



INVITED SPEAKER PRESENTATION

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An infant with anaphylaxis

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From Food Allergy and Anaphylaxis Meeting 2011
Venice, Italy. 17-19 February 2011

A 4 month old infant presents to your hospital with a history of becoming unwell with difficulty in breathing after being given a different cows milk formula. She had previous developed urticaria with some porridge.

This case incorporates a few common clinical challenges: how to recognise anaphylaxis in infants, identifying the responsible allergen and determining the most appropriate anaphylaxis management plan.

Recognition of anaphylaxis in infancy: anaphylaxis can be difficult to recognise in infants and readily confused with other presentations (Simons 2007).

Finding the responsible allergen: in this case, there is seemingly no contact with a new food. The challenge is that food manufacturers use multiple ingredients in processed food so that a cows milk formula will not only include cows milk (Roberts 2008). Additionally other non food allergens should be considered, examples are latex and insect stings. Some food may only behave as allergens with a co-factor such as exercise. Skin prick testing and specific IgE may be helpful in clarifying the allergen although care is required when interpreting results with a recent anaphylactic reaction or in a young infant (Roberts 2007). Lastly, there are other conditions that have a similar presentation to anaphylaxis (Muraro 2007).

Prescribing an appropriate anaphylaxis management plan: the smallest available autoinjector contains 0.15mg adrenaline and is licenced only from 15kg. But we know that parents take a long time to draw up adrenaline from ampoule and are unable to accurately draw up the correct volume. Furthermore we know anecdotally that when parents try to treat reactions themselves, they delay calling the emergency services. We therefore have a dilemma as to what is the best anaphylaxis management plan for a small infant: an adrenaline autoinjector which will deliver an overdose, a syringe and ampoule of adrenaline which we know parents find difficult to

use or a plan that asks parent to call very early for the emergency services. Different plans may be most appropriate for different infants and the best plan may change as they grow.

Finally a young infant with food allergy needs regular follow to provide parents with advice about their diet, monitor the infant's growth, alter the anaphylaxis management plan as required and retesting to determine whether or not the infant has outgrown their food allergy.

Published: 12 August 2011

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doi:10.1186/2045-7022-1-S1-S16

Cite this article as: Roberts: An infant with anaphylaxis. *Clinical and Translational Allergy* 2011 **1**(Suppl 1):S16.

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