

258 CHRONIC DIARRHEA DUE TO COW'S MILK ALLERGY (CMA)

A 4-10 YEAR FOLLOW-UP. L. Businco, A. Cantani, N. Benincori, M.L. Tacconi, G. Biribicchi, C. Barbieri, E. Businco, Dept. of Pediatrics, University of Roma "La Sapienza", Roma, Italy.

It is generally agreed that chronic diarrhea due to CMA resolves with a cow's milk (CM)-free diet, and that tolerance to CM is achieved by two years of age. We have followed-up to 4-10 years 41 infants with chronic diarrhea due to CMA, who had at onset of diarrhea RAST and/or skin tests positive to CM. The infants were given a lamb diet prepared as follows (per liter): meat 100g, rice flour 70 g, olive oil 40 g, table salt 2 g. After the diarrhea subsided, the CM-reintroduction was attempted at 6-month intervals. In 25/37 (67.5%) children (4 cases were lost in the follow-ups) CMA resolved at a median age of two years, whereas 12/37 (32.5%) children do not yet tolerate CM at a median age of 6 years. In addition, a large proportion of children (27/37=73%) suffered during the follow-up period from other atopic symptoms, due either to CMA or to inhalant allergy. However, females appear to be either more prone to develop tolerance to CM, or less affected by other atopic diseases. 15/17 males and 12/20 females developed other atopic diseases. Our data suggest that in infants with chronic diarrhea due to CMA, RAST and/or skin tests positive to CM may indicate either the tendency of CMA to persist throughout childhood, or the risk of developing other atopic disorders.

259 ATOPIC DERMATITIS (AD) AND FOOD ALLERGY (FA). L. Businco, N. Benincori, A. Cantani, C. Barbieri, G. Biribicchi, S. Gaudino, G. Bruno, Dept. of Pediatrics, University of Roma "La Sapienza", Roma, Italy.

During 1981-1982 we have consecutively seen for the first time 96 children with AD. In order to ascertain whether AD was due to FA or not, we recorded in all children the age of onset of AD, duration of breast feeding and familiarity for atopy, RAST to cow's milk (CM), egg, other foods if suspected, and inhalants was made. All children were initially prescribed a CM- and egg-free diet for 4 weeks. Subsequently, the children who improved had separate provocation tests with each previously eliminated food. Improvement during the diet and relapse during provocation tests were considered suggestive of AD. 42 children did not complete the study mainly because of parents' refusal of the elimination diet. CM and/or egg was found to be the causative agent of AD in 30 children. In this group the age of onset of AD was mainly before the 4th month of life, and RAST and skin tests were positive to the offending food in 50% of cases. 24 children did not improve with the CM- and egg-free diet. A new diet also free of wheat, citrus fruit, tomato and many vegetables was started. 11 children improved and a polysensitization (to 3 or more foods) was demonstrated. In these children the age of onset of AD was mainly after the 6th month, and RAST and skin tests did not always correlate with the clinical findings. In the remaining 13 children FA was not confirmed as no improvement was shown. Elemental diets (e.g. Vivonex) could be useful in these cases, but Italian children refuse to consume this type of diet because of its unpalatability. Also in this group the age of onset of AD was after the 6th month, but RAST and skin tests were usually negative.