that our patient had FPIES because his diarrhea resolved after discontinuing use of cow’s milk–based formula, and we excluded other causes of his diarrhea, such as infection.

Management
First-line treatment for severe meconalgiobloasma involves giving intravenous methylene blue (2 mg/kg) in patients who are not deficient in glucose-6-phosphate dehydrogenase. Glucose-6-phosphate dehydrogenase helps convert nicotinamide adenine dinucleotide phosphate to its reduced form, hydrogenated nicotinamide adenine dinucleotide phosphate, which in turn reduces the meconalgiobloasma level. After administration of methylene blue, our patient’s meconalgiobloasma level decreased from 33% to 2.7%, with an eventual rebound to a maximum of 4.9%.

Infants with FPIES should be given an amino acid formula as a definitive treatment. Our patient was changed to an elemental formula after which our patient’s diarrhea resolved.

Parents Resources from the AAP at HealthyChildren.org

Case 1:
• English: http://www.healthychildren.org/English/health-issues/conditions/fever/Pages/When-to-Call-the-Pediatrician.aspx

Case 2:
• Spanish: http://www.healthychildren.org/English/health-issues/conditions/fever/Pages/When-to-Call-the-Pediatrician.aspx

Case 3:
• English: http://www.healthychildren.org/English/safety-prevention/all-around/Pages/Where-We-Stand-Testing-of-Well-Water.aspx

CME Quiz Correction

In June, Pediatrics in Review, there was an error in Question 4 of the CME quiz for “Gastrointestinal Bleeding” (Neddick GA and Gale SR. Pediatrics in Review. 2014;35(7):243–245). The correct answer to Question 4 should be D. Establish IV access and begin fluid resuscitation. “The online version of the journal and the online CME quiz have been corrected. The journal regrets the error.”