

Brief Communication

Abdominal migraine and food sensitivity in children

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As part of a larger investigation into the subject of chronic abdominal pain in children we have conducted a preliminary survey on twelve children with ages ranging between 5 and 15 years. They all presented with a history of recurrent abdominal pain for a minimum of 3 months (Apley, 1975), but some had been symptomatic for more than 8 years. All had experienced nausea and/or vomiting combined with a family history of classical migraine. In addition, pallor (Liebman, 1978) was a feature in eleven of the patients during a migrainous attack. On this basis, a clinical diagnosis of abdominal migraine was established (see Table 1).

Table 1. Abdominal migraine

	Age (years)	Length of symptoms (years)	IgE (U/ml)	History of atopy
N.A.	14	2	100	Eczema
R.C.	9	1	197	Eczema
N.C.	4	1.5	10	—
A.D.	10	0.75	1060	Eczema
A.S.	7	2	194	Eczema
N.G.	7	3	<2.5	—
R.H.	10	2	<2.5	—
J.M.	12	0.75	5.0	—
C.O.	10	8	310	Hay fever
M.R.	13	2	17	—
L.T.	10	3	37	—
J.W.	15	1	<2.5	—

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Blood samples were taken from all the children for routine haematology, total IgE and RAST for egg white, wheat, milk, orange, yeast and cocoa. After the initial consultation, the whole study group was placed on a diet excluding egg, dairy produce and chocolate as well as some other foods depending on the clinical history, such as tea, coffee and citrus fruits.

Clinically, ten out of the twelve children became free of or had diminished symptoms as a result of the dietary regime. In none of the cases was the total or specific IgE (RAST) helpful in defining the causative food allergen. Four of the children had raised IgE levels, three of them had associated atopic eczema and one had hay fever.

This study suggests two things: first, that abdominal migraine in children is associated with a food sensitivity, and secondly, that RAST assays in children are not helpful in defining the offending foods. Preliminary results from our larger study of twenty-eight children with chronic abdominal pain show that 25% have abdominal migraine because of food sensitivity (Monro *et al.*, 1980), and 21% are lactose-intolerant (Barr, Levine & Watkins, 1979; Liebman, 1979). At the present time the diagnosis of late-onset food allergy is clinically based and not aided by the current serological tests.

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