BACKGROUND

- The prevalence of cow milk protein allergy ranges from 0.5% to 4.9%. \(^1\) It is an uncommon disease.
- The symptoms of cow’s milk allergy are nonspecific and can overlap with other disease processes, making diagnosis difficult with frequent underdiagnosis or misdiagnosis. \(^2\) – \(^3\)
- We report an infant with bloody stool who was initially diagnosed with rectal polyp who was found to have a milk protein allergy.
- This case highlights the challenge of diagnosing and managing milk protein allergy.

CASE SUMMARY

Chief Complaint: Bloody stool

On Admission:
A two-day-old infant presented with blood-tinged stool and a rectal mass concerning for rectal prolapse. Pediatric surgery team was consulted. It was initially believed that this was a rectal polyp with friable tissue leading to blood in stool and was managed with Vaseline.

However, the patient continued to have bloody stools progressing to frank blood dripping from the anus on day eight of life.

Biopsy resulted in eosinophilic gastroenteropathy.

Final diagnosis: Eosinophilic enterocolitis from milk protein allergy

- The anti-enterocyte antibody was negative
- Patient’s symptoms resolved with hydrolyzed formula treatment.

Management:
- Enteric feeding was stopped for a short time and then re-started gradually with hydrolyzed formula.
- Electrolyte disturbance:
  - Sodium level was originally low but was able to be stabilized at around 130 mEq/L for several days with aggressive sodium supplementation. As the diarrhea had improved, so had the GI loss of sodium, requiring less supplementation moving forward.

What is the diagnosis?
Endoscopy and colonoscopy with biopsy were completed

Sodium Trends

REFERENCES


Prognosis

All the symptoms resolved before discharge, and the patient remained asymptomatic on outpatient follow up.

Conclusion

If the current diagnosis cannot explain the patient’s symptoms, clinicians need to think outside the box. The patient’s rectal polyp was a red herring and did not explain the progressing symptoms; thus, further evaluation and work up ultimately lead to the correct diagnosis of milk protein allergy.

Most cases of milk protein allergy are mild and seen in the outpatient setting. Less than 10% of the patients with this diagnosis will develop life-threatening bleeding in addition to severe electrolyte disturbance from GI losses. \(^4\) It is important to monitor blood counts and electrolytes closely and transfuse or supplement as required.

ACKNOWLEDGEMENTS

Thank you so much to Dr. Feerick for helping with the diagnosis.

Thank you so much to Dr. Sun Ying for the pathology tissue slide.