## Practical Pearl: Abdominal Pain

### INTRODUCTION
- Functional abdominal pain (FAP) is very common in school-aged children (5-12 years of age), affecting 10-15% of kids and accounting for 20-25% of PCP visits
- In most children, no underlying abnormality can be identified, and triggers for FAP vary
- Most children point to the umbilicus when asked to localize the pain. Pain may also be associated with diarrhea, constipation, indigestion, pain with bowel movements or feeling full after eating a small amount.
- When associated with diarrhea alternating with constipation and/or bloating, consider Irritable Bowel Syndrome (IBS)
- Children with FAP may also suffer from other problems such as: nausea, headaches, joint pain, fatigue or sleep disorders, anxiety and depression
- Alarming signs are weight loss, persistent and chronic diarrhea, persistent blood in stools, persistent abdominal distension, persistent vomiting, pain that is localized
- [https://urldefense.proofpoint.com](https://urldefense.proofpoint.com)

### INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE
- History: Alarm signs, family history of inflammatory bowel disease (Crohn’s disease or ulcerative colitis), Celiac disease, lactose intolerance, etc.
- Exam: Growth parameters and abdominal exam
- In most cases no lab or X-ray testing needed

### WHEN TO REFER
- Presence of “red flags” or “alarm signs” including: weight loss, poor growth, fever, joint pains, mouth ulcers, unusual rashes, loss of appetite, blood that appears in the vomitus or stool, and night time awakening due to diarrhea and abdominal pain
- In the absence of “red flags” but presence of anxiety, depression or other stressors, also consider referral to a psychologist

### HOW TO REFER
- (413) 794-KIDS Pediatric Gastroenterology

### WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT
- Detailed assessment, parental education and dietary guidelines
- Potential evaluation to include laboratory, radiographic, breath testing, endoscopic, biopsy, manometry