

SUSPECTED NON-IgE MEDIATED FOOD ALLERGY IN CHILDREN

Food allergy is divided into IgE mediated and non IgE mediated allergy (sometimes incorrectly labelled 'food intolerance'). Some children have both types of allergy. The history is the key factor when considering 'allergy' as the diagnosis. It is important to decide from the history which type of allergy you suspect - the investigations, management and referral are different. Symptoms of IgE mediated allergy (urticaria, stridor, wheeze, vomiting and shock) occur within minutes of exposure. Symptoms of non-IgE mediated allergy (eczema/gastrointestinal symptoms) can occur much later.

Most patients with non-IgE mediated allergy can be safely challenged at home whereas most patients with IgE mediated allergy need to be challenged in hospital. Specific IgE levels and skin prick tests should not be performed in non-IgE mediated allergy as they will be negative.

Gastrointestinal symptoms may include

- Gastro-oesophageal reflux
- Loose or frequent stool
- Blood or mucus in stool
- Fussy eater/food refusal or aversion
- Abdominal pain/colic
- Constipation
- Perianal redness
- Straining and passing soft stool

Other symptoms may include

- Pruritis, erythema
- Atopic eczema
- Pallor and tiredness
- Faltering growth

There are many causes for the above symptoms which should be considered

If the child is well, without symptoms that warrant referral, use standard treatments for eczema or GIT symptoms e.g.

- Standard reflux management ([follow NICE guidance - www.nice.org.uk/guidance/ng1](http://www.nice.org.uk/guidance/ng1))
- Movicol for constipation ([follow NICE guidance - www.nice.org.uk/guidance/cg99](http://www.nice.org.uk/guidance/cg99))
- Emollients + Steroids for eczema ([follow NICE guidance - www.nice.org.uk/guidance/cg57](http://www.nice.org.uk/guidance/cg57))

If symptoms persist

A non-IgE mediated allergy may be the cause. Eliminate suspected allergen(s) from the diet. 2-4 weeks should be sufficient to see a benefit in most patients.

Symptoms improve significantly

- Re-challenge with the food - **return of symptoms confirms diagnosis**
- Exclude food from diet for 6-12 months and until child over 1 year
- Refer to the MAP guidelines for advice on how offer this www.allergyuk.org/health-professionals/mapguideline
- Re-challenge at home
- If symptoms return exclude food and repeat challenge every 6-12 months at home

Direct referral to a Paediatric Dietitian

Referral to Paediatrician

- Significant gastrointestinal symptoms e.g.
 - blood/mucus in stool - more than expected for an anal fissure and not due to gastroenteritis
 - chronic diarrhoea not infective in origin

Referral to Allergy Clinic

- Faltering growth with GI symptoms
- More than two non-IgE mediated food allergies suspected
- Complex or perplexing unexplained symptoms
- No response to initial management ([please refer to the NEW Devon CCG referral pathways for food allergy/CMPA](#))

No significant improvement

- Trial of re-introduction of food
- Consider cross-reactive food
- Refer to paediatrician if ongoing symptoms
- There are no other tests for non-IgE allergy, consider alternative diagnosis