



EDITORIAL

ABDOMINAL PAIN IN CHILDHOOD

Chronic abdominal pain of childhood was first described by John Pley as pain that interferes with normal activity for more than 3 months in children age 4 to 16 years.

This condition occurs in about 10 – 15% of school age children and is one of the most common reasons for school absenteeism. The causes of Chronic Abdominal Pain include organic as well as functional disorders.-

Functional Disorders include:-

Functional dyspepsia, functional abdominal pain, irritable bowel syndrome, functional constipation, *aerophagia* and abdominal migraine.

Organic Disorders include:-

Celiac disease, Constipation, infections (mainly Parasitic) Food allergy or Intolerance, Acid related disorders including *GERD* and *Dyspepsia*.

The term functional is used when structural, infectious or inflammatory causes of pain cannot be identified after a thorough history and physical examination

Functional disorders are the most common in clinical practice and can be identified by evaluating for the presence of red-flag signs and symptoms in patients with Chronic Abdominal Pain.

These include:-

1. World well localized pain especially when far from umbilical region.
2. Vomiting, pain awaking the child from sleep, rectal bleeding.
3. Constitutional symptoms (fever, rash, weight loss, joint pains) and positive family history of Celiac disease.
4. Inflammatory bowel disease or other auto inflammatory diseases.

Physical examination findings that include abdominal mass, oral ulcers, joint swellings, perianal abnormalities and growth disturbance, suggest organic cause of disease. Whereas their absence is highly suggestive of functional disorder.

The long term outcome of chronic abdominal pain of childhood can be variable. However, 50% of children with chronic abdominal pain progress to develop chronic abdominal pain. Like adults and may complain of headaches and other chronic pain disorders.

Improved understanding of the nature of functional disorders has lead to rational pharmacological and non - medical therapies used in chronic abdominal pain in children.

Approaching functional abdominal pain care within a frame work of biologic - psychosocial mode, has greatly improved treatment of these conditions.

Reassurance to the family that, the actual cause of symptoms must be determined, while highlighting the possibility of lack of organic disease is paramount.

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**African Journal Of
Health Sciences**