

HOW TO MANAGE FOOD PROTEIN-INDUCED PROCTOCOLITIS (FPIP)

What is Food Protein-Induced Proctocolitis?

It is a common cause of blood-streaked stool in otherwise well-appearing infants, and typically begins within the first few months of life. It is characterized by an immune response that results from maternal ingestion of the food allergen. These food allergens may cause inflammation in your baby's developing gastrointestinal tract (GI), resulting in blood and mucus in baby's stool.

Treatment includes elimination of the offending food from the mother's diet, which usually results in gradual resolution of symptoms in the infant and allows for the continuation of breastfeeding.

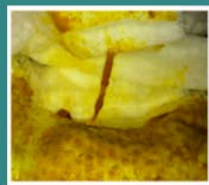
Dietary Triggers:

Up to 60% of cases occur in breastfed babies, but it can also occur in babies fed milk and soy formula. Cow's milk protein has been shown to cause up to 70% of cases, egg 16%, soy 6%, corn 2% and 8% not identified. Some children react to more than one of these foods.

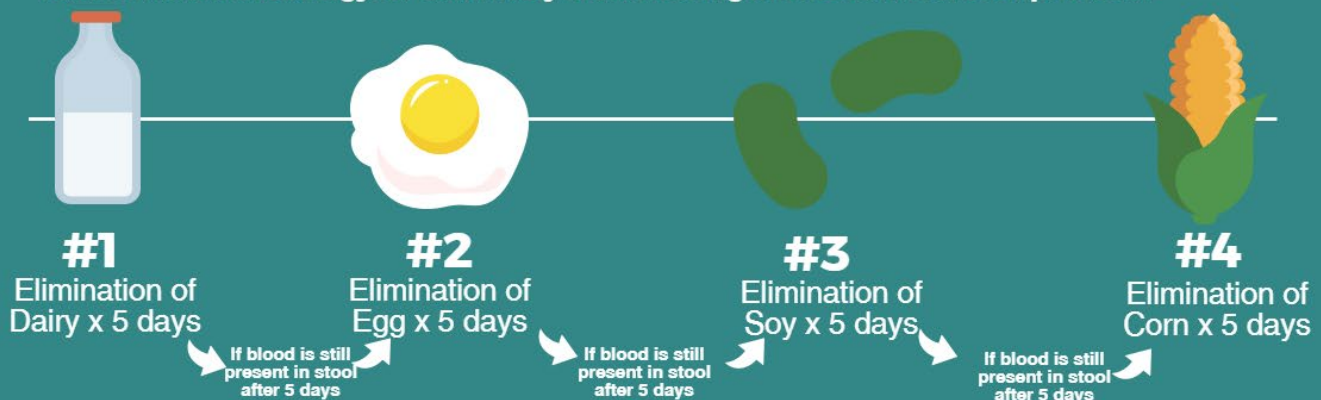
Many children that do not respond to this diet do not respond to further maternal dietary restriction. Cutting more foods out of your diet at this point is extremely difficult for new moms. Usually the safest and most manageable option is to switch to formula.

About ~90% of patients tolerate soy formula, and ~98% tolerate extensively hydrolyzed cows milk formula. Amino acid formula can be used for those that still have symptoms.

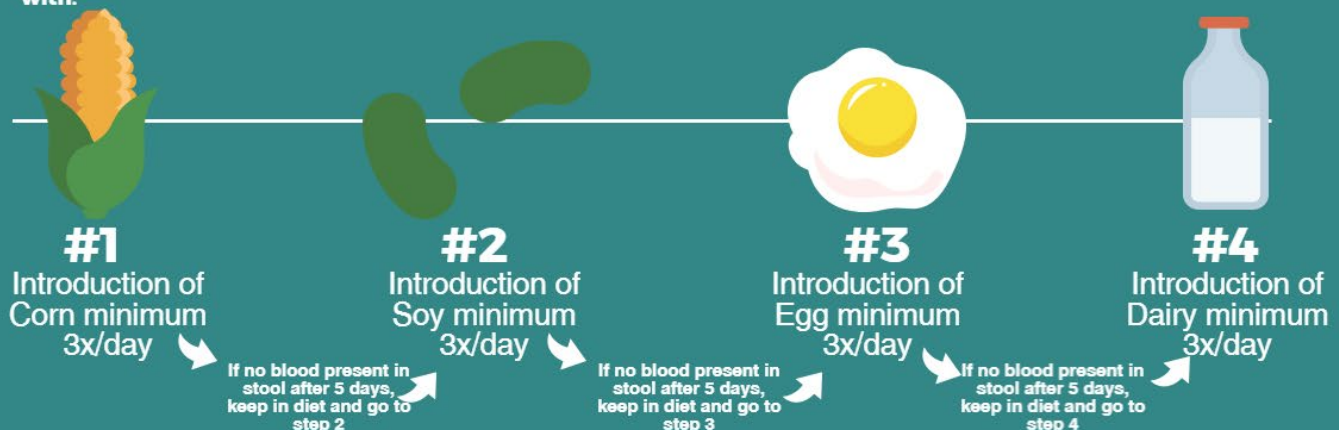
What does FPIP look like? Blood and/or mucus in the diaper:



Food elimination strategy for exclusively breastfeeding infants to find the culprit food:



Once no blood/mucous is present (may take up to one month to resolve), add back food in large portions at each meal to assess which one is causing the problem. Expect symptoms always within 5 days if food is the trigger. Start with:



If blood in stool restarts after adding back one of the offending proteins, this is the food to be avoided for next 6-9 month. If blood in stool continues, a hypoallergenic infant formula may be needed.

References

1. Lake AM Food induced eosinophilic proctocolitis J Pediatr Gastroenterol Nutr 2000; 30 Suppl S58-60.
2. Nowak-Węgrzyn A. Food protein-induced enterocolitis syndrome and allergic proctocolitis. Allergy Asthma Proc 2015; 36:172-184; doi:10.2500/aap.2015.36.3811

FREQUENTLY ASKED QUESTIONS

1. Will my child be able to eat the food that caused them to have FPIP?



Most children (85%) outgrow FPIP between 6-9 months of age. 95% of children have outgrown it by a year of age. Once your child is 9 months old, retry the food (3 servings per day for 5 days). If the mucous and blood do not return, the disease has resolved, and your child should have this food reintroduced to their diet. The long-term prognosis is excellent. They are at no increased risk of any other type of allergic reaction to this food, or allergies to other foods. There are also no increased risk of other diseases such as inflammatory bowel disease in infants with this condition. There is a small risk of anemia if symptoms are severe or are untreated. Foods offered to infants should be iron-rich.

2. What about vitamins for the baby and I?

Continue to take your prenatal vitamin while breastfeeding.

If your baby is exclusively or partially breastfed, then he/she should receive a daily vitamin D supplement of 400 IU. Supplementation should begin at birth and continue for up to 24 months for children who are still receiving breast milk. Iron supplements are not needed by breast-fed infants or those who are fed an iron-fortified infant formula from birth.



3. My baby isn't sleeping well. Is it a food allergy?

The main cause of sleep issues in children this age is colic and teething. Occasionally children with food protein-induced proctocolitis have improved sleep with colic symptoms when their "trigger food" is eliminated.

4. When can I start solids?

Infants are developmentally ready for solids when they:

- are close to 6 months of age, when birth weight has doubled
- can sit by themselves, alone or with support
- can watch a spoon and open their mouth when they see it coming
- turn their head away when they do not want something
- close lips over a spoon and keep at least some of the food in their mouth, rather than extruding it right back out



5. Dairy elimination helped, but things suddenly got bad again. Why?



Reoccurrence is likely due to maternal mistakes in diet. Look for "hidden" sources of all protein sources. If unsure, talk to your Registered Dietitian or allergist and they will be able to help guide elimination to ensure you are not eating "hidden" sources.

References

1. Lake AM Food induced eosinophilic proctocolitis J Pediatr Gastroenterol Nutr 2000; 30 Suppl S58-60.
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