Can the CoMiSS Contribute to the Diagnosis?

Breastfeeding provides optimal nutrition for infants as well as being the cheapest option. However, not all infants can be breast-fed and in these cases a cow’s milk-based infant formula is the best alternative.

Functional gastrointestinal (GI) symptoms are very prevalent in infants. Formula-fed infants present more frequently with symptoms of GI discomfort than breast-fed infants. Rates have been reported to be as high as 67% for regurgitation at four-months-of-age, 56% for flatulence at two months, 17% for constipation in infants younger than six months and 10 to 40% for colic and, or, heavy crying in infants younger than six months. In many cases parents report some or all of these symptoms: that the infant cries, seems to have colic, is rather constipated or has two to three loose stools per day, regurgitates four to six times a day or has mild patches of atopic dermatitis.

Depending on the awareness of healthcare professionals, these functional digestive symptoms may or may not be attributed to the ingestion of cow’s milk. If so, words such as “allergy” or “intolerance” are used interchangeably. However, there is a distinction between the terms. Intolerance, or hypersensitivity, relates to all reactions to foods, while an allergy indicates that an immune mechanism is involved and atopy is the terminology for immunoglobulin E (IgE) mediated reactions. An allergy to cow’s milk is one of the most common food allergies in young children. According to a recent meta-analysis, the self-reported lifetime prevalence of cow’s milk protein allergy (CMPA) is 6% (range: 5.7-6.4) and the rate of CMPA prevalence defined by the food challenge was 0.6% (0.5-0.8). Earlier reports estimated an incidence of 2-3 % in the first year of life.

Clinicians with expertise in managing children with gastrointestinal problems and, or, atopic diseases attended a workshop in Brussels in September 2014 to review the literature and determine whether a clinical score derived from symptoms associated with the ingestion of cow’s milk proteins could help primary healthcare providers. The Cow’s Milk-related Symptom Score (CoMiSS), which considers general manifestations, dermatological, gastrointestinal and respiratory symptoms, was developed as an awareness tool for cow’s milk related symptoms. It can also be used to evaluate and quantify the evolution of symptoms during therapeutic interventions, but does not diagnose cow’s milk protein allergy and does not replace a food challenge.

The usefulness of the CoMiSS still needs to be evaluated by a prospective randomised study. Conclusion The CoMiSS provides primary healthcare clinicians with a simple, fast and easy-to-use awareness tool for cow’s milk related symptoms.

Reference

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Satellite Symposium

Cow’s Milk Protein Allergy: How can we Improve Standards of Care in Pediatric Practice?

Thursday 7th May 2015
07:30 – 08:30 | Room G102-103

Presented during the 48th European Society for Paediatric Gastroenterology, Hepatology and Nutrition Annual meeting Amsterdam | The Netherlands
Non-IgE mediated CMPA in formula fed infants and young children

Non-IgE-mediated gastrointestinal food allergic disorders (non-IgE-GI-FA) account for an unknown proportion of food allergies and include food protein-induced enterocolitis syndrome (FPIES), food protein-induced proctocolitis (FPIAP), and food protein-induced enteropathy (FPE). Non-IgE-GI-FA disorders are separate clinical entities but have many overlapping clinical and histologic features among themselves and with eosinophilic gastroenteropathies. Cow’s milk is the most common offending food of non-IgE mediated food allergy. The lack of biomarkers makes it very difficult to diagnose these entities and to differentiate from other gastrointestinal diseases.

Literature:

Cow’s milk protein (CMP) is the leading cause for food allergy in infants and young children. The difficulty in clinical practice is the recognition in relation to clinical symptoms, age and type of feeding, the confirmation of the diagnosis and the correct follow up. A case based survey has been performed in Germany and Hungary to disclose the difficulties for paediatricians and general physicians taking care of infants in practice.

During the lecture the following scenarios will be discussed

1. CMPA in exclusively breastfed infants
   CMPA is less common in exclusively breast-fed compared to formula fed infants. The literature is scarce and only few randomized intervention trials are available. What does the clinician in clinical practice need to know about the following points?
   - Clinical manifestation
   - The value of testing for specific IgE
   - Maternal dietary restriction: how long and how strict: what is the evidence
   - Challenge via breast milk and direct, open or PCDB, pitfalls of food challenges
   - Weaning to what?
   - How to proceed if an exclusively breastfed infant reacts to the first CMP feeding
   - Follow up and prognosis

2. Non-IgE mediated CMPA in formula fed infants and young children
   Non-IgE-mediated gastrointestinal food allergic disorders (non-IgE-GI-FA) account for an unknown proportion of food allergies and include food protein-induced enterocolitis syndrome (FPIES), food protein-induced proctocolitis (FPIAP), and food protein-induced enteropathy (FPE). Non-IgE-GI-FA disorders are separate clinical entities but have many overlapping clinical and histologic features among themselves and with eosinophilic gastroenteropathies. Cow’s milk is the most common offending food of non-IgE mediated food allergy. The lack of biomarkers makes it very difficult to diagnose these entities and to differentiate from other gastrointestinal diseases.

Chairperson:
Sibylle Koletzko | Germany

Speakers:
CMPA – Why is it so Difficult in Clinical Practice?
Sibylle Koletzko | Germany

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Yvan Vandenplas | Belgium