# CT Children's CLASP Guideline

## *Eosinophilic (Allergic) Proctocolitis*

### INTRODUCTION

**Eosinophilic (allergic) proctocolitis** is one of the most common causes of rectal bleeding in infants and usually presents in children less than 2 months. This colitis is felt to be caused by the ingestion of immunogenic food proteins in infant formula or through the mother's breast milk. The more common inciting food proteins include cow's milk (7.5% of the population) and soy (0.5% of the population). Children who are sensitive to cow's milk protein are also often sensitive to soy protein.

Symptoms associated with eosinophilic proctocolitis include diarrhea, rectal bleeding and mucous production in a well appearing infant with stable growth and good caloric intake. The infant may also become irritable, especially around defecation. Other associated symptoms may include eczema and/or reactive airways disease. In the majority of cases, symptoms will resolve at 12 months of age by which time infants are tolerant of food proteins.

The differential diagnosis must also include:

- Anal fissure
- Infection (bacterial colitis, *C. difficile)
- Hirschsprung's with enterocolitis (poor weight gain, delayed passage of meconium, ill appearing, abdominal distention, constipation)
- Malrotation with volvulus (ill appearing, abdominal distention, vomiting)
- Intussusceptions (rare in children <6 months, ill appearing, vomiting, abdominal distention or mass)
- Meckel's diverticulum (unusual in children <6 months, typically associated with 1-2 large bloody stools)

### INITIAL EVALUATION AND MANAGEMENT

**INITIAL EVALUATION:**

- The referring provider's initial evaluation may include a targeted history and physical exam.
- Labs to consider include: CBC, total protein, albumin, stool bacterial culture, consider C. difficile toxin test (**C. difficile toxin assay can be positive in healthy infants <12 months of age)**

**INITIAL MANAGEMENT:**

- Formula fed infant: place infant on a hydrolyzed formula (incidence of cross reactivity of cow's milk and soy is 15-50%). Consider amino acid based formula if no improvement in 4 weeks. Hydrolyzed formula should be continued until 10-12 months of age prior to reintroduction of other proteins.
- Human milk fed infant: place mother on milk free diet
- Gross blood should resolve in 72 hours (longer in breast feeding mothers)
- Microscopic bleeding may persist for 4-6 weeks

### WHEN TO REFER

**EMERGENT REFERRAL:**

- Ill-appearing infant, pallor, tachycardia, severe vomiting, significant weight loss, profuse diarrhea, marked anemia, fever, abdominal distention, abdominal tenderness, abdominal mass

**URGENT REFERRAL (within 48 hours): (call: 860.545.9560)**

- Growth failure, vomiting, moderate anemia (hemoglobin <9 g/dl and hematocrit <27 %)

**ROUTINE REFERRAL (within 14 days):**

- Persistent gross blood in small amounts despite changes in feeding, persistence of guaiac positive stools beyond 6 weeks, consideration of further protein restrictions in breast feeding mothers

### HOW TO REFER

**Referral to Gastroenterology (GI) via CT Children's One Call Access Center**

**Phone:** 833.733.7669 **Fax:** 833.226.2329

***Information to be included with the referral:***

- Notes from the initial and follow-up visits with the PCP
- Complete growth chart
- Relevant laboratory studies (CBC, total protein, albumin, stool studies)

### WHAT TO EXPECT

**What to expect from CT Children's Visit:**

- History, physical exam
- Evaluation of laboratory testing
- Flexible sigmoidoscopy and biopsy to confirm dx if indicated
- Extensive nutritional counseling if diagnosis confirmed