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Benign recurrent (functional) abdominal pain of childhood

There are many different organs and structures in the abdomen, and pain can be due to different causes, for example stomach, bowel, kidney, bladder, pancreas, muscles, hips, and others. Paediatric Gastroenterologists typically see over a hundred children a year with abdominal pain and become highly experienced at listening to the way the pain is described, and identifying 'red flag' (concerning) features. This goes a long way to identifying those children whose pain relates to other organs, and to understanding the diagnosis in those whose pain relates to the gut. Pain arising from the gut may be due to gut **damage** (inflammation; infection), but more commonly it is due to altered **function** of the gut. This means the gut either moves in a different way, or the sensations of gut movement are painful. It is likely that a whole host of complex reasons interact to cause the child to feel pain, including altered gut motility, heightened gut sensitivity, dietary issues, emotional and psychological factors, changes in gut bacteria, and many others which we are unable to measure. Recurrent abdominal pain of childhood (RAP) is a problem with the **function** of an otherwise healthy gut in children.

Although symptoms can certainly be challenging to deal with at times, it is an entirely benign condition. i.e. it does not progress to anything more sinister, it does not cause any bowel damage, and it does not interfere with growth or other aspects of the child's general health.

Should my child have investigations in order to make a diagnosis of RAP?

There is no test that can diagnose RAP; it is a diagnosis of exclusion. This means it is diagnosed by excluding pathological causes (eg. inflammation or gut damage). In many cases it is possible to exclude such causes simply by taking a careful history and examining the child. In some cases, non-invasive tests like blood and stool tests may help to affirm a diagnosis of RAP when they return normal. Since RAP represents an issue of gut function, - not structure or damage - scans, X-rays and invasive tests like endoscopy will be normal. Very occasionally where uncertainty remains, these investigations may be carried out, but the benefit has to be carefully balanced against the risks (radiation exposure; general anaesthetic; instrumentation within the gut; finding unhelpful information 'incidentally').

Is there a treatment or cure?

Knowing that the pain is real, and not dangerous, is often helpful. Pain killers such as paracetamol or ibuprofen are usually ineffective, and their regular use should be avoided. It is very important that children continue to go to school and to keep life as normal as possible. RAP often goes through good periods and bad periods - therefore even with no action, the pain settles. Depending on individual clinical circumstances, certain interventions can be useful; please discuss these with Dr Epstein. These include (a) dietary modifications; (b) cognitive and behavioural approaches; (c) physical manoeuvres eg. hot water bottles, massage etc; (d) symptom control medications of the types used in irritable bowel syndrome such as anti-spasmodics, laxatives, anti-diarrhoeal medications and others.

What if the pain worsens or changes?

RAP tends to come and go, occurring in clusters followed by calm periods. However, you must feel free to question the diagnosis at any time, and to have this reassessed if you are worried.

The following would certainly be reasons for yourselves and Dr Epstein to revisit the diagnosis:

1. The pain changes in its nature, severity or site.
2. Your child develops new associated symptoms eg. loss of appetite, loss of body weight, vomiting, mouth ulcers, diarrhoea, rectal bleeding or fevers.
3. The pain evolves in its timing, including night time pain severe enough to awaken your child.

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)