

Atopic dermatitis (AD)

Systemic

Anaphylaxis

Other Signs and Symptoms

Eczema

Excessive crying

Pallor (from anemia secondary to chronic blood loss in gastrointestinal [GI] tract)

Fussiness, irritability

Diagnostic Evaluation

A number of diagnostic tests may be performed, including stool analysis for blood, eosinophils, and leukocytes (both frank and occult bleeding can occur from the colitis); serum IgE levels; skin-prick or scratch testing; and radioallergosorbent test (RAST) (measures IgE antibodies to specific allergens in serum by radioimmunoassay). Both skin testing and RAST may help identify the offending food, but the results are not always conclusive. No single diagnostic test is considered definitive for the diagnosis ([American Academy of Pediatrics, 2014](#)). Cow's milk protein products should be eliminated to improve the diagnostic results ([Kattan, Cocco, and Järvinen, 2011](#)).

The most definitive diagnostic strategy is elimination of milk in the diet followed by challenge testing after improvement of symptoms. A clinical diagnosis is made when symptoms improve after removal of milk from the diet and two or more challenge tests produce symptoms ([Kattan, Cocco, and Järvinen, 2011](#)). **Challenge testing** involves reintroducing small quantities of milk in the diet to detect resurgence of symptoms; at times it involves the use of a placebo so that the parent is unaware of (or “blind” to) the timing of allergen ingestion. A double-blind, placebo-controlled food challenge is the gold standard for diagnosing food allergies such as CMA, yet it may not be used often for diagnosing CMA because of