

## Infant with bloody diarrhea

### Q01. How about 5 nucleotidase level in biliary atresia?

A: 5' nucleotidase will be elevated in cholestasis in general

- Paucity of literature exist to diagnose biliary atresia using 5 nucleotidase as of now
- Macroscopic examination of colour of stool is essential in presence of elevated direct bilirubin
- Per operative Cholangiogram with liver biopsy is gold standard

### Q02. Can CMPA occur at 1 mo if child is on formula from birth?

A: Yes CMPA can occur in a formula fed at 1mo age. Need to change over to extensively hydrolysed formula. Chances of progression to protracted diarrhea of infancy.

### Q03. Can CMPA present with hypoalbuminemia, edema? (D/D of Protein losing enteropathy)

A: Yes. Protein losing enteropathy may be a presentation in 10%, mostly in the enterocolitis form

### Q04. Diagnosis of CMPA; History, colonoscopy-any other?

A: Please refer to ISPGHAN 2020 guidelines in Indian Pediatrics August 2020.

### Q05. Where does partially hydrolysed formula find its application in pediatric practice?

A: Partially hydrolysed formula should not be used in CMPA (Please see Dr Yachha's comment in the session)

### Q06. What are the chances of CMPA of presenting as constipation?

A: Rarely possible. Mostly reported in West. Uncommon presentation in India

Challenging diagnosis easy treatment

### Q07. Are we going back again to the era of icc and incriminated copper vessels for the same ?

A: Dr. V. S. S reply: ICC, wilson & Idiopathic Cu toxicosis points in favour & against each discussed. It is unlikely to be a congenital Cu related toxic liver disease. We are not going back to ICC. We have planned 3rd liver Bx as soon as Carona war intensity decreases. Clinical biochemical, HPE improvement without Cu chelation, absence of pericellular fibrosis & M.hyaline, family history rules out ICC. Our diagnosis is Incidental Cu toxicosis (new terminology) Planned 5yr follow up.

### Q08. How is the Extra hepatic Mass explained in IgG 4 related hepatic Disease in this case ?

A: Jagadeesh Menon Reply: Thanks for the query.

- IgG4 related disease is known to *cause pseudotumor in other organs apart from liver*, like in kidneys, the orbit, salivary glands, CNS, lungs, stomach etc *which can again be its sole presentation.*

- In our case, there was a peribiliary pseudotumor which was having intrahepatic extension (rather than a focal intrahepatic pseudotumor) which was due to IgG4 related disease (proven by a liver biopsy)
- The current presentation (in our case) has not been reported previously and *is (possibly) another location for IgG4 related pseudotumor.*