

Abdominal Pain

Hilliard Pediatrics, Inc. – Dr. Tim Teller, M.D. – 5/13

Introduction.

Abdominal or stomach pain is a common complaint amongst children. Many times the cause is nothing serious or scary. This handout will help you decide when your child needs to be seen, when you can try an over the counter treatment, and when you need to do something more.

The ‘Red Flags’ of Abdominal Pain.

There are signs and symptoms with abdominal pain that require attention right away. They indicate something more serious may be going on. The one thing that needs attention right away is if your child is **doubled over with pain**. If they are doubled over for a few minutes, but then vomit or have a bowel movement and feel a lot better, we are not worried. But if they just cannot get comfortable and are doubled over, we are concerned and want your child to be seen right away.

If they are not doubled over in pain and have intermittent abdominal pain, the warning signs of something more serious going on are unexplained fevers, blood in the bowel movements, vomiting episodes, unexplained weight loss, and persistent diarrhea. If one of these is going on with a child and they have had on-going abdominal pain, they need to be seen in the office for an appointment.

Causes of Abdominal Pain.

There are many causes of abdominal pain – almost too many to list here. I will briefly review some common causes based on other symptoms going on.

Occasional, brief pain with no other symptoms or issues in a younger child.

We are often asked about this issue with 3-10 year olds with no other symptoms. As long as there are no ‘red flags’ about the pain (see above), it is okay to observe things at home and to call us if the symptoms worsen. We have a handout about this issue on our website called **Recurrent Abdominal Pain**. Please refer to this handout.

Vomiting, fever, and doubled over in pain.

A child with **appendicitis** will often start with an upset stomach and pain around the belly button that worsens and moves down to an area closer to your right hip. The pain often causes someone to double over and is often severe. A fever is fairly common with appendicitis. Appendicitis is a surgical emergency. Someone suspected of having appendicitis should be seen at Nationwide Children’s Hospital immediately.

It is possible to have a viral “**stomach flu**” (gastroenteritis) that has very similar symptoms to appendicitis. It may mean seeing the doctor, having blood work done, and sometimes further testing (CT scan, ultrasound, and others) to sort it out. If the pain with vomiting and fever is dramatic and causing someone to be doubled over, we want that child to be seen at Nationwide Children’s Hospital Emergency Department.

Pain that causes someone to be doubled over with no other symptoms.

If no injury to the abdomen, no fever, and no vomiting or diarrhea, the most common cause of severe pain is **constipation**. We have had many children over the years with very impressive pain who are cramping because their body is trying to get their bowels moving. Usually, figuring out when the last bowel movement occurred and whether the bowel movements have been harder recently helps us decide if constipation is the cause of the pain. Please refer to our website’s Constipation handout.

Many times there may be little other than cramping pain before the start of a stomach virus. If someone is quite uncomfortable then vomits or has diarrhea and feels a lot better, it is both reassuring that it is not something more serious and helps us decide to then treat it like a viral “**stomach flu**”. Please see our Vomiting handout and our Diarrhea handout for more information.

Occasionally we will see someone with significant pain after they ate something that did not agree with their system. Often this means they **ate too much** of something (more hot wings than they ever had before, for example) or something **too spicy** for their system. Many times, the history will help us figure this out. Most commonly, we will have someone try a quick-acting over the counter medication such as Tums® or Roloids®. If the pain does not improve or worsens, someone needs to be seen promptly.

Children do not have as many **kidney stones** as adults, but we do occasionally see someone who is in a lot of pain that is suddenly relieved by passing a kidney stone. The first time this happens, it can be hard to tell if that is what is causing the pain until someone passes the stone and the pain is relieved. If the pain is having someone doubled over, we will recommend that the child is evaluated at the Emergency Department at Nationwide Children’s Hospital. If there is pain with urination or pain on the side (flank), a urine

test is often done. Someone with active kidney stone issues often is passing small (or more) amounts of blood in their urine that we will find on the urine dip test.

Heartburn and stomach pains.

A child who has stomach pains with a burning sensation in their chest is very likely to have **acid reflux**. This can happen just on occasion or be a regular, daily issue. Many of these children will also have a bad, acidic (“throw up”) taste in their mouth when it happens. If it is a once-in-a-while issue, try Tums®, Mylanta®, or something similar. If it is more of a frequent issue, please see our handout on Acid Reflux or call us during regular office hours for more information. If a particular food causes the symptoms, avoiding that (acidic or spicy) food may help prevent the problem. Although we are asked about **stomach ulcers** in children frequently, ulcers in children are very, very rare. Only rarely do children with chronic reflux not respond well to antacids and we become more concerned about a possible ulcer. More common than an ulcer is a problem caused by helicobacter pylori. Note: some children without heartburn will have similar symptoms with a burning ache in their stomach. We refer to this as acid gastritis and it responds to the same antacid treatments.

Abdominal pain with urinary complaints.

If a child has pain with urination, is urinating more frequently, and has abdominal pain, the pain is likely from a **urinary tract or bladder infection**. Please see our Urinary Tract Infection handout for more information. We will want your child to be seen to confirm there is an infection.

Ongoing abdominal pain with episodes of vomiting and diarrhea.

Although there are a number of possibilities, one of the conditions we think of is **celiac disease** (gluten sensitivity). By the time someone is diagnosed, the average child would have lost weight, had episodes of vomiting and diarrhea, and off-and-on abdominal pain. There are some children (and adults) with celiac disease that have the pain but no vomiting or diarrhea. There are specific tests to confirm celiac disease and treatment involves avoiding gluten in your diet.

Another possibility with these symptoms would be **inflammatory bowel disease** (ulcerative colitis and Crohn’s disease). Many of these children are losing weight, passing blood in their bowel movements, and having diarrhea and abdominal pain. These children need to see the pediatric gastroenterologist at Nationwide Children’s Hospital.

Cramping abdominal pain with gas and diarrhea.

Lactose intolerance is when your body does not digest the “milk sugar” called lactose. When your body does not digest it well, more water is pulled into your intestines. This causes cramping, gas, and diarrhea. Often the belly pain is much better after passing gas or a loose, watery bowel movement. This can develop at any age. If it runs in a family, it often does not start until school age or older. Avoiding the problem means avoiding milk and dairy. For many children, that means doing soy, lactose free dairy products, or using supplemental lactase enzyme (Lactaid®) which is available over the counter.

Hives, vomiting, and stomach pains after ingesting certain foods.

Children who have stomach pains with vomiting and hives shortly after eating a certain food or foods likely have a **food allergy**. This can happen with many foods, but most commonly happens with milk, soy, eggs, wheat, peanuts, and tree nuts. Diagnosing a food allergy is best done by an allergist who can test someone to confirm what is triggering the allergic reaction. Although we are often asked the question about whether a child can “just have stomach pain” (without hives or vomiting) and have food allergies, the answer is that this very rarely happens.

Abdominal pain and cramping with changes in bowel movements.

Irritable bowel disease (IBS) is a disorder with pain, cramping, diarrhea, and constipation. Many times the cramping pain can be relieved by having a bowel movement. Many people with IBS have an urgent need to have a bowel movement at times. Many folks with IBS are diagnosed because of the history of their symptoms. There are no specific tests to “prove” it is IBS but there are tests to rule out other possibilities. Children with suspected IBS would benefit from seeing us for an appointment to discuss their symptoms. Some children with IBS need to see the pediatric gastroenterologist at Nationwide Children’s Hospital.

Abdominal pain with diarrhea after recent travel or antibiotics.

If a child has traveled recently and has lingering diarrhea with abdominal pain, we want to see your child to discuss the possibility of them having a **bacteria, ova, or parasite in the intestines** that is causing the symptoms. The infection can cause blood, mucous, or both in the bowel movements. A stool test collected at home and tested by the Nationwide Children’s Hospital Laboratory is how we find out if there is a specific infection. Many of these infections require medications to resolve.

If a child has diarrhea and stomach pain while on an antibiotic (or few a few days later), it is likely it is from the antibiotic and should resolve on its own when the medication is stopped. If the diarrhea worsens, happens after the illness, and especially if there is blood in the bowel movements, we would want to discuss ruling out a bacteria that can cause these symptoms after antibiotics called **Clostridium difficile (“C diff”)**. This is diagnosed with a stool test and treated with antibiotics.