

Advice Note: Infant proctocolitis – Fresh blood PR in a thriving infant

Dear GP,

Thank you for your referral.

The most common cause for small amounts of fresh blood PR in a well, thriving infant is infant proctocolitis. This is a benign condition in vast majority of cases and does not require a secondary care input. This is a food protein related reaction most commonly caused by cow's milk protein (CMP) but other common causes include soy, egg, corn and cereal grains. Rarely other foods can trigger a reaction. Typically infants can tolerate the previously causative proteins by 1 year of age. It does not increase the risk of IgE mediated food allergy. It is common in both breast and formula fed babies. There are no diagnostic tests and the diagnosis relies on exclusion of other causes and resolution of symptoms with dietary manipulations.

Features of a typical presentation include:

- Mucousy loose stools with spots or streaks of bright red blood in a well thriving infant
- Age at presentation: 1 week to 5 months (although can present earlier and later)

It can be associated with mild to moderate diarrhea, excessive crying / fussiness/ sleep disturbance, apparent pain on defecation. It may also be associated with mild anemia, hypoalbuminaemia, mild peripheral eosinophilia and family history of same.

Features indicating other disorders include:

- No IM vitamin K at birth
- Severe bleeding
- Abdominal distension / tenderness on examination
- Faltering growth
- Signs / symptoms of malabsorption
- Severe diarrhea
- Vomiting
- Anaphylaxis
- Rash, including petechiae, purpura or urticarial
- Significant anaemia
- Persistent perianal dermatitis
- Anal fissures

Management:

- **Referral to ED if the infant :**
 - is unwell and or febrile
 - is haemodynamically unstable
 - has a history of severe bleeding
 - has significant vomiting
 - has abdominal distension or tenderness on examination
 - has features of anaphylaxis
 - has severe anaemia
- **Management in the community** if the child is well and there are no worrying features on history or examination:
 - Investigations:
 - We recommend FBC and stool PCR
 - Investigations NOT recommended in mild cases :
 - Coagulation studies
 - Allergy studies (SPT, RAST)
 - Imaging
 - Management – elimination diet for 6 months since the last reaction and usually until 9-12 months of age.
 - Breastfeeding infants
 - Maternal complete dairy exclusion diet with dietician guidance for at least 2 weeks
 - If resolution of symptoms – continue

- (ensure maternal calcium intake is sufficient and consider supplementation)
- If no resolution of symptoms :
 - Soy elimination
- If ongoing symptoms after 2-4 weeks of maternal elimination of dairy and soy :
 - Review diet to ensure no “hidden” dairy and / or soy
 - Consider excluding other proteins
- Formula fed infants :
 - For infants > 5 months – switch to soy based formula
 - If not suitable, prescribe a trial of extensively hydrolyzed formula
 - Very few infants require amino acid based formula
- **Reasons for referral to Paediatric outpatients :**
 - Ongoing bleeding after elimination of dairy and soy
 - Concerns about growth
 - Features of malabsorption

If on your review this patient meets the above criteria, please do not hesitate to re-refer to our service. Further information and resources for the family are available on infantproctocolitis.org.

Kind regards,

Hutt Paediatric Team