Paediatric Pearls

by Dr Julia Thomson, Paediatrician

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Click here for Tammy's "useful allergy websites"!

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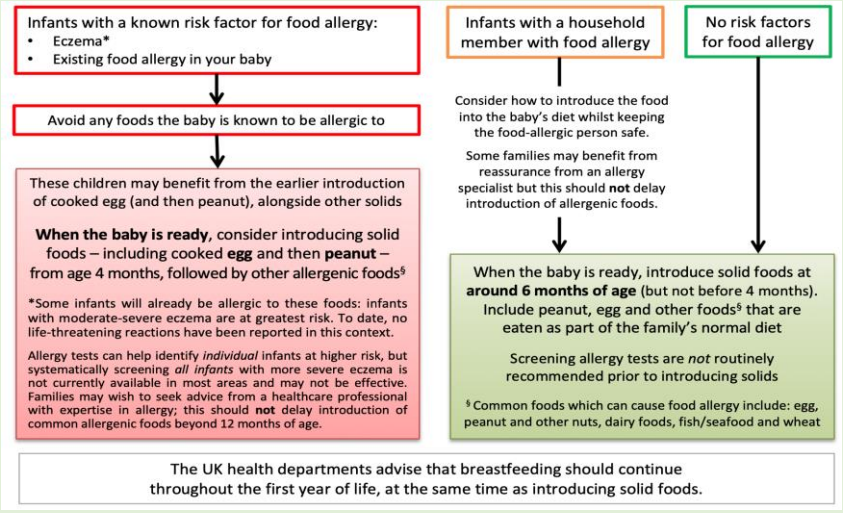
Monthly paediatric update newsletter for all health professionals working with children – put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at www.paediatricpearls.co.uk where comments and requests are welcome!

When should babies first eat the foods which parents worry about?

Parents often delay introducing allergens like peanut when weaning their babies. However, the LEAP study, published in 2015, showed that **early peanut intake prevented peanut allergy** (and only peanut allergy). In 2018, the Scientific Advisory Committee on Nutrition updated government feeding advice: infants could have peanut, egg, and other allergens from around 6 months, and **delay can *increase* risk of allergy**.



British Society of Allergy and Clinical Immunology (BSACI) 2021 resources:

For healthcare professionals (see infographic on left): https://www.bsaci.org/wp-content/uploads/2020/02/pdf_Early-feeding-guidance-for-HCPs-SUMMARY-1.pdf

For parents: https://www.bsaci.org/wp-content/uploads/2020/02/pdf_Infant-feeding-and-allergy-prevention-PARENT-SUMMARY-FINAL.pdf

As you can see in the algorithm, in those infants with a **known risk factor** for food allergy, eg. eczema, or an already existing food allergy, solid foods - including egg and then peanuts - should be introduced **from 4 months**. There is evidence that early ***and regular*** introduction of egg and peanut may reduce the risk of later allergy to those foods in these infants. Foods that the infant is already known to be allergic to should, however, be avoided.

A child presents with a rash after attending a party. Is it allergy?

Using an EATERS history to help with diagnosis.

Dr Helen Egan, a paediatric registrar who has recently done an RCPCH Paediatric Allergy Training (PAT) course, showed me the EATERS mnemonic for taking a food allergy history which comes from the Southampton allergy team.

The story is familiar: a parent comes to you asking for help because their 4-year-old child developed a rash after attending a party where they might have eaten peanuts.

I've plugged in the EATERS questions and answers on the left and just a very few questions help the doctor move away from allergy being the cause.

In this case the child had had a cold a few days earlier and the most likely cause is post-viral rash needing no intervention, tests nor referral.

Urticaria triggered by food rarely lasts as long as this, and rarely affects the whole body. Parents (and doctors too at times!) may make the assumption that rash, especially urticaria/ hives MUST equal allergy, and I often hear the term "allergy rash". But common as allergy is, many things can trigger release of histamine from the skin.

EATERS works equally well for IgE (immediate-type) allergy AND non-IgE, such as non-IgE cows milk protein intolerance.

E	EXPOSURE	Did the child eat it?
A	ALLERGEN	maybe peanuts, didn't see
T	TIMING	the following morning
E	ENVIRONMENT	at a party
R	REPRODUCIBLE	never eaten before
S	SYMPTOMS	wide spread blotchy whole body rash 5 days
+	ITCHY/ SNEEZY/ WHEEZY/ OTHER	no history of eczema/ hayfever or wheeze

Common food allergens in children- a visual guide

Milk and egg are the most common in infancy, but also the most common for children to outgrow. Soya and wheat allergies affect only 1%. Perhaps surprisingly, milk is the most common cause of anaphylaxis in under 5s. Fish allergy can be very troublesome, especially in combination with asthma.

Food allergy PLUS asthma?
Prescribe an adrenaline autoinjector device.

Tips on verifying penicillin allergy

Children often get sick, often get prescribed amoxicillin, and often get a rash. They then get labelled with penicillin allergy, with life-long consequences in terms of antibiotic choices. The mnemonic "SOAP III" from AllergyGoAway.com is useful, and the NICE guideline on drug allergy has a good list on what to document. The bottom line is, if there is a rash (macular, popular or morbilliform) without systemic upset which occurs a few days into or after starting penicillin/ amoxycillin, then it is reasonable *not to label this as allergy* and offer it again in the future.

Further resource: "Tips on verifying penicillin allergy" from HSE Ireland.