

Recurrent Abdominal Pain

SANDHIA NAIK
PAEDIATRIC GASTROENTEROLOGIST

Definition

- 1958 Apley 3 episodes over 3 months affecting daily activities
- Based on schoolchildren not hospital presentation
- Non Organic



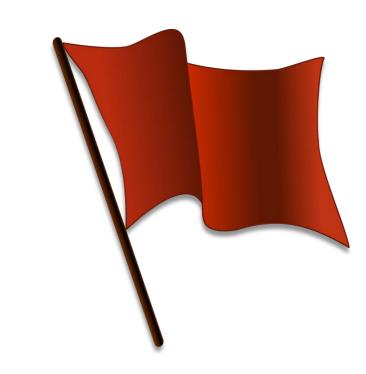
Exclude Organic Causes

Detailed History and Examination

- Age at onset
- Location of Pain
- Dietary History
- Social History
- Detailed bowel history
- Family History

Red Flags

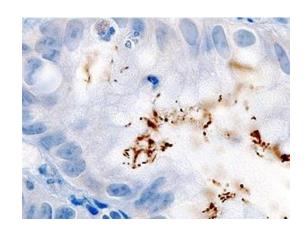
- ▶ Age< 4
- Not periumbilical
- Weight loss
- Fever
- Arthralgia
- Growth issues/Delayed Puberty
- Rashes
- Change Bowel habit +/-blood
- Vomiting
- Nocturnal Pain
- Urinary Symptoms
- Positive Family History-IBD/Coeliac/Peptic Ulcer

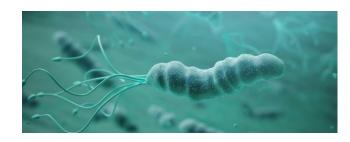


What Organic causes need excluding?

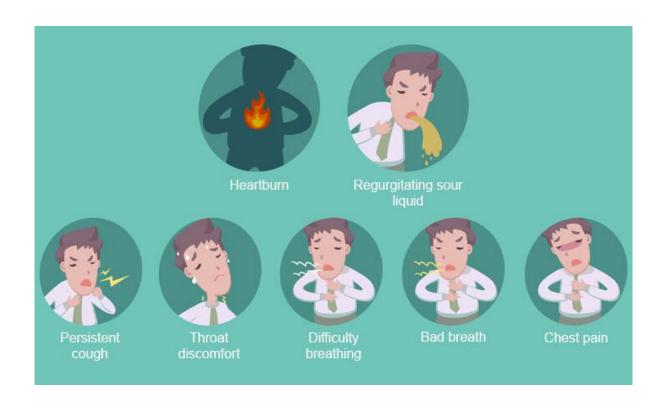
THERE WILL FOLLOW A SERIES
OF 8 PICTURES TO GUESS
AND THEN I WILL PROVIDE
THE ANSWERS

One





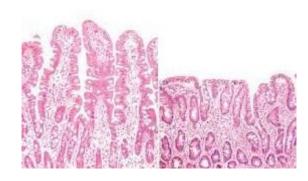
Two



Three



ENDOSCOPY



Histology Left Normal Right Abnormal

Four



Five





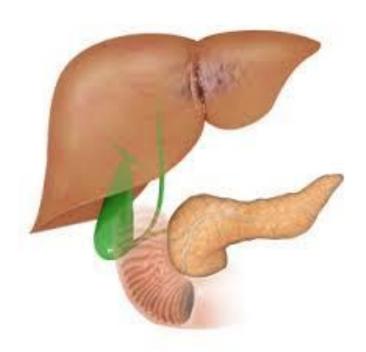


Six



G.E.T.S.M.A.S.H.E.D

Seven



Eight



Answers

- ▶ Pic 1 H Pylori
- ▶ Pic 2 GOR
- ► Pic 3 Coeliac
- ▶ Pic 4 UTI
- ▶ Pic 5 IBD
- ▶ Pic 6 Pancreatitis
- ▶ Pic 7 Hepatobiliary Disorders
- ► Pic 8 Menstrual Issues

Investigations

- ► COULD BE NONE
- Pending Hx and examination Consider
- Baseline Bloods-FBC/U and E/LFT/Bone
- Coeliac Screen and total IgA
- CRP/ESR
- Stool for Hpylori ag
- Urine Dip

Further Classification

- ROME IV Criteria
- Functional GI Disorders
- Useful for research
- Useful in secondary and tertiary care
- Useful for those desperate for an alternative 'diagnosis' /'label'

Management

- ► REASSURANCE
- Explore Psychosocial
- Hot water bottle
- Paracetamol
- Avoid NSAIDS or stronger
- Distraction Techniques
- Mindfulness
- Hypnotherapy
- Avoid referrals unless clear red flags

Conclusion

- ► RAP is common 1-2 in every 10 children
- Minimal Investigations
- Avoid overmedication
- Reassure and invest time
- Sign post if anxiety/stresses
- ▶ If addressed early can reduce chronic pain as adult