AN OVERVIEW OF A CHILD WITH ABDOMINAL PAIN

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INTRODUCTION

- 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
  - Threatned 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 lethergic
- May have episodes of crying 1-5minutes
- Followed by 3-30minutes of calmness without pain
- Pain episodes related to perstaltic 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