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Pediatric Neurology

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Selective Eating: A Common Fuss in Neurodevelopmental Disorders



To the Editor:

We read with great interest the case series by Swed Tobia et al.¹ describing scurvy resulting from selective eating in individuals with autism spectrum disorder (ASD). They have rightly emphasized food selectivity in children with ASD, which led to the nutritional deficiencies. However, the food selectivity is not specific to ASD and nutritional deficiencies are not uncommon in other neurodevelopmental disorders (NDDs) unless timely supplementation is initiated. Although not commonly described in the literature, children with NDDs such as cerebral palsy, intellectual disability, and so forth also have food selectivity. Recently Park et al. described an association between feeding problems (especially selective eating) and preterm birth,² and NDD was an additional risk factor for feeding problems in the study. Children with NDD may have underlying sensory perception abnormalities for different modalities like taste, texture, and smell, which may account for selective eating.

We encountered scurvy in a child with cerebral palsy. The five-year-old boy developed scurvy (with gingivitis and pseudoparalysis), which resolved after vitamin C supplementation. He exhibited a specific dislike for citrus fruits.

Besides the aforementioned food selectivity, protein-energy malnutrition (PEM) and micronutrient deficiencies are not unusual in children with neurobehavioral disorders. Other causes for these deficiencies include feeding and swallowing difficulties, gastroesophageal reflux, restricted diet (e.g., ketogenic diet), and parental neglect. PEM and micronutrient deficiencies, on the other hand, may present as reversible static or progressive encephalopathy. Motor delay is common among children with rickets and PEM, whereas developmental stagnation, infantile tremor syndrome, and infantile spasms may occur in children with vitamin B12 deficiency.³

Hence, nutritional deficiencies may be comorbidities or underlying etiologies of NDD, and a thorough dietary history should be a part of routine care. Also, multivitamin supplementation should be recommended in children with NDD, especially in individuals with narrow food preference. Further research assessing the prevalence of selective eating in children with NDDs is the need of the hour.

References

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Available online 19 January 2019

Author contribution: P.M. and A.K. prepared the initial draft of the manuscript and reviewed the literature. J.Y. and L.S. did the critical review of the manuscript, reviewed the literature, and edited the final version of the manuscript.

Conflict of interest and source of funding statement: The authors declare no conflict of interest or financial disclosures concerning the materials or methods used in this study or the findings specified in this article.