Outpatient record

Printed on April 04, 2023

Summary written: April 03, 2023

Record number: 22192944

Admission date: April 03, 2023; discharge date: April 03, 2023

Summary type: final

Department: Allergy—outpatient clinic Code: 117510 Admission date: April 03, 2023

Last name: Goldberg First name: Yosef Chaim Date of birth: January 15, 2014

Address: 87 Derech Mitzpe Nevo, Ma’ale Adumim

Diagnoses: EOSINOPHILIC ESOPHAGITIS (530.13)

FOOD ALLERGY (V15.05)

ASTHMA (493.90)

Procedures:

Disease summary

Reason for referral

Evaluation after anaphylaxis at age 7 years.

Current disease

7 years old, frequent vomiting since the age of six months, diagnosed with chronic EOE at the age of 2 years. Under the care of Dr. Davidovich. In November 2020, abnormal endoscopy, with avoidance of fish, soy, milk, egg, sesame, chickpeas, peas, nuts, and peanuts and under treatment with budesonide and omeprazole. Following the endoscopy, the dose of the two medications was doubled and the diet remained unchanged.

Chickpeas—facial rash at a young age.

Peas—rash at a young age.

Avoiding other foods because of vomiting and diet for EOE. In addition, several of the food tests were positive, with positive RAST test.

Feeling well and mostly symptom-free. At times, nausea and/or vomiting after consuming foods that had been avoided for some time but are not eliminated from the diet. Overall vomiting frequency once a month, without abdominal pain. Good weight gain.

Asthma—an attack requiring Ventolin approximately every two months. No night coughs. Attended pulmonary evaluation and was referred to pulmonary function testing that has not been taken yet.

Medications: budesonide 2 mg, omeprazole 15 mg once daily, singulair once daily, flixotide inhaler.

No other allergies, no inhaled allergies.

About two months ago, generalized pruritic rash developed after spending time outdoors. Treated with Benadryl and rash improved within half an hour without further symptoms. No prior exposure to medication or food.

About a month ago, he started coughing on a Friday afternoon, and was treated with Ventolin. After several hours he started coughing again. Treated with ADVIL, vomited several minutes later, developed a generalized rash and was treated with Benadryl. Developed shortness of breath with quick deterioration, treated with EpiPen, and MDA (medical emergency service) was called, continued treatment with Benadryl and Ventolin.

No exposure to unknown foods. The anaphylactic episode happened an hour after eating a schnitzel (breaded chicken). Has continued eating the same type of schnitzel since then with no further reaction.

Never experienced other anaphylactic episodes.

Background

Has an 18-month-old sister with EOE. Other siblings have AD. No other atopies in the family.

No history of recurrent infection or multiple fractures.

Recurrent ear infections during childhood.

No history of pneumonia or other infections, no warts or ulcers.

Has had diarrhea in the past, colonoscopy demonstrated infectious type colitis with low eosinophil count. Treated for parasites. Currently, less frequent diarrhea. No abdominal pain. Growth—progression according to growth curves, under endocrinological monitoring.

Medications at home

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Administration** | **Appearance** | **Name** | **Dose** | **Frequency** | **Duration** | **Comments** |
| Oral | Oral gel | Budesonide | mg |  |  |  |
| Respir | Susp | Fluticasone | puff |  |  |  |
| Oral Chewable | Tab Chew | Montelukast | 5 mg |  |  |  |
| Oral | Susp | Omeprazole 5 ml/20mg | 20 mg |  |  |  |

Sensitivities

Known sensitivities are detailed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sensitivity type** | **Description** | **Manifestation** | **Comments** |
| Medication | Nurofen |  |  |
| Food | Nuts and almonds |  |  |
| Food | Peanuts |  |  |
| Food | Egg |  | EOE |
| Food | Fish |  | EOE |
| Food | Cow’s milk and milk products |  |  |
|  | Soy |  | EOE |

Disease history and summary

Age: 9 years and two months.

History of EOE on 5 food elimination diet (still eating wheat)—on PPI 20 mg daily and budesonide 2 gm daily.

No change in medication/food management for 3 years.

Occasional reflux symptoms and difficulty swallowing. Needs to drink when eating solids.

Seen by pulmonologist for asthma—started on singulair/flovent with significant improvement in cough.

Last endoscopy 6/21 with visual signs of EOE and biopsies with 30 eos/hpf.

Had normal endoscopy on same management plan prior.

No changes to environment/diet.

History of chronic EOE with continued dietary restriction/ limitations and continued esophagitis and symptoms despite maximal therapy.

Continues to require frequent monitoring by a pediatric gastroenterologist and allergist for further management and care.

April 02, 2023

Food allergy, avoiding milk, egg, and soy.

EOE—under the care of Dr. Davidovich at Hadassah Medical Center.

Last exposure episode, one year ago, reaction to chickpeas (needs to be investigated)

Will be referred to full food RAST testing

Will be referred to full food skin prick testing

April 03, 2023

Repeated tests identified worsening and reactions to new foods with uncertain clinical correlation.

Negative control 3/10

Chicken 5/10 but currently eating and will continue to do so

Eggs negative, avoids because of EOE

Meat 6/17, but currently eating and will continue eating for now.

Milk 14/60—avoiding, however has not eaten milk since infancy and therefore there was no type I reaction. Avoids milk because of EOE.

Corn 7/17 eating corn

Pecan nuts 14/35

Peanuts 12/20

Soy negative

Other nuts—cashew, pistachios, hazelnuts, and walnuts—not tested.

Sesame negative relative to control

Pea negative relative to control

In summary, positive tests for pecans, milk, and peanuts, likely allergic to other nuts and avoids them because of EOE.

Clinical presentation: EOE despite the elimination of 8 food types.

A worsening of type I allergy because of food avoidance.

Treated with maximal dose of steroids— Budesonide + PPI.

New research studies demonstrate efficacy of Dupixent in children under 12 with EOE.

After consultation with the department staff, it was decided to submit a 29c form and a request for Dupixent 200 mg fortnightly.

Following 29c approval, we will make a submission to the Exception Committees.

In the meantime, patient will continue to avoid the same foods and to consume foods that do not cause reactions.

Following the medication approval and after the clinical presentation is stable, we hope to reintroduce food to his diet. He will need to undergo food challenge.

Will continue to carry EpiPen.

Recommended Medical Therapy

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Administration** | **Appearance** | **Name** | **Dose** | **Frequency** | **Duration** | **Comments** |
| S.C | Inj Sol | Dupilumab | 200 mg |  |  | fortnightly |

Approving physician: Dr. Ribek Yaarit

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