



Recurrent Abdominal Pain

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Definition

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



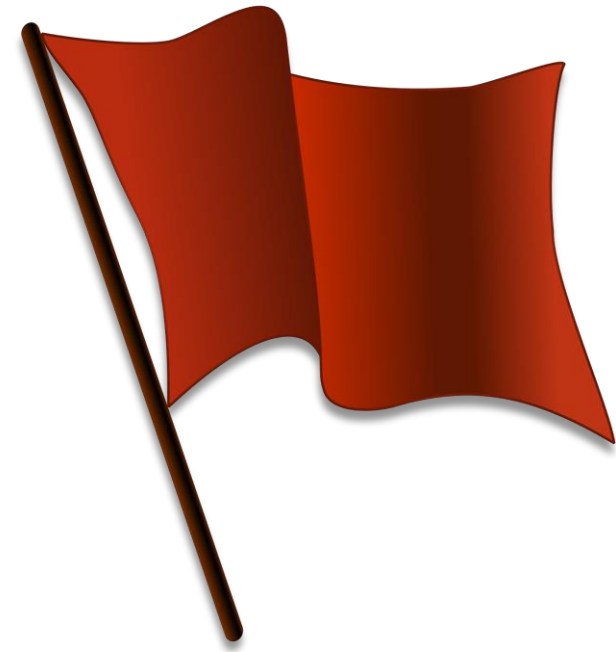
Exclude Organic Causes

Detailed History and Examination

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

Red Flags

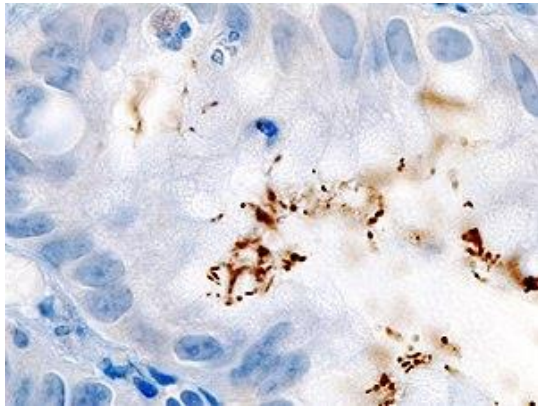
- ▶ Age < 4
- ▶ Not periumbilical
- ▶ Weight loss
- ▶ Fever
- ▶ Arthralgia
- ▶ Growth issues/Delayed Puberty
- ▶ Rashes
- ▶ Change Bowel habit +/-blood
- ▶ Vomiting
- ▶ Nocturnal Pain
- ▶ Urinary Symptoms
- ▶ Positive Family History-IBD/Coeliac/Peptic Ulcer



What Organic
causes need
excluding?

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

One



POLL 1

- ▶ WHAT IS THE INITIAL BEST TEST FOR THIS ORGANISM?
- ▶ A C13 UREA BREATH TEST
- ▶ B Blood test for antibody
- ▶ C Stool Antigen
- ▶ D Clo Test of tissue Biopsy

Two



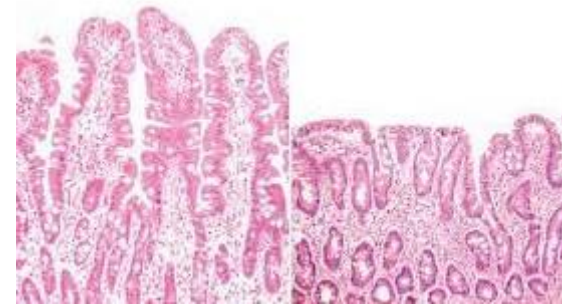
POLL 2

- ▶ IF WE ASSUME DIAGNOSIS IS GOR WHAT TO DO IN PRIMARY CARE?
- ▶ A Empirically treat with PPI
- ▶ B Arrange Ba Swallow
- ▶ C Refer to gen Paeds
- ▶ D Refer to tertiary Gastro

Three



ENDOSCOPY



Histology
Left Normal
Right Abnormal

POLL 3

- ▶ Which 3 Grains should be excluded?
 - ▶ A Wheat Oats Barley
 - ▶ B Wheat Rye Oats
 - ▶ C Wheat Rye Barley
 - ▶ D Oats Barley Rye
-
- ▶ [http://www.espghan.org/knowledge-center/publications/Clinical-Advice-Guides/2020 New Guidelines for the Diagnosis of Paediatric Coeliac Disease](http://www.espghan.org/knowledge-center/publications/Clinical-Advice-Guides/2020%20New%20Guidelines%20for%20the%20Diagnosis%20of%20Paediatric%20Coeliac%20Disease)
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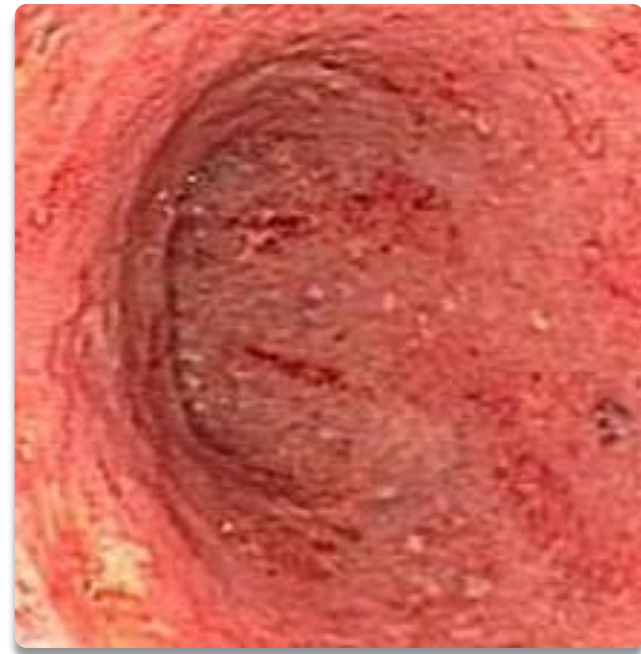
Four



POLL 4

- ▶ What percentage children will have had UTI by age 2 Years?
- ▶ A 2%
- ▶ B 1%
- ▶ C 5%
- ▶ D 10%

Five



POLL 5

- ▶ What is the diagnosis?
- ▶ A Henoch Schonlein Purpura
- ▶ B IBD
- ▶ C IBS
- ▶ D Leukaemia



Six

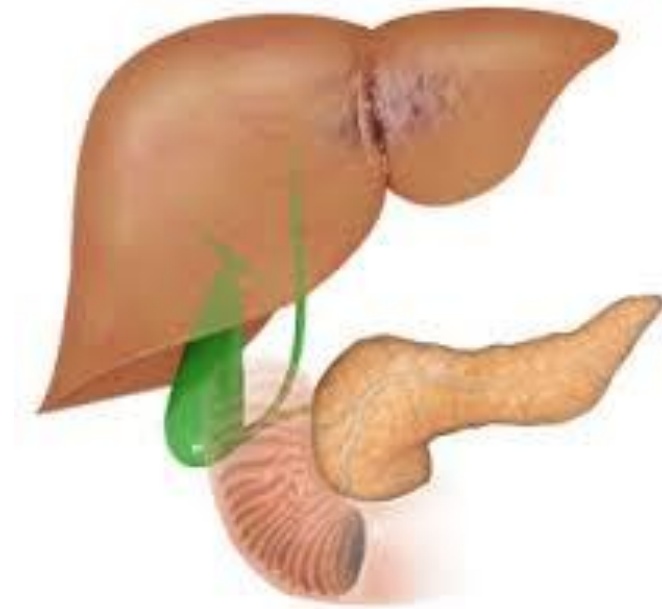


G.E.T.S.M.A.S.H.E.D

POLL 6

- ▶ What do the two E stand for in 'GETSMASHED'
- ▶ A Ethanol and Epilepsy
- ▶ B Epilepsy and Erosive
- ▶ C Ethanol and ERCP
- ▶ D Erosive and ERCP

Seven



POLL 7

- ▶ Any HPB can cause Abdo Pain, What Am I seeing much more
- ▶ Which 2 are increasing rapidly in incidence?
- ▶ 1=Autoimmune Hepatitis 2=Fatty liver disease 3=Gallstone

- ▶ A 1+2
- ▶ B 1+3
- ▶ C 2+3
- ▶ D 1+2+3

Eight



POLL 8

▶ WHAT IS THE AETIOLOGY?

▶ A Trauma

▶ B Gynae

▶ C Haematological

▶ D Functional

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