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Pediatric Abdominal Pain: Study Guide

This guide summarizes key clinical concepts for evaluating pediatric abdominal pain, a common chief complaint in the pediatric ED and primary care settings.

1. Clinical Approach

- **Initial Assessment:** Focus on "sick vs. not sick" using the Pediatric Assessment Triangle (PAT).
- **Differential Diagnosis by Age:**
  - *Neonates/Infants:* Congenital anomalies (malrotation, volvulus), intussusception, Meckel diverticulum, incarcerated hernia.
  - *Preschoolers:* Gastroenteritis, constipation, trauma, UTI, streptococcal pharyngitis (can present with abdominal pain).
  - *School-aged:* Appendicitis, constipation, gastroenteritis, UTI, pneumonia.
  - *Adolescents:* Appendicitis, PID, pregnancy-related pathology, ovarian/testicular torsion, dysmenorrhea.
- **Red Flags (Organic Disease Indicators):**
  - Pain localized away from the umbilicus.
  - Bilious vomiting (bowel obstruction).
  - Bloody stool (bowel ischemia).
  - Fever *after* the onset of pain (peritonitis).
  - Weight loss or poor growth.
  - Inconsolability, lethargy, or toxic appearance.

2. Diagnostic Management

- **Physical Exam:** Assess for voluntary guarding, rigidity, and rebound tenderness. Use techniques like the "jump test" to assess for peritonitis without harsh palpation.
- **Imaging:**
  - *Ultrasound:* Often the first-line choice to evaluate for appendicitis, cholecystitis, ovarian pathology, or intussusception.
  - *CT/MRI:* Reserved for cases where ultrasound is non-diagnostic or for specific trauma/malignancy evaluation.
- **Scoring Systems:** The Pediatric Appendicitis Score (PAS) is a validated tool to help stratify risk, though clinical judgment remains paramount.

Flashcards

- **Front:** What is the classic finding on an Upper GI series for a patient with midgut volvulus?
  - **Back:** A "corkscrew" appearance of the duodenojejunal junction (DJJ) due to incomplete rotation and fixation.
- **Front:** How does Apley's observation relate to the likelihood of organic abdominal pain?

    - **Back:** "The further the pain is from the umbilicus, the greater the likelihood of organic disease."
- **Front:** What are the components of the Pediatric Appendicitis Score (PAS)?
    - **Back:** Migration of pain, anorexia, nausea/vomiting, tenderness in right lower quadrant, rebound tenderness, elevation of temperature, leukocytosis, and absolute neutrophil count increase.
- **Front:** What is the typical peak age for appendicitis?
    - **Back:** 9–12 years, with a male predominance.
- **Front:** What is the primary management goal for functional abdominal pain?
    - **Back:** Improving quality of life and reducing disability/anxiety rather than total symptom resolution.

Practice Quiz

Pediatric Abdominal Pain Board Review
Jun 16 at 11:19 AM
Try again without interactive quiz
You've got this! Board exams require a blend of pattern recognition and clinical judgment. Use this quiz to identify any gaps in your differential diagnosis framework. Good luck with your studies!