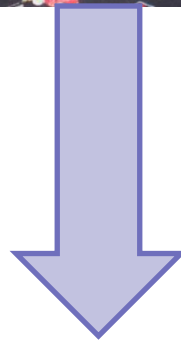
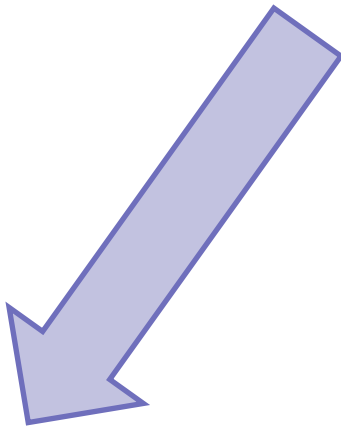
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Steroid ladder



For dietary modification

The desire to over restrict



- Don't ignore the role of food allergy in children < 1 year but only if extensive.
- Be wary about advice to breast feeding mothers
- Steroid ladders – start on upper rungs

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