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ORIGINAL ARTICLE

Awareness of allergic enterocolitis among primary-care paediatricians: A web-based pilot survey



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Survey

Abstract

Background: Allergic enterocolitis, also known as food protein-induced enterocolitis syndrome (FPIES), is an increasingly reported and potentially severe non-IgE mediated food allergy of the first years of life, which is often misdiagnosed due to its non-specific presenting symptoms and lack of diagnostic guidelines.

Objective: We sought to determine the knowledge of clinical, diagnostic and therapeutic features of FPIES among Italian primary-care paediatricians.

Methods: A 16-question anonymous web-based survey was sent via email to randomly selected primary care paediatricians working in the north of Italy.

Results: There were 194 completed surveys (48.5% response rate). Among respondents, 12.4% declared full understanding of FPIES, 49% limited knowledge, 31.4% had simply heard about FPIES and 7.2% had never heard about it. When presented with clinical anecdotes, 54.1% recognised acute FPIES and 12.9% recognised all chronic FPIES, whereas 10.3% misdiagnosed FPIES as allergic proctocolitis or infantile colic. To diagnose FPIES 55.7% declared to need negative skin prick test or specific-IgE to the trigger food, whereas 56.7% considered necessary a confirmatory oral challenge. Epinephrine was considered the mainstay in treating acute FPIES by 25.8% of respondents. Only 59.8% referred out to an allergist for the long-term reintroduction of the culprit food. Overall, 20.1% reported to care children with FPIES in their practice, with cow's milk formula and fish being the most common triggers; the diagnosis was self-made by the participant in 38.5% of these cases and by an allergist in 48.7%.

Conclusion: There is a need for promoting awareness of FPIES to minimise delay in diagnosis and unnecessary diagnostic and therapeutic interventions.

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Abbreviations: CM, cow's milk; FPIES, food protein-induced enterocolitis syndrome; OFC, oral food challenge; SPT, skin prick test.

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Introduction

Allergic enterocolitis, also referred to as food protein-induced enterocolitis syndrome (FPIES), is a non-IgE-mediated food allergy which has been increasingly reported over the last decade.^{1–3} Although the prevalence of the disease is unknown, a recent population-based birth cohort study of over 13,000 infants reported a significant cumulative incidence of FPIES to cow's milk (CM) compared to IgE-mediated CM allergy.⁴

FPIES primarily affects children in the first year of life, with CM, soy, grains and fish being the most commonly reported offending foods.^{1–3} Nevertheless, several other solid foods, even unsuspected foods, have recently been reported as responsible of FPIES.^{5,6}

A crucial issue with FPIES is that diagnosis is not always straightforward.^{7,8} FPIES presents with acute or chronic non-specific gastrointestinal symptoms which make the differential diagnosis a true challenge.⁸ There is evidence that affected children often experience several acute episodes before being correctly diagnosed, therefore undergoing extensive workups and unnecessary treatments.^{1–3} In some cases these interventions can be invasive, such as lumbar puncture or laparotomy for acute FPIES misdiagnosed as meningitis or surgical abdominal condition, respectively.³ The lack of specific laboratory diagnostic tests, the limited understanding of the immunopathogenesis as well as the low level of awareness among paediatricians and emergency department physicians further contribute to the risk of delayed identification of FPIES.^{9,10} Indeed, in a recent abstract reporting a survey conducted among 86 general American paediatricians only 12% declared a full understanding of FPIES, whereas 24% reported to have no knowledge of this disease.¹¹

Currently there are no data about the level of understanding of FPIES among Italian medical providers. We sought to determine the knowledge of clinical, diagnostic, and therapeutic features of FPIES among a group of primary care paediatricians working in the north of Italy by using a web-based survey questionnaire.

Materials and methods

The questionnaire was developed as a pilot version in Italian language by a panel of experts, including two paediatric allergists, one paediatric allergist and gastroenterologist and two primary care paediatricians, based on their personal clinical experience and extensive review of the relevant literature on FPIES. The survey was pilot-tested and revised numerous times with primary care paediatricians to evaluate the survey for clarity and interoperator reliability.

The questionnaire consisted of 16 items distributed in five dimensions, including general awareness of FPIES, knowledge of clinical, diagnostic, and therapeutic features of FPIES and personal experiences with affected children.

The questionnaire was converted in an Internet-based survey with Google Drive™ (Google Drive™, © 2012 Google Inc. all rights reserved), a free available computer platform which allows creation of web-based survey forms, real-time web-storage of collected data, real-time display of survey results and easy download of every participants' recorded data in an Excel© format for statistical analysis.

Between February and September 2014, the survey was sent via email to 400 Italian primary care paediatricians. Participants were randomly selected among physicians registered with the Italian National Health System as primary care paediatricians working in the geographical areas around the cities of Verona and Turin. Selection of participants and email transmission were performed in a blinded manner by a medical doctor not involved in the study.

During this pilot phase of the survey, information on physician demographics and patients characteristics was never requested in order to protect their confidentiality. Only yes/no and multiple-choice questions were used. Participants were allowed to skip questions regarding their personal experience with patient diagnosed with FPIES. Survey completion time was approximately 10–15 min. Descriptive statistics and frequency distributions of responses were used to analyse the collected data.

Results

The survey was completed by 194 primary care paediatricians (48.5% response rate). Of them, 123 (63%) were paediatricians working in the geographical area of the city of Verona.

Among all 194 respondents, 24 (12.4%) declared full understanding of clinical, diagnostic, and therapeutic features of FPIES; 95 (49%) limited knowledge of diagnostic and therapeutic features; 61 (31.4%) had simply heard about FPIES; and 14 (7.2%) had never heard about this disease (Fig. 1).

When presented with clinical anecdotes, including one suspected case of acute solid-food FPIES and two suspected cases of chronic FPIES, 54.1% of respondents recognised acute FPIES, 12.9% recognised both cases of chronic FPIES, 46.9% recognised only the first case of chronic FPIES and 22.7% recognised only the second one. In addition, 8.2% of participants misdiagnosed FPIES as allergic proctocolitis, whereas 2.1% confounded FPIES with a case which could be suspected for infantile colic or gastroesophageal reflux disease (Table 1). In the subgroup declaring full understanding of the disease, 25% recognised two of three cases of suspected FPIES, whereas no one recognised them all. Only 8/194 (4.1%) respondents belonging to the subgroups declaring limited knowledge of the disease recognised all the suspected cases of FPIES (data not shown).

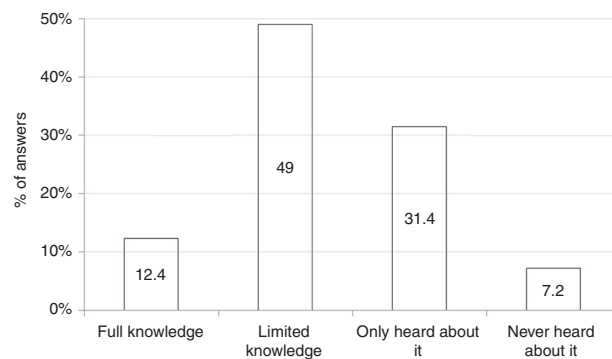


Figure 1 Self-reported knowledge of FPIES among survey respondents.

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