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## Abdominal Pain In Children

Abdominal pain is a very common complaint in school age children. Abdominal pain can be acute pain, meaning it appears suddenly, or it can be chronic, meaning it has been present for at least 3 months. Children with acute pain and associated sick symptoms can usually be easily diagnosed with illnesses such as appendicitis, gastroenteritis, pneumonia, or urinary tract infection.

Abdominal pain where no medical cause is found is called functional abdominal pain (see below). The majority of these children with abdominal pain will get better with no intervention in 2-6 weeks after the pain begins.

### What Information Would be Helpful In Looking For A Cause?

Abdominal pain in children is often frightening and frustrating for parents. The associated factors that can help determine the cause of abdominal pain include the presence of diarrhea, constipation, fever, and weight loss. The exact location of the pain can also be helpful, as well as how long the pain lasts, what makes it better (especially if you have been using over the counter medications) and what makes it worse. You can get clues about your child's abdominal pain and how serious it is by answering the following questions:

- What does the pain feel like? Is it cramping or dull?
- Where is the pain located? Is the pain in all areas of the abdomen or located in only one area?
- How long has the pain lasted?
- How often does your child have the abdominal pain?
- Is your child's activity level normal?
- Did your child have any injury to the abdomen?
- Does your child have any other symptoms? See list of symptoms below under the section "When Should I be Concerned?"

### What Are The Causes Of Recurrent Abdominal Pain?

Although there can be a lot of possible causes, in most cases, a medical cause of abdominal pain is not found. Possible causes include:

- Constipation (most common)
- Lactose intolerance
- Gastro-esophageal reflux
- Urinary tract or bladder infection
- Stress

## **What Tests Are Needed When Evaluating Children With Recurrent Abdominal Pain?**

When a physician evaluates a child for abdominal pain there are a variety of tests including x-rays, and blood tests that may be done. Testing may include a urinalysis, complete blood count (CBC), erythrocyte sedimentation rate (ESR - a marker for inflammation), stool cultures (for parasites and bacteria), and/or a stool test for blood. Further testing, if required, may include a plain X-ray, upper GI, abdominal (and/or pelvic) ultrasound or CT scan, or endoscopy. A referral to a Pediatric Gastroenterologist for difficult cases may sometimes be necessary.

Which specific tests and how many are performed, if any, depends on the overall individual situation. Generally, if a child is well with normal growth and there are no alarming symptoms or signs present, there may be no or minimal testing necessary.

## **What Is Functional Abdominal Pain?**

Abdominal pain with no obvious medical cause is referred to as idiopathic or functional abdominal pain of childhood. Once a medical/physical cause has been ruled out, social stressors such as school or family problems (ie: recent family problems such as divorce, separation etc) need to be identified as these may be causing the pain.

Some associated findings that make a diagnosis of functional abdominal pain likely include having pain that is localized around the belly button (periumbilical pain). Children with functional abdominal pain should not have fever, weight loss, vomiting, anorexia or poor appetite, pain with urination (dysuria), rectal bleeding, or pain that wakes them up at night. And it is uncommon in children under the age of 4 years.

## **Look For Patterns**

The pattern of pain may be helpful: Keep a daily log of your child's abdominal pain. This will help us identify some of the more common causes.

For example, if a child's pain is worse during weekdays and absent during weekends and the summer, this is suggestive of school related stress as the cause.

Another common pattern is seen in children with constipation. Your child may have increasing abdominal pain until they have a bowel movement. Then the pain improves for a short period, and then increases until the next bowel movement. Most children will not tell their parents that their pain has gone away after a bowel movement.

Another common pattern is seen in children with lactose intolerance. Abdominal pain develops within one hour of eating or drinking milk products. Some children may only have a mild lactose intolerance, which means they may tolerate small amounts of milk products. Abdominal pain only develops after they eat or drink larger amounts of these foods. Improvement with treatment with low fat Lactaid milk and / or lactrase pills (contain the enzyme necessary to digest lactose), identifies the cause of the abdominal pain.

## **What Treatments Can Be Tried?**

Although no specific medical treatment is usually required for most children with functional abdominal pain, certain dietary modifications can sometimes be helpful.

- Increase fiber: Increase the amounts of fruits and vegetables that your child eats. Raw, unpeeled fruits and vegetables (especially beans, sweet potatoes, peas, turnip greens, raw tomatoes and corn) have the most fiber. Popcorn also has lots of fiber in it. Give enough grams of fiber (grams of fiber equal their age in years plus 5) each day (check the nutritional label for high fiber foods and snacks with at least 3-4g of fiber per serving). Vegetable soups are especially high in fiber and also add more fluid to your child's diet.
- Increase bran in your child's diet by offering bran cereals, bran muffins, shredded wheat, graham crackers, or whole wheat bread.
- Lactose free diet can sometimes be helpful if lactose intolerance is suspected.
- Avoid certain foods. It can also be helpful to decrease or avoid foods that seem to trigger your child's abdominal pain, especially caffeine and foods high in sorbitol, such as certain fruit drinks, sugar free gum and fruit snack candy.
- Decrease stress. Where possible, try to decrease any known stresses.
- Lighten the load. Try to identify if school and/or extracurricular activities overwhelm your child. It may help to talk with your child's teacher or coach.
- Adequate sleep and nutrition. Adequate sleep and proper nutrition (ask us for a food pyramid) are important for your child.

### **How Can I Help My Child With Abdominal Pain?**

If after a complete assessment, social stressors are identified as the cause of a child's recurrent abdominal pain, the treatment approach focuses on helping the child deal with the stress. Depending on the circumstances, this may require the help of other professionals such as psychologists, guidance counselors and/or teachers.

For children with daily functional abdominal pain, it is important to help your child learn to deal with the pain to minimize the disruption it can cause. It is important to keep in mind that even with proper treatment, your child will probably continue to have some pain.

The following suggestions may be helpful:

- Be patient. This is a frustrating problem, but most children improve over time.
- Insist on school attendance. If pain occurs in school, make arrangements so that your child can lie down for a short period of time, take any necessary medications, and then return to class when the pain improves.
- Restrict activities to schoolwork (no TV or videogames) or bed if your child will not go to school.
- Minimize attention that is paid to the abdominal pain. Too much attention can help to reinforce the pain.
- Reward your child for participation in daily activities even when pain is present.
- Help your child relax and minimize daily stress.

### **When Should I Be Concerned?**

Children with recurrent abdominal pain usually have no other associated symptoms and continue to grow and develop normally. Call our office if any of the following warning signs are present:

- Fever (over 101 degrees), chills with very sharp stomach pain lasting more than 2 hours.
- Diarrhea, bloating, or gas.
- Vomiting, especially if vomit is dark green or yellow.
- Chest pain or difficulty breathing.
- Pain with urination, very little urine, strange colored urine.
- Blood in the stool or black stools
- Burning pain that gets better after eating
- Pain that starts after eating certain kinds of food.

- Weight loss or poor weight gain.
- Pain in testicle or scrotum.

This information should not be used as substitute for the medical care and advice of your child's physician. Health related topics found on the Andorra Pediatrics web site should not be used for diagnosing purposes or be substituted for medical advice. As with any new or ongoing treatment, always consult your professional healthcare provider before making any changes in treatment or beginning any new treatment. If you have any questions or concerns, please call our office.