

Correspondence

Reply

To the Editor:

We read with great interest the comments by Tan et al¹ regarding our case report of an exclusively breast-fed infant with food protein-induced enterocolitis syndrome (FPIES) to cow's milk proteins.²

In our 11 years of experience with 24 infants with proven FPIES (unpublished data), we observed 6 infants with a clinical onset similar to the one described by Tan et al: all 6 were breast-fed until the onset of the syndrome, which occurred at the first direct introduction of the triggering food into their diet (cow's milk in 4 cases, rice in 1 case, and both cow's milk and rice in 1 case). All the lactating mothers were on an unrestricted diet. Unlike Tan et al, we decided to remove the triggering foods from the maternal diet in the cases of 4 infants with severe symptoms; the mothers of the other 2 patients who showed the mildest clinical presentation remained on an unrestricted diet, and no adverse consequence was reported.

Recently, Nomura et al³ reported 3 exclusively breast-fed neonates with FPIES to cow's milk, rice, and/or soy proteins passed through breast milk. In contrast to our 6 infants, none of these 3 patients had ever directly consumed the triggering foods, and so we can assume that they were sensitized to the low amount of proteins in the mothers' milk.

In the case that we previously reported,² the infant reacted to a lower amount of food in the second episode of acute FPIES, which occurred as a result of ingestion of breast milk after his mother had ingested a small dose of the triggering food. We assumed that our patient had a chronic form of FPIES elicited by cow's milk proteins in his mother's milk even before the acute onset;

for this reason, we decided to restrict his mother's diet when the first acute episode occurred after the direct ingestion of the offending food.

As no studies or clear guidelines are available about this aspect of the management of FPIES, it remains appropriate to debate and study whether to restrict the allergen from the maternal diet in these various circumstances. The decisions might vary depending upon whether the infant reacted through breast milk, only with direct ingestion, and according to the severity of reactions.

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