

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-food-allergies/fpies-in-infants-optimizing-care-and-addressing-complications/30042/>

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FPIES in Infants: Optimizing Care and Addressing Complications

Announcer:

This is *On the Frontlines of Food Allergies* on ReachMD. On this episode, we'll hear from Dr. Anna Nowak-Wegrzyn, who's a Professor of Pediatrics at the New York University School of Medicine and the Director of the Pediatric Allergy Program at Hassenfeld Children's Hospital at NYU Langone Health. She'll be discussing how to best manage food protein-induced enterocolitis syndrome in infants. Here's Dr. Nowak-Wegrzyn now.

Dr. Nowak-Wegrzyn:

One of the difficulties in managing FPIES once you've established a diagnosis is managing children who are avoiding multiple foods or even multiple food groups. This usually is true for infants because if FPIES occurs during introduction of one of the first solid foods into the diet and the symptoms were severe, then there is subsequent apprehension among the caregivers, and the infant loses interest in trying any new foods, so there's barrier on both sides. And clinicians taking care of those patients may be a little apprehensive to offer a food challenge or supervise introduction in the office.

Sometimes there's avoidance of multiple food groups because of the severe reaction to one particular food. The first important thing is to identify the trigger. Then, if that food is eliminated from the infant diet or from the breastfeeding mother's diet, ensure adequate supplementation so you don't run into nutritional deficiency. So if you're avoiding cow's milk protein in the diet, either in the baby or mother, then the baby should receive a hypoallergenic formula to support nutrition. If the baby is breastfed and the mother is avoiding, let's say, dairy in her own diet because baby had symptoms during breastfeeding that were attributed to that particular food, then there should be appropriate guidance to the breastfeeding parent to replenish. We have to make sure there's enough supplementation of vitamin D consumed for both mother and the baby, and really, this varies with the food that is involved.

Another complication of multiple food FPIES in addition to nutrition is feeding difficulties. Since the reactions to the solid food FPIES usually evolve relatively soon after introduction of that particular solid food into the diet, it happens around six to seven or eight months of age, and it's frequently associated with delayed introduction of other solid foods. So there's a risk that we're missing that physiologic window of opportunity when infants develop interest in trying different food textures. They're open to new tastes and develop appropriate skills to chew and swallow. So feeding disorders or difficulties are common among infants and children with FPIES to multiple foods.

An additional complication that we have to pay attention to is that we don't want to unnecessarily delay the introduction of foods of high allergenic potential for IgE-mediated food allergy. We don't want to delay introduction of egg, milk, and peanut because—especially in infants with FPIES who have a very strong family history of atopy or themselves have significant atopic dermatitis, or in addition to FPIES, they have also an IgE-mediated allergy to a different food—those kids may be at risk of developing IgE sensitization.

Announcer:

That was Dr. Anna Nowak-Wegrzyn talking about considerations for treating infants with food protein-induced enterocolitis syndrome. To access this and other episodes in our series, visit *On the Frontlines of Food Allergies* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!