

Indian Academy of Pediatrics (IAP)



GUIDELINES FOR PARENTS

How to Deal with Recurrent Abdominal Pain?

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10 FAQs on HOW TO DEAL WITH RECURRENT ABDOMINAL PAIN?

1. My 2-month-old infant keeps on crying. I feel he is having pain in his stomach. I am terribly worried.
2. Many older children also complain of frequent belly pain. what are the causes?
3. My child gets frequent belly pain. How do I know that whether it could be due to a serious condition or not?
4. What care can be given at home before consulting my family doctor?
5. What tests should I expect the doctor to do on my child?
6. How can I tell if my child has appendicitis?
7. My older child has repeated attacks of mild abdominal pain and becomes better. He seems otherwise very well. He has already seen many doctors. Blood, urine, X-ray, and CT scan done—all are normal. Medications do not give permanent relief. Everybody says nothing to worry. Why? I am worried.
8. How do I know that my child has functional abdominal pain?
9. My 3-year-old child has a belly ache on and off. The doctor says it is because of constipation. What to do?
10. Any advice to prevent pain episodes and ease pain at home?

Under the Auspices of the IAP Action Plan 2020–2021

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How to Deal with Recurrent Abdominal Pain?

Q1

My 2-month-old infant keeps on crying. I feel he is having pain in his stomach. I am terribly worried.

Not all babies cry because of stomach pain; it could be due to hunger, discomfort due to wet nappies, excess wind, or the inability to get good sleep. The problem in finding out the exact cause for crying is confounded by the fact that babies cannot communicate. Some babies cry a lot without any apparent cause, but many have a clear pattern.

Always Consult Your Child Doctor

If no serious cause is found by your doctor, your baby may have a condition called "Infantile colic"; also called "Evening colic" or "Three-month colic".

- These babies typically cry suddenly, unpredictably, and continuously more often in the evenings, drawing up both legs to the tummy with clenched fists (**Fig. 1**).
- The child may appear to want to suckle, but it is not easy to comfort him. Attempts to comfort the baby such as massaging, hammock rocking, swaddling, singing lullabies, pacifiers, etc. are not always successful.
- Babies with such fussy crying behavior may have a highly active gut or wind, but the exact cause is still unknown.
- Herbal remedies such as "gripe 'water"; "ghutti" or "vasumbu" are not advisable. These babies grow well and the crying habit usually clears away after 3 months.



Fig. 1: Child with infantile colic.

Q2

Many older children also complain of frequent belly pain. what are the causes?

One of the most common causes of pain is chronic constipation. The pain could also be due to a variety of conditions that include swollen lymph nodes inside the tummy, surgical conditions such as appendicitis or gut obstruction, tuberculous infection inside belly, pancreatitis, and large bowel ulcerations called inflammatory bowel disease with blood and phlegm-like discharge in the stool, menstrual pain or even food allergies such as celiac disease especially among wheat eaters. Some children get abdominal pain because of stress or anxiety.

- General pain in more than half of the abdominal area is likely caused by indigestion, gas, or a virus.
- Pain only in a limited area of the tummy can be a sign of a problem in a specific organ, such as an inflamed appendix or digestive system.
- Digestive problems are considered the most common cause of stomach pain at night.

Q3

My child gets frequent belly pain. How do I know that whether it could be due to a serious condition or not?

A well-looking child who complains of tummy ache but carries on with his/her normal daily activities is unlikely to have a serious underlying problem. In contrast, the child who looks pale and unwell, who cannot be distracted from it and does not want to move because it hurts, needs medical attention, and should not be ignored.

If any one of the following danger symptoms are present, your child needs immediate medical attention as soon as possible.

- Severe pain disturbing the sleep, play, school, and daily activities.
- Significant large yellow or green vomiting, belly bloating, diarrhea, and constipation with pain.
- Pain, fever, and significant unexplained weight loss.
- Blood in either the stool or vomiting.

Your pediatrician will advise you accordingly as to when to see the specialist.

Q4

What care can be given at home before consulting my family doctor?

If your child suffers from severe stomachache and appears serious with danger symptoms, especially, prominent (distended) belly with large amounts of green or yellow vomiting or gut bleeding, it is advisable to rush up to the nearest health facility.

Do not give anything by mouth at home now or during transit to the hospital.

Seven Useful Tips for Home Treatment of Frequent Tummy Aches in Children

1. Have your child lie down and rest.
2. Place a warm compress or heating pad on their stomach.
3. If your child is hungry, let them eat what they want or offer bland foods such as vegetable soups, rice, khichdi, yogurt, bananas, or toast. Do not force your child to eat if they feel unwell. They will start eating again when they feel better.
4. Gently massage your child’s belly, which can help with gas and indigestion.
5. Give small sips of water frequently to prevent dehydration.
6. Encourage sitting on the toilet in a proper position. Sometimes, emptying the bowel by a glycerine suppository, whenever the bowels are not moving or distracting the child, such as reading a book, helps to ease the pain.
7. Give paracetamol, if the pain is severe.

Do not use other medicines. Do not self-medicate as medicines may worsen or mask the cause for pain.

Six reasons why you should avoid self-medication

1. Worsen
2. Mask the underlying cause
3. Dosage problem
4. Adverse side effects
5. Allergic reactions
6. Habituation

It may be useful to take a video recording of your child when in pain, to be shown to your doctor.

Q5

What tests should I expect the doctor to do on my child?

During your visit to meet your doctor, depending on the history and physical examination findings and assessment of growth, the doctor may choose to do some blood, urine, stool tests and/or an ultrasound of the abdomen. Many a time, history and physical examination are enough to diagnose constipation. *Not every child with abdominal pain needs testing especially if they are well and not acutely in severe pain.*

Mesenteric Nodes on Ultrasonography

- Small-sized mesenteric lymph nodes are often present and recognized in ultrasonogram abdomen in children and are often considered of *no significance*.
- Enlarged mesenteric nodes are most often due to viral infections of the gut. The nodes that enlarge due to gut infections often decrease in size in about 6 weeks. They often cause intermittent crampy pain abdomen and may sometimes mimic acute appendicitis.
- Other causes of enlarged lymph nodes in the tummy are less common, and your doctor should be able to counsel you appropriately about your “child’s condition”.

Q6

How can I tell if my child has appendicitis?

Suspect appendicitis, whenever, a child has belly pain starting around their belly button and moving to the right side of their lower abdomen. The child constantly points to the site with her finger (**Fig. 2**). They may have *associated vomiting* or develop *fever*. An ultrasonogram scan of the abdomen helps in the diagnosis.



Fig. 2: Site of pain in appendicitis.

Q7

My older child has repeated attacks of mild abdominal pain and becomes better. He seems otherwise very well. He has already seen many doctors. Blood, urine, X-ray, and CT scan done—all are normal. Medications do not give permanent relief. Everybody says nothing to worry. Why? I am worried.

Children differ in their ability to describe the type, severity, and location of their pain, making this process even harder. Many problems from the chest down to the groin may be interpreted by children as stomach aches, making it very difficult to determine the true cause. Associated symptoms such as headache, vomiting, indigestion, irregular bowel habits, and belching may not be given importance in most of the patients with nonspecific belly ache.

Your doctor will examine and investigate your child to rule out anything serious, while trying to find the underlying cause.

About 10–15% of school children will report frequent belly pain. Children and teenagers can suffer from frequent bouts of tummy pain over an extended period of >2–3 months.

Nevertheless, the pain is very real without any specific identifiable cause, probably due to the gut being extra sensitive, low pain tolerance of the individual, or altered bowel movements. This can be triggered by stress or anxiety and can be highly distressing to children and their families.

It is called “*functional abdominal*” pain.

Q8

How do I know that my child has functional abdominal pain?

Functional abdominal pain is usually a mild-to-moderate pain or painful discomfort which children tend to locate around the belly button. It is usually not associated with serious symptoms such as vomiting, oral ulcers, blood in stools, fever, pain severe enough to disturb sleep, or failure to grow well or lose weight.

Whenever the doctor’s physical examination of the child is overall normal, no alarming or dangerous signs and symptoms and routinely done laboratory tests, CT scan, etc. are also normal. The cause of the patient’s pain is most likely to be functional in nature.

Please consult your pediatrician or a pediatric gastroenterologist for further advice.

Q9

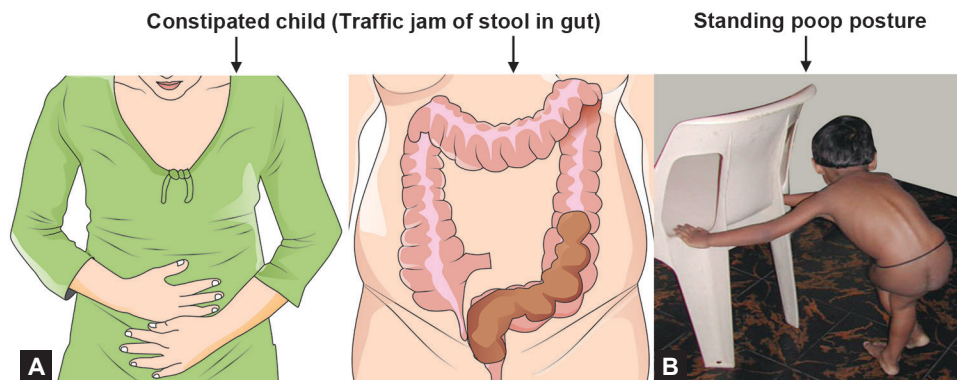
**My 3-year-old child has a belly ache on and off.
The doctor says it is because of constipation.
What to do?**

Constipation may be the reason for abdominal pain in this age group, if other causes are excluded, including the common urinary infection.

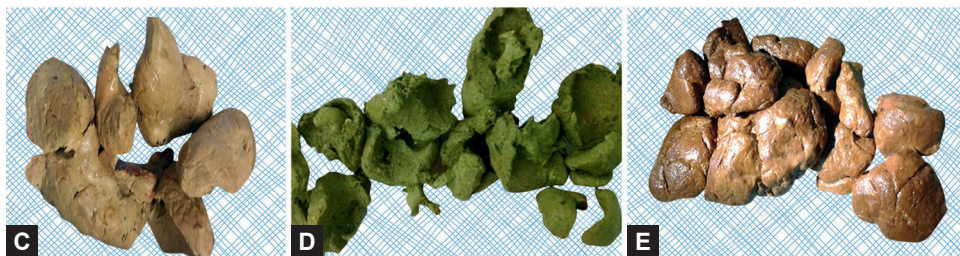
These children may adopt a standing posture (**Figs. 3A and B**), keeping the bottom tight, withhold stools, develop anal cracks, and are afraid to push out usually dry, hard, and large stools (**Figs. 3C to E**).

Constipation can also cause encopresis (soiling of undergarment with stools) or enuresis (bedwetting).

Consult an experienced child or child-gastro specialist who will advise you regarding the toilet training and position, stool evacuation medications, and follow-up.



Different shapes, large and dry stools of constipation causing belly pain



Figs. 3A to E: Constipation.

Q10**Any advice to prevent pain episodes and ease pain at home?**

- Adequate fluids, fiber diet, avoid junk food.
- Proper toilet training, never give castor oil purgative for constipation.
- Distracting the child by reading a book, storytelling, tummy rubbing, or by engaging in play.
- Send a video of the patient to your doctor and take telephonic advice, no self-medication.
- Drugs may mask or worsen the pain.
- Glycerine suppository in constipation gives immediate relief.
- Understand the child's problem of real pain clearly when investigations do not help.
- Find out triggers and relievers of pain, let the doctor find the specific cause.