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The diagnostic approach and management of cow's-milk protein allergy in infants and children

Introduction: The cow's milk protein (PLV) represent a major cause of food allergy in infants and children (<3 years).

Epidemiology: The peak prevalence of a cow's milk protein allergy (CMPA) occurs in the first year of life (2-3% in the child population). The CMPA can also occur in nursing infants at the breast, because of the milk protein vaccines in the maternal diet that can pass into breast milk.

Clinical Presentation: The clinical picture of a CMPA can affect different organ systems, mainly the skin, the gastrointestinal system and respiratory system. The signs in the gastrointestinal tract may be attributable to an inflammatory reaction, with alterations in mobility visceral or both. For the most part it is a specific symptoms (reflux, dyspepsia, diarrhea, abdominal pain, severe, colicky type etc.). Sometimes the only sign of a CMPA in the child may be the detection of iron deficiency anemia. The growth failure is another specific sign which can be a serious consequence of a CMPA. About half of children with CMPA has an atopic eczema.

Diagnosis: If CMPA is suspected by history and examination, then strict allergen avoidance is initiated. In certain circumstances (e.g., a clear history of immediate symptoms, a life-threatening reaction with a positive test for CMP - specific IgE), the diagnosis can be made without a milk challenge. In all other circumstances, a controller oral food challenge (open or blind) under medical supervision is requie to confirm oe exclude the diagnosys of CMPA.

Treatment: The rigorous exclusion of CMP remains the safest treatment strategy of CMPA. The possible need for an alternative formula depends on the age of the child and the possible presence of other food allergies. Children up to 1 year of age: The exclusion diet with the use of a therapeutic formula is indicated at least for 6 months or until the age of 9-12 months. Children with severe immediate reactions to IgE-mediated must remain in exclusion diet for 12 or even 18 months before resuming a normal diet after repeat testing for specific IgE. The factors that determine the choice of the formulas used in a child include the residual allergenic potential, the composition of the formula, the cost, availability, satisfaction of the child and the presence of clinical efficacy. The formulas eHF and AAF proven induce normal growth and development of the child.

Formulas eHF in CMPA: The majority of children with CMPA tolerates an extensively hydrolyzed formula (eHF) with hydrolysates of casein or whey protein as the only source of nitrogen. FAA. The formulas based on free amino acids as the sole source of nitrogen are the best option in children responsive to eHF (<10% of all children with CMPA). They should be considered the first-line treatment in children with a history of severe anaphylactic reactions and severe enteropathy (indicated by a ipoprotein or failure to thrive).

Biography

Giuseppe Mele, Pediatrician. Giuseppe Mele is the Past National President of FIMP, the Italian Federation of Pediatricians and Scientific Coordinator. He gained his degree in Medicine and Surgery in 1977; he specialized in pediatrics with full marks. He has always been passionate about civil and human rights and this brought him to fight for the rights in his category through the channel of medical unionism. He has been involved in the health system both on a professional level and from a political and unionist point of view. During his twenty-year medical and trade union experience, he can count numerous attendances to events such as: Ministerial Commissions, Scientific Boards, prestigious publications and national and international congress events. In 2013 he has been nominated expert for the Advisory Committee for the Pediatric area of the Italian Medicines Agency

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