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Benign Rumination or Regurgitation Syndrome

The valve which joins the food pipe to the stomach, called the gastro-oesophageal junction (GOJ) or lower oesophageal sphincter (LOS), is normally closed but relaxes (opens) in order to allow swallowed food to pass into the stomach. It also transiently relaxes at other times, and in all healthy people the GOJ relaxes repeatedly many times per day, outside of meal times. Sometimes air comes up and sometimes a small amount of solid or liquid stomach contents come up during these relaxations. Most of the time this process is unconscious and any stomach contents that enter the food pipe are simply propelled back down to the stomach again without causing any symptoms. In young children the GOJ tends to relax more frequently than in adults. This is a normal physiological process.

Why does my child regurgitate?

Some children develop a pattern of repeatedly bringing up a small mouthful of stomach contents. This typically tastes acidic and may be spat out or swallowed back down. The process is under ***partial*** conscious control, and in some children the behaviour becomes self-reinforcing. There are many potential reasons for this. There may be an aspect to the sensation or the taste that is pleasurable. It may be that the feeling of rumination is somehow self-soothing and becomes a comforting ritual to the child. It may be that rumination allows a child to terminate a mealtime early or to leave the table, although more often than not the rumination is not perceived by the child as distressing, the child has normal healthy eating patterns, and rumination is not 'used' in this way.

Does my child need any tests or treatment?

Where the history is typical for benign rumination syndrome, *investigations will be normal and are not required to make the diagnosis*. In most cases the symptom is not too intrusive on life in general, can be ignored and does not need any specific intervention. However, in some cases it becomes more persistent and can start to be more of an issue, for example interrupting meal times, causing breath odour etc. Medications do not help but behaviour modifications do. Some strategies to tackle the symptom which children and their families have found useful include:

1. **Become consciously aware of symptoms and sensations.** This may include (a) Keeping a daily symptom log for a few weeks; (b) Noticing sensations which happen immediately *before* the event; (c) Swallowing sips of water when these sensations are felt.

2. **Encourage relaxation during meal times.** For example (a) Practice slow, deep diaphragmatic (abdominal) breathing; (b) Avoid tightening abdominal muscles.

3. **Practice distraction during mealtimes.** There are many different approaches to this and clearly choice will depend on the individual family. Successful techniques include (a) Conversation; (b) Reading aloud; (c) Games; e.g. word games, memory games, video games (not favoured around many family meal tables!)

4. **Enforce the unpleasantness of the event.** For example, by (a) Always re-swallowing regurgitated food; (b) Ensuring that spitting out is not allowed; (c) Not permitting spit bowls/basins at the table; (d) Not sanctioning trips to the toilet during meal times.

Dr Epstein greatly values your feedback and always strives to improve. She would really appreciate if you find a few moments to visit this link and leave a review of the care she provided to your child.
http://bit.ly/doctifyJenny (case sensitive)