

# Abdominal pain (children)

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## Rationale

Abdominal pain is a common presentation in children. While the symptoms may result from serious abdominal pathology, in a large proportion of cases, an identifiable organic cause is not found. When a cause is identified, the cause is often age dependent.

## Causal Conditions

(list not exhaustive)

- Lower abdominal pain (e.g., appendicitis, constipation, gynecologic issues)
- Flank pain (e.g., pyelonephritis, kidney stones)
- Epigastric pain (e.g., gastroesophageal reflux)
- Generalized/diffuse pain (e.g., functional, infantile colic, malabsorption)

## Key Objectives

Given a pediatric patient with abdominal pain, the candidate will diagnose the cause, severity, and complications and initiate an appropriate management plan.

## Enabling Objectives

Given a pediatric patient with abdominal pain, the candidate will

- list and interpret critical findings, including those derived from
  - a. a detailed history, including characteristics of the pain;
  - b. an appropriate physical examination, including
    - general abdominal examination
    - special manoeuvres if relevant (e.g., rebound tenderness, shifting dullness)

- rectal, genitourinary, and/or other system examinations if relevant
- c. the identification of causes of abdominal pain requiring a surgical procedure;
- d. the differentiation of possible psychological causes or psychosocial circumstances in case of chronic abdominal pain;
- list and interpret critical investigations, including
  - a. laboratory investigations;
  - b. diagnostic imaging;
- construct an effective initial management plan, including
  - a. determining whether emergency intervention is required;
  - b. determining appropriate medical, surgical, and nonpharmacologic management for common causes of abdominal pain based on age;
  - c. determining whether specialized care and/or further investigations are required (e.g., endoscopy);
  - d. recognizing possible underlying psychosocial issues leading to abdominal pain.