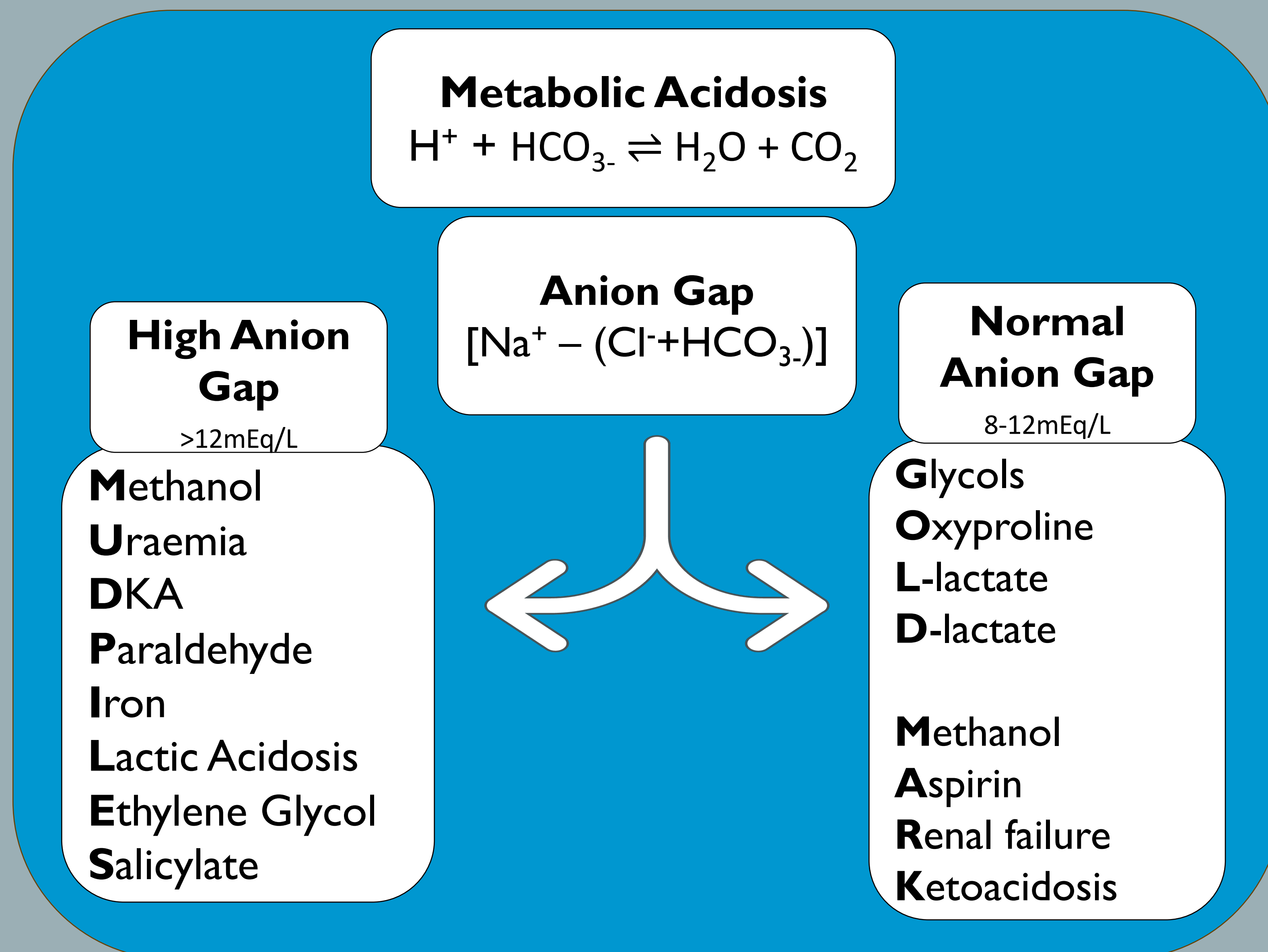


KEY LEARNING POINTS

Common diagnoses are common, even with unusual presentations and it is always important to rule out acute illnesses, such as sepsis.



BACKGROUND

- Cow's milk protein intolerance (CMPI) is the most common cause of food allergy in young children.¹
- CMPI has a **2-6% incidence**.¹
- Assoc. with family history of atopy
- Gold standard for diagnosis is clinician-supervised oral food challenge.
- Commonly **presents when formula feeding starts**.
- **High recovery rate**, as high as 80% by 3 years of age.²
- **Management is exclusion** and changing of the milk.

DISCUSSION

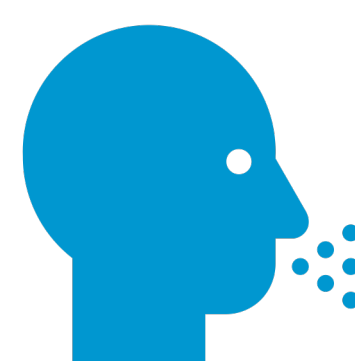
- Metabolic acidosis occurs in many pathological processes.
- Vomiting causes a **loss of hydrogen-rich gastro secretions** and leads to metabolic alkalosis.
- In this case persistent vomiting led to a state of **hypoperfusion** and **elevated lactate level**, an atypical acid-base disturbance.³

OTHER CASES

- A 22-day-old male with **severe metabolic acidosis** with an elevated anion gap, prolonged vomiting and failure to thrive. which was also diagnosed as CMPI.³
- A 24-day-old Spanish neonate, presenting with poor appearance, loose stools, and food refusal. They had persistent metabolic acidosis and were **treated as sepsis**, similarly to our case. They conducted an IgE specific test, and this highlighted CMPI.⁴
- A 13-day-old neonate with loose stools and weight loss in China highlighted metabolic acidosis and CMPI. The patient was undernourished, lethargic, in **compensated hypovolaemic shock**, pale and mottled. The patient was diagnosed from a stool sample, highlighting reducing substances, fat globules and the presence of IgE.⁵
- A case in France of a 32-day year old female, who presented with **severe malaise and hypotonia** and was found to have metabolic acidosis and hyperlacticaemia.⁶ They similarly to our case had a 48-hour fast in which symptoms improved.

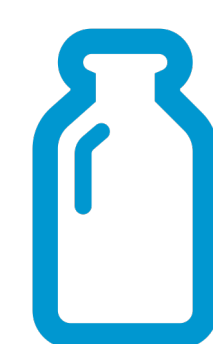
CASE PRESENTATION

- A **6-week-old**, term male presented to resus with **weight loss**, 2-3 days of non-projectile, non-bilious **vomiting**, and **loose stools**.
- He had shortness of breath, a hoarse voice, and a **reduction in feeds**.
- He was born via normal vaginal delivery.
- **No family history of atopy**, or gastrointestinal disease.



Initial examination:

- An **unwell child**, lethargic, **sunken eyes** and fontanelle, reduced skin turgor and a weak, hoarse cry.
- He was tachycardic and **abdomen was soft** and non-tender with mild hepatomegaly.
- He had an **ulcerated perianal rash**.
- He had **persistent hypoglycaemic** episodes and a **persistent metabolic acidosis** with a **normal anion gap**.
- He had **raised inflammatory markers** and lactate.
- Blood, stool, urine, CSF cultures were all negative.
- He was initially **treated for late onset sepsis**, but symptoms did not seem to improve.
- Organic causes and metabolic disorders were ruled out.
- He **improved on 24-48 hours of gut rest**.
- The patient was diagnosed CMPI.
- He **changed to Neocate milk and Polycal**.
- He started to **gain weight** and had less frequent hypoglycaemic episodes and was discharged home.



Conclusively, this case highlights the **severity of in which cow's milk protein intolerance can present** and the importance of always considering common diagnoses and **not allowing yourself tunnel vision**.  

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