



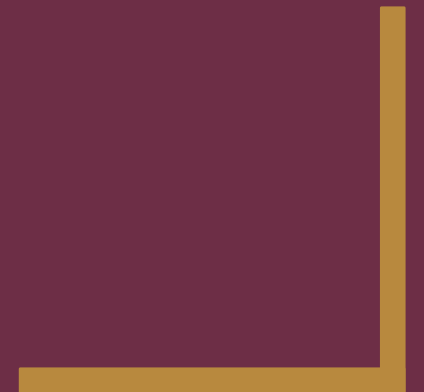
BEYOND THE

GUIDELINES

Paediatric GI decision making

Three cases · Where the evidence ends and judgement begins

Drs Charmaine Chai and Paul Hammond
Paediatric Gastroenterologists
Women's and Children's Hospital
North Adelaide SA
Australia





CASE ONE

G.S.

The acute belly that wasn't.

A common GP problem that quietly becomes a chronic one.

First contact in clinic

6 year old girl, crying and complaining of tummy pain

Booked in as an emergency appointment in the morning

Carried in by her worried mother, visibly tearful

What do you want to know?

ON EXAMINATION

Temperature 37.8
Tachycardic at 110 bpm

Slightly flushed looking cheeks

Distracted by a toy on your desk and stopped crying, but refuses to move to the examination bed or get off her mum's lap

Further history

G.S. has never had tummy pain before

She says "everywhere" when asked where the pain is

She was fine when she went to sleep, but seemed a bit "off" upon waking then started to complain of tummy pain at breakfast

She's been a bit hot to touch but the family don't have a thermometer

She has not vomited or done a poo today

Nobody else is sick at home

Back to G.S.

She has refused to have anything to eat or drink.

You finally get her to lie down — she's tender in the right iliac fossa upon palpation

You package her off to the hospital

A week later you get a letter from hospital— her blood tests were normal and an USS showed mesenteric adenitis. She was discharged home from ED.

Three weeks later, G.S. is back in your clinic.

WHAT'S CHANGED

She's continued to have episodes of abdominal pain, about 4 times per week.

IMPACT

She's missed multiple days of school per week because of the abdominal pain.

G.S. — further history

She describes the pain as a pushing and points to her belly button

She has been missing school

She's looked pale and been more tired than usual

She's been pickier with her foods

Back to G.S.

Her investigations are normal (hurray!)

It's been another two weeks — she's had a sick feeling most days and isn't wanting to eat much.

The family haven't noticed anything on a food diary.

What should they do?

How the story ends

BEAT ONE

The PPI hasn't done anything.

Repeat investigations have again been negative.

BEAT TWO

You counselled brilliantly and the family are on board with diagnosis.

G.S. is using peppermint tea as needed and has also started doing hypnotherapy with good effect!

From acute belly → to chronic pain → to a working DGBI diagnosis with non-pharmacological success.

CASE TWO

C.B.



Christos -first contact in clinic

Christos, 16 year old male, otherwise well, good student at local private school.

Nausea for 8 months, no vomiting but winces when mentioned, school 70%.

Lower abdominal pain at times but not bad, doesn't like discussing stools.

Early satiety, weight stable, light-headed, sleep issues, headaches.

Examination and Discussion

Blood tests, inc coeliac serology, normal. No faecal calprotectin done.

Parents are demanding that you look in or do an MRI to find out what's going on.

You start to discuss how the gut and the brain are connected....

Both parents can't believe that you're going there!

How do you address this?

ON EXAMINATION

Fit, lean young man.

Looks well

Height and weight 50th and 25th percentile for age

Abdomen mildly tender lower abdomen, hard stool palpable in LLQ, noticeably winces with your palpation.

Rest of the examination normal.

9 months later.....

Despite their initial disappointment with you, they tried what you suggested and it actually helped him, alot.

Nausea still happens but he controls it mostly. He now has bad tummy pain, which can stop him in the middle of a game.

He's passing stool every 3-4 days sometimes, but sometimes goes 2-3 times per day, bad pains prior to passing stool which goes after defecation but it comes back. Stool form, described on a chart, suggests all sorts.

When he is having pain, he has a sachet or Movicol (Macrogol), it never helps and can give him diarrhoe.

He is talking a bit more now, when parents allow, but it seems clear he wants your help.

Can you help him again?

CASE THREE

A.M.



16 year old girl, 2-month history of abdominal pain

PRESENTING COMPLAINT

- Recurrent abdominal pain
- Periumbilical and cramping in nature
- Possibly worse when she eats — not sure
- Missing school
- No fevers, vomiting, changes in bowel habit or loss of appetite

PAST HISTORY

- Tonsillectomy and adenoidectomy
- Chronic cough — seen Respiratory
- Recurrent headaches — neuroimaging NAD

EXAMINATION

- Slim build, pale and softly spoken
- Grimaces with discomfort when abdomen palpated but no rebound tenderness
- No organomegaly

"While she's having an anaesthetic anyway..."

THE SCENARIO

You've decided to offer an endoscopy.

The family are quite worried — they've combed the family tree and her father's cousin has Crohn's and her mother's uncle has ulcerative colitis; sometimes A.M. has some non-bloody diarrhoea — could they do a colonoscopy as well given she's having an anaesthetic anyway?

Next steps...

PROCEDURE FINDINGS

You decided to do an endoscopy and a colonoscopy — you see a bit of lymphoid hyperplasia in the ileum and caecum and biopsies show a mild non-specific gastritis.

Since the procedure, things have evolved...

A.M. now is having a lot of nausea and has begun to vomit

The vomits are effortless and only after meals, but then she retches until she brings up yellow acid

She's also really struggling to pass a bowel action — she thinks she is going 4-5 days between episodes

A family request...

THE ASK

A.M. and her mum have been doing their research — could this be gastroparesis?

THE FOLLOW-UP

They've decided to get a referral to cardiology as A.M.'s apple watch has been showing her heart rate gets quite high at times — could she also have POTS?

The diagnosis lands — but the questions don't stop

CONTEXT

On further history — this really is beginning to sound like rumination. The family have found a Facebook support group, and a lot of the people on the group have similar problems.

New questions from the family:

She's always been a bit bendy — could she have a hypermobility syndrome?

She's always been prone to hay fever and has rashes at times — has mast cell activation syndrome been considered?

Sometimes the pain is in the upper right side of her abdomen — are you sure this isn't her gallbladder?

The escalation question

A.M. and her family are increasingly more distraught; she's missing a lot of school and continues to lose weight.

They'd like to try jejunal feeding, but also think that she may need IV fluids.

FOR DISCUSSION

How do you handle a family who is beginning to demand certain investigations or interventions?

Does your approach alter in public vs private care?