Recognising the signs — Child

Clinical guide for parents and caregivers · PMCHS / SHMP terrain

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1. Subtle episodes to watch for

Goal: recognise low-profile flares on a chronic terrain.

A. Transient skin signs (often first visible)

· Peri-oral redness or brief patches on the face / neck within 5–30 min of a known trigger food (tomato, citrus, chocolate) or sudden heat.
· Dermographism: red streaks on skin after gentle friction (dressing, carrying).
· Localised itching (eyes / face / scalp) during a meal, without other IgE allergy signs.

B. Brief & recurrent digestive signs

· "Cramps": knees drawn to belly, agitation, arched back during or just after a meal; sometimes looser stools a few hours later.
· Alternating diarrhoea / constipation over a few days, with behavioural impact (night crying, irritability).

C. Subtle neuro-behavioural signs

· "Tipsy / lightheaded", brief hypo-reactivity, slightly vacant look after chocolate / cocoa (amines, caffeine, histamine).
· Paroxysmal irritability or unexplained crying during / just after ingesting a trigger food.

D. Autonomic nervous system signs

· Sudden pallor, cold sweats, abrupt drowsiness, "energy crash" after a meal (possible vasodilation / vascular permeability).

Clinical note: A formal MCAS episode requires symptoms in ≥2 organ systems and a transient mediator rise. In children, these episodes are often attenuated — hence the importance of **structured observation**.

2. Clinical profile — background terrain

Clinical portrait between flares, when the episode / non-episode boundary is blurred.

Skin

· Easy dermographism, transient redness, intermittent itching without frank eczema.

Digestive

· Recurrent abdominal pain, bloating, reflux / belching; alternating diarrhoea / constipation with impact on sleep and mood.

Neuro-behaviour

· Fluctuating irritability, sensory intolerance (sounds / light / smells), brief hypo-reactive episodes.

Typical triggers

· Histamine-releasing / fermented foods
· Heat / physical effort
· Emotional stress
· Smells / household products
· Onset of infections

Low-contrast flares

· 2 systems involved (e.g. skin + digestive, or skin + neuro) over 30–120 min, resolving with rest / sleep / antihistamine — without "spectacular" signs.

■■ Common pitfalls

· Normal baseline tryptase ≠ absence of MCAS (mediators are fluctuating).
· Negative allergy tests do not rule out non-IgE histamine release.

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Without biological "proof" — maximise structured observation. Treat most cautiously and observe functional impact. relevance.

a) Structured clinical documentation (1–2 months)

· Use the Observation Form: link trigger — delay — symptoms → outcome.
· Photograph skin lesions with date.

b) Ruling out common differential diagnoses

· IgE allergy, pathological reflux, parasitosis, coeliac disease, IBD — by paediatrician / gastro as appropriate.

c) Opportunistic, non-traumatic blood / urine tests

· Baseline tryptase outside a flare.
· Home urine collection after a notable flare (N-methylhistamine, LTE4, PGD2 metabolite) — negativity does not exclude the hypothesis.
· Do not provoke a flare (unethical).

Step 1 — Non-pharmacological (2–4 weeks)

· Avoid identified major triggers.
· Light low-histamine diet: limit fermented foods, aged cheeses, old leftovers.
· Sleep hygiene and soothing sensory routines.

Step 2 — H1 antihistamine (if approved by paediatrician)

· Non-sedating H1 age-appropriate, continuously or before predictable triggers.
· ± H2 if significant digestive component (to be medically validated).

Step 3 — Oral sodium cromoglycate (if GI predominant)

· Mast cell stabiliser, mainly digestive benefit — on medical advice.

Step 4 — Leukotriene antagonists / other

· Per specialist judgement (allergology / gastro) if strong suspicion and functional impact.

Response assessment (8–12 weeks)

· Fewer documented multi-systemic episodes.
· Reduced intensity / duration.
· Improved sleep / comfort / participation.

Physician–family communication: biomarkers are volatile and difficult to capture in children. Prioritise structured observation + reasoned therapeutic trial. Provide the observation form and consider an opportunistic prescription (tryptase + urinary mediators if a notable flare occurs).