Case 4.12 Cow's milk allergy

Paul was born at full term, after a normal pregnancy, and weighed 3.4kg. He was breast-fed. At the age of 4 weeks, he was admitted with a 2-day history of screaming attacks, loose motions and rectal bleeding. A provisional diagnosis of intussusception was made but the barium enema was normal. He was treated conservatively and improved steadily but, 3 days after discharge, his symptoms recurred, together with patches of eczema on his arms and trunk. On detailed questioning, a strong family history of atopic eczema and asthma was elicited. It also transpired that a health visitor had told Paul's mother that her breast milk was of 'poor quality' and had advised her to 'top up' each feed with cow's milk. His mother had been following this advice from the time Paul was 2 weeks old.

When investigated at the age of 6 weeks, Paul's disaccharidase activity was within the normal limits. Strongly positive IgE-specific antibodies to cow's milk were present on RAST testing (see Chapter 19). His mother returned to exclusive breast-feeding and excluded dairy products from her own diet, to eliminate any possibility that cow's milk antigens might be excreted in her breast milk. Within 2–3 days the eczema improved and his screaming attacks stopped. When his mother deliberately reintroduced cow's milk into her own diet, the eczema and screaming recurred. Paul is now 6 months old and thriving. Weaning was gradually introduced at 5 months, but dairy products are still avoided. The final diagnosis was *cow's milk 'allergy'*

Essentials of Clinical Immunology, Sixth Edition. Helen Chapel, Mansel Haeney, Siraj Misbah, and Neil Snowden. © 2014 John Wiley & Sons, Ltd. Published 2014 by John Wiley & Sons, Ltd.