

# The Use of Infatrini Peptisorb in a Case of Malabsorption and Faltering Growth

Rhian Thomas, Paediatric Dietitian, Glangwili General Hospital, Carmarthenshire

A five-month-old female infant was referred to dietetics presenting with faltering growth and symptoms of wind, unsettled behaviour, reflux and 3-4 watery stools daily. Her weight was noted to have drifted from the 50th centile to the 9th centile in that time, with her length and head circumference still plotting around the 50th centiles. She was visibly thin. On assessment, she was estimated to be taking over 154ml/kg of a standard infant formula, thus meeting estimated average requirements. No other health concerns that might have explained her poor weight gain were identified and no acute illnesses had preceded her pattern of slow weight gain. Developmentally she was described as well by the consultant and there were no obvious feeding difficulties reported. An allergy focused history was taken which didn't reveal any strong family history of atopy and no manifestation of any skin or respiratory symptoms. However, the slow weight gain and gastrointestinal symptoms may have indicated a mild to moderate non-IgE mediated cow's milk protein allergy. The infant was deemed to be at risk of malnutrition due to her apparent increased requirements and possible malabsorption which may have been due to a cow's milk protein allergy. The aim was to improve her weight gain and reduce the frequency of watery stools.

## Rationale and use of Infatrini Peptisorb

In view of her poor weight gain and symptoms, which suggested poor tolerance to a standard infant formula, it was recommended that the family trialled Infatrini Peptisorb in order to optimise calorie intake in a hydrolysed form, with a view to also improve tolerance. Her intake of 154ml/kg was equivalent to 598kcal per day or 103kcal/kg. For catch up growth her requirements were estimated to be up to 730kcal per day or 126kcal/kg. The family was advised to aim to give 700ml Infatrini Peptisorb daily. When the infant started using Infatrini Peptisorb her weight was 5.8kg (<9th centile), length 64cm (50th centile).

## Results

After a month's use, the infant's weight had increased to 6.32kg (>9th centile) and her stool frequency had reduced to 1-2 times daily and were no longer described as watery. She was said to have improved overall. The decision was made to keep her on a cow's milk free diet and challenge with cow's milk protein once weaning had commenced. On review at nine months of age, her weight had increased further to 7.33kg (25th centile), length 70cm (50th centile). At this point weaning had been established and the infant was taking around 600ml Infatrini Peptisorb daily. She had moved up a whole centile for weight and was demonstrating a much more satisfactory growth profile.

Parents had already trialled her with some cow's milk containing food products with no noticeable deterioration in her wellbeing and no recurrence of watery bowel symptoms. The plan was to gradually introduce a normal dairy containing diet and to continue with Infatrini Peptisorb due to the positive effect it had on her growth, bowel habits and the fact that she was already well established on it. She is due a follow up at one year of age to determine her on going need for a high calorie formula.

## Discussion

The reasons behind this infant's poor weight gain and loose stools are still unclear. The tolerance to cow's milk protein-based foods within two months of presenting to dietetics, indicates this is not a cow's milk allergy. However, it is clear that a higher calorie hydrolysed formula was better tolerated in this instance and has promoted a much improved weight trajectory. I would suggest that where there are symptoms indicating poor tolerance to feeds coupled with poor weight gain, it is worth considering a trial with a hydrolysed high energy formula for dietary management.

## Summary

This infant presented with poor growth and symptoms of feed intolerance with an unknown cause. Good tolerance to Infatrini Peptisorb led to improvements in weight gain and a reduction in frequency of loose stools meeting the dietetic goal.

**Disclaimer:** This case study has been commissioned by Nutricia and is for healthcare professionals only.

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