Results In the specified time period, 22 children with FPIES were identified, 12 (54.5%) boys, and 10 (45.5%) girls. The median age of the first presentation was 8.45 ± 3.96 months. An equal number of children, 11, had early (before 9 months), and late onset FPIES. Cow’s milk was the most common cause in patients with early onset, while in late it was fish. 59.1% of patients reacted to a single food, 22.7% to 2 or 3 different foods, 18.2% to 4 or more. According to clinical features, 81.8% of patients had acute manifestation, 63.6% of them mild to moderate, and 22.7% severe. 18.2% had chronic clinical presentation. 2 patients had acute and chronic symptoms induced by different foods, 36.4% of episodes were triggered by fish, 23.8% by cow’s milk, 22.7% by meat and fruits, 18.2% by cereals, 9.1% by eggs and vegetables, and 4.5% by soy. The allergic comorbidities were recognized in 16 (72.2%) children: dermatological in 54.5%, gastrointestinal in 40.9%, and respiratory in 4.5%. 17 (77.3%) children underwent allergy testing. Total IgE was tested in 95.5%, and was found positive in 6 (28.6%) patients. Most of them, 5 (83.3%), had coexisting allergy comorbidities. Atypical FPIES with positive specific IgE to trigger food was identified in 2 children. 9 (37.5%) children underwent skin prick and atopy patch test to the food that was reported as the cause. Skin prick test was negative in all, while atopy patch was positive in 2 (28.6%) patients. The children were followed in our clinic for a period of 17.32 ± 10.59 months. 7 (31.8%) children underwent oral food challenge (OFC), at the median age 17.86 ± 7.49 months. 5 patients (48%) achieved tolerance. The median period from the last episode was 12.28 ± 6.24 months. We didn’t find any association between the age of the patients when OFC was done, and the outcome of challenge (r=-0.488, p=0.266), neither between the duration of elimination diet and the outcome (r=-0.578, p=0.173).

Conclusion The obtained epidemiological, clinical and laboratory characteristics were similar to data from other centers. The most common identified trigger food were fish and cow’s milk, which was identical to results shown in the Mediterranean countries (Italy and Spain). The outcome data also matched.

Objective Infestation with pinworm (Enterobius vermicularis) is common in young children, and the most common typical symptoms are perianal itching, nocturnal restlessness, and irritability. Although the clinical presentation is usually mild or completely asymptomatic, the infestation rarely can present with non-specific colitis, weight loss, and the formation of perianal abscesses or granulomas.

Methods We retrospectively analyzed data (including medical history, age, sex, anthropometric characteristics, laboratory parameters, macroscopic and microscopic findings of ileocolonoscopy) of all patients with macroscopically proven Enterobius vermicularis. These patients were referred for diagnostic workup due to suspected inflammatory bowel disease or a bleeding polyp, from January 2010 to January 2020 at the Children’s Hospital Zagreb.

Results The total number of examinations performed was 1022. The most common indications for EGDS were: dyspepsia 32% (n=327), abdominal pain 21% (n=211), and celiac disease 16% (n=166). The most common endoscopic findings were: gastritis 50% (n=450), normal findings 35% (n=325) and esophagitis 9% (n=84). The most common PH findings were: normal 43% (n=390), gastritis 23% (n=210), and duodenitis 15% (n=133). Of the total number of examinations, endoscopy was therapeutic in 10% (n=98) of cases. The most common therapeutic indications were: foreign body ingestion 5% (n=51), PEG placement 3% (n=35), and acid and alkali ingestion 1% (n=12).

Conclusion The results obtainted are consistent with those of other studies and may indicate areas for additional education of staff and a starting point for future research on the topic.