AN OVERVIEW OF A CHILD WITH ABDOMINAL PAIN

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Abdominal pain in a child is one of the most common presentations with both trivial and life threatening etiologies, ranging from functional pains to serious organic problems. The majority of pediatric abdominal pains are relatively benign but it is important to pick up the cardinal signs that might suggest a more serious underlying disease.
SYSTEMIC CLASSIFICATION

- Gastrointestinal:
  - Gastroenteritis
  - Appendicitis
  - Mesenteritic lymphadenitis
  - Constipation
  - PUD
  - IBD
  - Peritonitis
  - Abd Trauma
  - Intussusception
  - Volvolus
  - Incarcerated Hernia, ETC

- GUS
  - UTI
  - Calculi
  - Dysmenorrhea
  - Mittleschmerz
  - PID
  - Threatened abortion
  - Ectopic Preg
  - Testicular/ Ovarian Torsion, etc
CLASSIFICATION BASED ON AGE

- **<1yr**
  - Infantile colic
  - Gastroenteritis
  - Constipation
  - UTI
  - Intussusception
  - Volvolus
  - Hirschsprung’s dx
  - Incarcerated hernia
  - Typhoid enteritis

- **>1–5yrs**
  - Gastroenteritis
  - Appendicitis
  - Constipation
  - UTI
  - Intussusception
  - Volvolus
  - Trauma
  - Pharyngitis
  - SC crisis
  - Typhoid enteritis
Severity: degree of pain on a scale of 10

Timing/Onset: onset of the pain, duration of pain, course during the day, does it wake them at night, and the frequency of episodes

Alleviating Factors

Aggravating Factors

Associated Symptoms: hematemesis, vomiting, nausea, hematochezia, melena, diarrhea, fever, and weight loss.
- **Percussion**: Assess general tone (tympanic vs non-tympanic), percuss for liver span and spleen tip, assess for ascites.
- **Palpation**: Assess tenderness with light and deep palpation, assess for guarding and rebound tenderness, palpate for liver, spleen, kidney and abdominal masses (including fecal mass).
- **Digital rectal exam**: First exam the anus for fissures and skin tags, then assess for tone, stool, and blood
Clinical Presentation

- Child usually irritable, but maybe lethargic
- May have episodes of crying 1–5 minutes
- Followed by 3–30 minutes of calmness without pain
- Pain episodes related to peristaltic waves and child may draw the knees upward toward the chest.
- The classical TRIAD:
  - Vomiting, crampy pain & current jelly stools; also a sausage shaped mass in ascending colon
Epidemiology

- Prevelance – 3/1000
- More common in white northern European descents
- Male:female = 4:1 to 6:1
- Age – 1 week – 5 months but usually 3 to 6 weeks
Treatment

- Surgery