Unusual presentation in cow’s milk protein allergy

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DESCRIPTION

Cow’s protein milk allergy (CPMA) is the most common food allergy in infants (2%–3% of the infant population), typically occurring in the first 6 months of life. Family history of atopy, prematurity or previous use of antibiotics are possible risk factors for CPMA. Common non-immunoglobulin E-mediated symptoms include vomiting, regurgitation, diarrhoea, rectal bleeding and irritability in an otherwise healthy infant.

A 34-day-old male infant, previously breast fed, with a clinical background of late prematurity (35 weeks), was small for gestational age, requiring hospitalisation to achieve feeding autonomy, and at 21 days old due to urinary tract infection. He had a 5-day history of mucus, bloody diarrhoea, irritability and frequent regurgitation, which started 1 day after consuming an infant formula and did not improve even after consuming an extensively hydrolysed (EH) formula for 2 days. General examination was unremarkable, including the presence of bowel sounds and depressible abdomen without visible collateral circulation. Sepsis screening on blood tests was negative. Stool culture was negative. Abnormal bowel sounds persisted. Rectal examination revealed a firm but non-tender rectal ampulla and no blood was found. Stool antigen detection of rotavirus, adenovirus, Salmonella, Shigella, Campylobacter, as well as antigen detection of astrovirus and Norwalk. Abdominal radiography and ultrasound revealed pneumatosis intestinalis (PI), a frequent finding of necrotising enterocolitis (NEC) in other, more frequent conditions, such as severe cow’s milk protein allergy (CPMA), which paediatricians should be aware of.

To avoid unnecessary interventions, benign causes of PI should be considered if severe systemic disease is not obvious. In CPMA, disease presentation and symptom severity are diverse, but they...
usually have good prognosis after removing CMP exposure. Despite that most infants with CPMA are able to tolerate the EH formula, almost 10% do not and require AAF, especially if presenting with severe enteropathy, like in this case.

Contributors AAC and JF were responsible for patient management during hospital admission, monitoring the clinical evolution everyday and discussing the clinical evolution with gastroenterology. We have done the literature review and wrote this article. SB, a doctor dedicated to paediatric gastroenterology, reviewed the article and continued the follow-up of the patient in subsequent appointments. STF reviewed the article and was responsible for the decisions made about this patient during the hospital stay.

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REFERENCES