Chronic Abdominal Pain

Evaluation

Patient has probable functional abdominal pain/irritable bowel syndrome if:

- Periumbilical or lower abdominal location
- Normal growth in weight and height
- Infrequent bowel movements or alternating constipation/diarrhea
- Relief of pain with defecation
- Association with fecal soiling
- No fever
- No perianal disease
- Stool is heme-negative
- Symptoms can be associated with dyspepsia

Patient has possible peptic disease if:

- Epigastric abdominal pain
- Dysphagia
- Acid brash
- Heartburn/chest pain
- Nocturnal awakening
- Relief of symptoms with acid reduction therapy

Patient has possible inflammatory bowel disease if:

- Weight loss or no height growth over time
- Chronic diarrhea
- Fever
- Joint pain
- Peri-anal disease
- Rectal bleeding
- Microcytic anemia
- Hypoalbuminemia
- Elevated ESR

Patient with symptoms of possible inflammatory bowel disease should be referred to pediatric gastroenterology.

Evaluation of Chronic abdominal pain without symptoms of inflammatory bowel disease

1) Do complete history and physical exam, including rectal examination.
2) If rectal exam reveals stool impaction, then treat for constipation.
3) If rectal exam is normal, the obtain KUB to evaluate for excess stool, especially in right colon. It is important to review the x-ray yourself, as many radiologists do not think that any amount of stool in the colon is excessive. A moderate amount of stool in the left colon is normal, but a moderate to large amount of stool in the right colon is frequently a source for abdominal pain and/or peptic symptoms.
4) It is very important to clear the colon of excess stool first. Starting a daily dosage of medication for constipation without a flush will not solve the problem and may make it worse. If the entire colon is full of stool, then do milk and molasses enemas first, followed by a Miralax flush, followed by Miralax 17 grams in 8 oz. of any liquid BID for at least 6 months and high fiber diet forever. If KUB is hugely full of stool or the child has associated fecal soiling, then also prescribe senna 1 to 2 tablets BID in addition to Miralax. If the KUB shows only right-sided excess stool, then skip the enemas and proceed to Miralax flush.
5) If the child has peptic symptoms too, try clearing the colon of excess stool first, this often resolves all symptoms without needing acid-reduction therapy.
6) Children with stress-related irritable bowel syndrome may benefit from stress-reduction psychological therapy and Levsin 0.125 mg every 4 hours as needed.
7) If persistent pain, then repeat a KUB, check chemistry panel, CBC, and ESR. If the labs are abnormal, refer to peds GI. If recurrent excess stool, repeat a Miralax flush and add senna to maintenance Miralax therapy. If clear of excessive stool, then give a trial of H2-blockers (Ranitidine 10mg/kg/day divided BID) or PPI (Prilosec 2mg/kg/day maximum 40 mg QD) or (Prevacid 3mg/kg/day maximum 60mg QD)
8) If excessive gassiness without excessive stool on KUB, or persistent peptic symptoms despite colon flush and acid-reduction therapy, consider obtaining lactose breath hydrogen test to rule out lactose intolerance or urea breath test to rule out *H. pylori.* *H. pylori* serology is not very accurate in children less than 12 years old.
9) If still in pain after the above evaluation and therapies refer to Pediatric GI for possible need for endoscopy.