RESEARCH HIGHLIGHTS

FUNCTIONAL GASTROINTESTINAL DISORDERS

Link discovered between cow's-milk allergy and functional gastrointestinal disorders in children

Cow's milk allergy (CMA) has been found to predispose children to functional gastrointestinal disorders (FGIDs) later in life.

"This is a novel and important finding," says Miguel Saps, lead author of the group who discovered this association. "We have shown for the first time that a common condition in neonates has a long-term consequence."

FGIDs are common disorders but their pathogenesis remains unknown. Research in rats suggested that chemical-induced colitis in the neonatal period predisposed to visceral hyperalgesia later in life. This finding led Saps and colleagues from the Children's Memorial Hospital, Chicago, to hypothesize that common noninfectious causes of inflammation early in life, such as CMA, can predispose to the development of FGIDs later in childhood.

The team conducted a case–control study that compared 52 children diagnosed with CMA within the first

year of life with 53 healthy siblings who acted as controls. Families were contacted ≥4 years after the CMA diagnosis at which point a validated questionnaire was used to diagnose FGIDs.



Gastrointestinal symptoms, including abdominal pain, constipation and diarrhea were significantly more common in cases than controls. 10 of 52 cases met criteria for diagnosis of an FGID (mostly IBS), whereas none of the control group did. On the basis of these findings, the authors conclude that CMA predisposes children to the development of FGIDs later in life.

"We think that pediatricians should be aware of this important relationship," says Saps. The group's findings require confirmation in further prospective studies. They are currently conducting international studies to identify local factors that may affect the prevalence of FGIDs in different populations.

Rachel Thompson

Original article Saps, M. et al. Cow's milk allergy is a risk factor for the development of FGIDs in children. *J. Pediatr. Gastroenterol. Nutr.* doi:10.1097/MPG.0b013e3181e85b55