CuraScriptSD

PROTEIN-INDUCED ENTEROCOLITIS SYNDROME

Caring for Children with Food Allergies Costs U.S. Families Nearly $25 Billion Annually

Allergies are the 6th Leading Cause of Chronic Illness in the U.S.
Food protein-induced enterocolitis syndrome is a rare food allergy. It affects mostly infants and children. While the condition is rare and difficult to diagnose, you should always consult a provider if you suspect any problems in your child's health.

Please use this guide as a resource for knowledge and understanding of heel spur causes, symptoms, diagnosis, and treatment.

01 | Cause
FPIES is an allergic reaction that occurs within the gastrointestinal (GI) tract after consuming a trigger food. After consuming the food the child's reaction may begin to occur 2-3 hours after consumption, due to the reaction occurring in the GI tract. All foods can cause an FPIES reaction, but certain foods are more likely to trigger a reaction than others. Some children experience reactions from one or two foods, while other may experience reactions from multiple foods. Food with milk and soy are the leading causes of an FPIES reaction.

02 | Symptoms
Unlike other food allergies, an FPIES reaction is contained to the GI tract. The symptoms of a reaction may take several hours to appear. The delay in symptoms may make it harder to diagnose the allergy.

Symptoms of FPIES may also be confused with gas, acid reflux, or a stomach bug. The symptoms return after each exposure to the food allergen, so it's the chronic and repetitive nature of FPIES that ultimately distinguishes it from a brief episode of stomach trouble. The symptoms of FPIES include:

- chronic vomiting
- diarrhea
- dehydration
- lethargy
- changes in blood pressure
- body temperature fluctuations
- weight loss

03 | Diagnosis
Receiving a diagnosis of FPIES can be a lengthy process as providers will need to rule out many other causes of the reaction. Often confused with sepsis or viral illness, FPIES cannot be easily identified through blood or skin tests like typical allergies. In some instances a clinically supervised oral food challenge is necessary to confirm FPIES; this test can also help determine if a child has outgrown FPIES. Monitoring and recording your child's diet and reactions may be the best way to lead to a diagnosis of FPIES. FPIES is typically not a lifelong condition, with the estimation of a child outgrowing FPIES is about age 3-4.

04 | Treatment
Treatments for FPIES will vary based on what triggered the reactions, severity and availability. Steroid injections may help reduce the severity of the child's immune response, while lessening the severity of symptoms. IV fluids are necessary if the child is experiencing severe vomiting, diarrhea, or dramatic changes in body temperature. Lifestyle changes may be the key to the child's success in preventing any FPIES reactions. Avoiding the allergy triggers and substituting products that a child has a history of reaction to would be the best course of action.

For more information on FPIES and other allergy related conditions, please visit: *http://www.aaaai.org*

Did You Know?
15 million Americans have food allergies

References
http://www.healthline.com/health/allergies/fpies-in-babies#overview1

http://fpiesfoundation.org/about-fpies-3/