Food allergy in the form of syndromes, among which FPIES and FPIAP are gaining increased recognition

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Food Protein-Induced Enterocolitis Syndrome and Proctocolitis
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Key insights
Food protein-induced enterocolitis syndrome (FPIES) and food protein-induced allergic proctocolitis (FPIAP) are non-IgE-mediated, cellular allergic reactions to foods that account for around 40% of the cases of cow’s milk allergy in infants and young children. FPIES manifests as either chronic or acute disease characterized by vomiting and diarrhea. In its acute form, FPIES can be life-threatening due to the ensuing dehydration. FPIAP typically occurs in the first few months of life as rectal bleeding in otherwise healthy infants who are either breastfed or formula-fed. The disease usually develops later in breastfed infants and has less severe histologic features compared to that occurring in formula-fed infants. Although FPIAP is transient, it represents one of the major causes of colitis during infancy.

Current knowledge
The chronic form of FPIES is related to permanent consumption of the offending food. Symptoms include intermittent emesis and chronic diarrhea, which may or may not correlate with the timing of food ingestion. The acute form of FPIES manifests as severe vomiting and diarrhea that occur upon exposure to the offending food following a period of avoidance. Adults experience the acute form of FPIES. Responsible foods include cow’s milk, soy, fish, and shellfish. The majority of patients react to a single food item, although some have multiple food triggers. Family history of atopy is also found in 40–80% of patients with FPIES. FPIAP frequently occurs in breastfed infants where it is usually caused by cow’s milk, soy, egg, and corn proteins. In formula-fed infants, FPIAP is typically caused by cow’s milk and soy proteins.

Practical implications
Oral food challenge is often used to aid in diagnosis and to identify the dietary triggers. For both FPIES and FPIAP, avoidance of the offending food item(s) is the cornerstone of treatment. In patients with severe acute reactions, first-line treat-