

Pediatric Abdominal Pain

An Emergency Medicine Perspective



Jeremiah Smith, MD^{a,*}, Sean M. FOX, MD^b

KEYWORDS

- Functional constipation • Pyloric stenosis • Necrotizing enterocolitis • Appendicitis
- Incarcerated inguinal hernia • Gonadal torsion • Functional gastrointestinal disorder

KEY POINTS

- Avoid diagnostic momentum, especially when evaluating functional constipation and functional gastrointestinal disorders.
- Bilious vomiting in a neonate is a surgical emergency until proven otherwise.
- Always consider gonadal torsion in a child with lower abdominal pain.
- Do not overlook the potential for psychosocial causes of abdominal pain.
- Constipation is not an innocuous condition.

BACKGROUND

Pediatric abdominal pain is a common complaint evaluated in emergency departments (EDs). Although often due to benign causes, the varied and nonspecific presentations present a diagnostic challenge. Emergency care providers are tasked with the difficult job of remaining vigilant for the rare, yet devastating conditions while sorting through the much more common, benign causes of abdominal pain. This task is akin to finding the needle in the haystack. Diagnostic momentum can further threaten to divert the provider's attention from the true cause. Pediatric abdominal pain is a challenging complaint to evaluate and deserves specific attention.

EPIDEMIOLOGY

Overall, 5% to 10% of all ED visits by pediatric patients are for abdominal pain.^{1,2} In the United States alone, up to 38% of school-aged children complain of abdominal

Disclosures: The authors have nothing to disclose.

^a Department of Emergency Medicine, Carolinas Medical Center, 1000 Blythe Boulevard, MEB Floor 3, Charlotte, NC 28203, USA; ^b Emergency Medicine Residency Program, Department of Emergency Medicine, Carolinas Medical Center, 1000 Blythe Boulevard, MEB Floor 3, Charlotte, NC 28203, USA

* Corresponding author.

E-mail address: jeremiah.smith@carolinashealthcare.org

Emerg Med Clin N Am 34 (2016) 341–361
<http://dx.doi.org/10.1016/j.emc.2015.12.010>

emed.theclinics.com

0733-8627/16/\$ – see front matter © 2016 Elsevier Inc. All rights reserved.

pain weekly and up to 24% of them have had that pain for greater than 8 weeks.^{3,4} What makes finding the rare, but potentially life-threatening case of abdominal pain even more difficult is that *only 5% to 10% of children* with abdominal pain have underlying organic disease and that the causes vary substantially with the age of the patients (**Table 1**).³

HISTORY

The history of present illness and past medical history are the foundation on which appropriate medical decisions are built. A thorough history helps pare down the large differential for abdominal pain. Although daunting in a busy ED, it is possible to obtain a thorough but efficient history.

When taking the history, question both the caregiver and child themselves separately, if age appropriate. Sitting or kneeling may help minimize anxiety in both children and parents. Interview the child where he or she is most comfortable. For older children and adolescents, a history for sexual activity, drug use, possible abuse, and suicidal ideation is best obtained with the caregivers out of the room.

PHYSICAL EXAMINATION

A complete history should always be followed by an equally thorough physical examination. Although the abdominal examination is the centerpiece, significant information can be gleaned from a full examination (**Box 1**). The patients' general appearance and activity level are also helpful in sorting out the potential causes, especially if infants are lethargic or inconsolable. Focusing only on the abdomen may lead to missing simple clues to other causes.

Age	<1 y	1–5 y	5–12 y	>12 y
Common or benign	Colic, GERD, milk protein allergy	UTI, constipation	UTI, constipation, FGID, GAS	UTI, constipation, FGID, GAS
Urgent	AGE, malrotation without volvulus	AGE, HSP, pneumonia, Meckel diverticulum	AGE, IBD, pneumonia	AGE, IBD, pneumonia, hepatitis, pancreatitis, nephrolithiasis, PID
Emergent	Trauma, NAT, midgut volvulus, NEC, omphalitis, incarcerated hernia, pyloric stenosis, intussusception	Trauma, appendicitis, asthma	Trauma, appendicitis, gonadal torsion, DKA, asthma	Trauma, appendicitis, gonadal torsion, ectopic pregnancy, DKA, asthma

Abbreviations: AGE, acute gastroenteritis; DKA, diabetic ketoacidosis; FGID, functional gastrointestinal disorders; GAS, group A strep; GERD, gastroesophageal reflux disease; HSP, Henoch-Schönlein purpura; IBD, inflammatory bowel disease; NAT, nonaccidental trauma; NEC, necrotizing enterocolitis; PID, pelvic inflammatory disease; UTI, urinary tract infection.

Download English Version:

<https://daneshyari.com/en/article/3236606>

Download Persian Version:

<https://daneshyari.com/article/3236606>

[Daneshyari.com](https://daneshyari.com)