Medi Quest BRS Hospital

A monthly News letter from BRS Hospital

FUNCTIONAL ABDOMINAL PAIN IN CHILDREN

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Def:

According to Rome IV Criteria functional abdominal pain is diagnosed when a patient experiences episodic or continuous abdominal pain occurring four times per month for two months, with the pain not solely related to physiological events like eating or menstruation and without meeting the full criteria for other functional gastrointestinal disorders like irritable bowel syndrome functional dyspepsia and abdominal migraine. Importantly after proper evaluation of the pain there must be no evidence of an anatomical, inflammatory, neoplastic or metabolic process which can explain the abdominal pain

Etiology

The etiology is not understood and is thought to be multifactorial in origin

- 1. Brain-Gut Axis Dysfunction: This refers to the communication between the brain and the gastrointestinal (GI) tract. Dysfunctional communication can lead to unexplained abdominal discomfort.
- 2. Stress and Anxiety: These can alter gut motility and sensitivity, exacerbating pain.
- 3. Dietary Habits: Consuming high-fat or high-fiber foods can trigger FAP in some individuals.
- 4. Visceral Hypersensitivity: This is when the nerves in the gut become overly sensitive, causing normal gut functions to feel painful pain
- 5. Gut Microbiota Imbalances: Changes in the type and diversity of

gut bacteria may affect gastrointestinal symptoms pain disorders -

6. Genetics: A family history of similar disorders, such as irritable bowel syndrome (IBS), can increase the likelihood of developing FAP pain disorders

History and Physical Examination

History should explore the chronicity and pattern of pain, relation to bowel pattern, other GI symptoms like nausea and reflux

Functional abdominal pain has a chronic course. Irritable bowel syndrome will have a daily or near daily occurrence .Abdominal migraine will have severe episodes separated by weeks to months without pain

Difficulty in bowel movements whether diarrhoea or constipation suggests irritable bowel syndrome Resolution of constipation resulting in relief of pain is more likely due to functional constipation

Attention to anxiety, depressive symptoms, stress, negative life effects and previous GI infections

Red flag signs and symptoms favouring an Organic cause for Abdominal pain

Symptoms Dysphagia, persistent vomiting, nocturnal diarrhoea, blood in the stool

Systemic signs: Weight loss, deceleration of linear growth, fever, jaundice, joint pain, skin rash

Abdominal examination

Red flag signs for organic cause, localised tenderness in RUQ and RLQ, masses, perianal and rectal disease (tags, fissures, fistula), tenderness over spine. Pain away from midline could be pathological

Investigations

Base line screening Tests

CBC, CRP, ESR, S. Albumin, Coeliac disease screening, Stool examination for occult blood, ova and parasites, and fecal calprotectin levels. Imaging studies USG Abdomen

Treatment Strategies

- 1. Dietary Modifications
- 2. Antispasmodic medications
- 3. Antidepressants
- 4. Neuromodulation
- 5. Education

Dietary Modifications

A 2009 systematic review concluded that there is no high quality evidence supporting that dietary interventions are effective in the management of childhood FAPD.

However it would be seem prudent to restrict spicy food and carbonated drinks.

Identifying contributing conditions like lactose intolerance and fructose intolerance and managing them.

A small trial in children showed some improvement in abdominal pain reporting in children on a low FODMAP diet.

Although studies have suggested supplementing diet with fibre this is not supported by recent metaanalysis.

At present dietary restrictions are not routinely recommended, however in some cases a limited four or 6 week trial of restriction under expert advice may be tested.

Antispasmodic Medications

Antispasmodic medications like dicyclomine, hyoscine and hyocyamine have been used to either as suppressive maintenance medications or to abort acute attacks Peppermint oil or menthol have also been used for their antispasmodic effect

Antidepressants

SSRI inhibitor Citalopram and Tricyclic antidepressant Tryptomer have been reported in studies for their beneficial effect. But the study size were too small, and confounded by the placebo effect hence are not routinely recommended.

Anti histaminics

Beneficial effects of the anti histamine cyprohepatidine have been reported but only in small and retrospective trials

Probiotics

There is a significant body of evidence showing the link between intestinal microbiota and functioning of gut brain axis. A recent study found that the combination of Lactobacillus helveticus and Bifidobacterium longum is more effective than probiotic alone in treating stress-induced visceral pain via HPA axis

Cognitive Behavioral Therapy and Hypno therapy

These psychosocial interventions especially hypnotherapy are known to have beneficial effects. They strengthen coping strategies and help in avoiding the reinforcement of pain behaviours. These modalities of treatment are given in a psychotherapy program

Prognosis and Explanation to patients

Patient/Parent education: this is most important for therapy success. Parents and patients are educated about the benign clinical course, expectations of the

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treatment (e.g. improvement of tolerance of pain and not complete resolution in some cases), about avoiding the triggers and psychosocial factors that exacerbate FAPDs, about improving coping skills, and about setting realistic goals for management, as FAPDs can have an intense impact on everyday life. Furthermore, a plan of returning to school constitutes a crucial point, as homeschooling is not indicated, and

the return to the previous activities is Long term follow up reveals that FAPD resolve in the 35-50 % of cases with 25-29 % continuing to experience abdominal pain into adulthood

Those given a clear and thorough explanation of their condition and symptom management appear less likely to enter adulthood with symptoms or show relapse later on in adult life



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