

Little kids, big tummy aches: could your child have an ulcer? A report on the new "adult" ailments in children. (your family).

Good Housekeeping

When Heather Pendergras of Fulton, Missouri, began to suffer from severe stomachaches and constipation last fall, her mother, Ellen, assumed that the second grader was just feeling stressed about starting the new school year. But the problem continued even after it became clear that everything at school was going fine. Pendergras scheduled an appointment with their family doctor, who, suspecting that Heather needed more fiber, prescribed a diet high in raw fruits and vegetables. But after four months, she was still in pain, sometimes so severe that she would double over, weeping.

At that point, the doctor referred Heather, now eight, to a specialist, who quickly diagnosed the pain as irritable bowel syndrome, a condition that affects up to 20 percent of the U.S. adult population at some time in their lives. "Our family doctor had not suspected IBS because he didn't think children Heather's age could suffer from it," Pendergras says. Now that an explanation has been found and Heather is receiving the right treatment, her symptoms have improved dramatically.

The majority of children's stomach woes are onetime episodes, triggered by overeating, constipation, indigestion, a viral or bacterial infection, or mild food poisoning. Except in the case of babies (who can become dehydrated quickly), such ills are usually nothing to worry about. After a day or so, kids begin to get better --and they stay well.

But children who have chronic stomach pains--defined by many doctors as lasting at least a couple of months--may be suffering from one of the "adult" digestive disorders (such as IBS) that doctors are now realizing afflict kids too. Many of these symptoms were once written off as "emotion based," says Jeffrey S. Hyams, M.D., director of digestive diseases and nutrition at Connecticut Children's Medical Center, in Hartford. But today, these disorders can be correctly identified--and treated.

Heartburn

If your child regularly complains of feeling uncomfortably full or nauseated after meals, or if she regurgitates, she may be suffering from GERD, or gastroesophageal reflux disease, in which acids "backwash" from the stomach, causing a burning sensation in the upper abdomen.

Reflux disease is a Johnny-come-lately diagnosis in kids. For one thing, says Dr. Hyams, unlike grown-ups, who know that the discomfort they're suffering is heartburn, children tend to generalize all pain as "a stomach-ache." In addition, kids don't have the kinds of habits (smoking, drinking) or diets (spicy foods, coffee) that prompt doctors to look for the disease in adults.

In both adults and children, the problem is primarily related to a valve in the band of muscle fibers that normally close off the esophagus from the stomach. Reflux occurs if the valve relaxes when it shouldn't.

"Now that doctors know children can develop the condition, and now that they have a reliable way to test for it, we're finding that reflux disease is very common in kids," says Yoram Elitsur, M.D., director of pediatric gastroenterology at the Joan C. Edwards School of Medicine at Marshall University, in Huntington, West Virginia. About one child in ten has GERD, he estimates; the same ratio reported for adults.

How it's diagnosed The level of acid in the esophagus is measured over a 24-hour period. A doctor places a hair-thin tube through a child's nose, then threads it into the stomach and back up into the esophagus. Insertion of the tube is easy, says Dr. Elitsur, and children usually aren't bothered by it once it is in place.

Treatment Medications, including antacids and drugs ([H.sub.2] receptor blockers and proton pump inhibitors) that suppress the body's production of acids. In addition, it is a good idea for kids to have dinner two to three hours before bedtime, to avoid lying down on a full stomach. Elevating the head of your child's bed by six to eight inches or using a wedge-shaped pillow that lifts and supports the head and shoulders may also help.

Ulcers

Scientists estimate that as many as 10 percent to 15 percent of children between the ages of five and ten are infected with the bacterium *Helicobacter pylori*, now known to be a major cause of ulcers. Most infected children develop gastritis, typically a painful inflammation of the stomach lining. Some children also develop sores or holes--ulcers--in the lining, but many have no symptoms at all. "We don't know why the infection triggers symptoms in some kids but not in others," Dr. Elitsur says.

The symptoms of *H. pylori* infection vary, but most children report pain that is centered in the upper abdomen. You should be suspicious if other family members suffer from recurrent abdominal pain, have been diagnosed with gastritis, or have an ulcer: *H. pylori* infections often cluster in families.

How it's diagnosed In children, doctors use small forceps to remove a tiny piece of tissue and examine it for the presence of *H. pylori*.

Treatment A two-week course of antibiotics.

Irritable bowel syndrome

This one is a puzzle. Unlike more serious disorders such as inflammatory bowel disease or Crohn's disease (symptoms of which include blood in the stool, fever, loss of appetite, weight loss, malaise, and joint pain), IBS comes and goes, and its symptoms can be vague. A child may complain of painful abdominal cramps, gas, and bloating (especially after meals) and have either diarrhea or constipation. The symptoms can go on for weeks or months, then suddenly vanish.

Meanwhile, children with IBS don't seem terribly ill. Despite occasional bouts of stomach pains, most kids continue to have energy for play. They maintain their appetites, and they don't lose weight, which is why, Dr. Hyams says, they are frequently dismissed as fakers or malingerers. He estimates, however, that about half the children referred to him for chronic stomach pain turn out to have irritable bowel syndrome.

So what's going on? No one knows for sure, but one theory is that with IBS, the child's gastrointestinal system is extra reactive. The intestinal muscles contract more vigorously, so much so that a child may actually be able to feel it. "The brain interprets those intense contractions as pain," Dr. Hyams says. The condition, however, is medically harmless.

How it's diagnosed There is no definitive test. A doctor usually concludes that an otherwise healthy child has IBS after ruling out an infection or allergy.

Treatment For children whose IBS is accompanied by diarrhea, eliminating gas-forming beans and fruit juices from their diet is often recommended. For those who have constipation, increasing fiber consumption may be helpful. There are also an array of prescription medicines for IBS (finding the right one usually requires a bit of trial and error), and doctors sometimes recommend antidepressants, which intercept the pain messages. As for natural remedies, peppermint-oil capsules may ease pain and cramping, according to a recent study at the University of Missouri at Columbia. The findings are preliminary, "but a cup of peppermint tea is worth a try for soothing painful IBS flare-ups," says the lead investigator, Robert Kline, Ph.D., "since it appears to be safe."

Diet

Any kid might have a bellyache after eating too much candy or pizza. But some children have unusual sensitivities to foods or ingredients in foods, which can cause recurring pain.

Lactose Many children don't produce enough of the enzyme that breaks down the sugar in dairy products (lactose). When the problem is severe, even a little bit of milk, cheese, or other dairy product can trigger major symptoms--bloating, cramps, and diarrhea. But in mild cases, the link may not be as obvious. Children may be able to tolerate a small glass of milk with pancakes but feel painfully gassy after downing a larger amount with cereal. If your child does have an intolerance (a doctor may make the diagnosis on the basis of symptoms alone), you can switch to reduced-lactose or lactose-free dairy products, found at most supermarkets.

Sorbitol You think you're being a conscientious mom when you let your kids chew only sugarless gum. But sorbitol--a naturally occurring carbohydrate that's the chief ingredient of the gum--is a "prime suspect" in chronic stomachaches, Dr. Hyams says. The body can't absorb sorbitol, so it passes intact into the large intestine, where bacteria break it down. In many children, however, the process does not work properly; as a result, gas and chemicals are released, triggering intestinal cramps and, sometimes, mild diarrhea. For some kids, a few sticks of gum may be enough to cause symptoms. And sugar-free gum isn't the only source: Some fruit juices also contain the carbohydrate.

Fructose If your child drinks a lot of soda, high-fructose corn syrup may cause stomachaches for the same reason that sorbitol does: His system can't break down the carbohydrate. Although soda is the biggest offender, apple and pear juices also contain fructose. And for some kids, the double whammy of fructose and sorbitol in these juices is especially irritating.

appendicitis alert

your child is gripping her stomach in pain, and your first thought is Appendicitis! Chances are, your anxiety is unwarranted, but it's smart to be aware of the possibility: Untreated, the appendix can swell and burst, a potentially fatal occurrence. "If you think your child may have appendicitis, don't wait," advises Ralph E. Minear, M.D., professor of pediatrics at Harvard Medical School, in Boston. "Call your pediatrician or go to the nearest emergency room." Key warning signs:

* Severe pain in the lower right side of the abdomen. It may start above the navel and then move downward.

* Your child is unable to stand upright; he or she wants only to lie still.

* Vomiting and/or fever.

Today there's little guesswork involved in diagnosing appendicitis, thanks to a test called limited computed tomography with rectal contrast (CTRRC). The test, which can be done in less than ten minutes, involves placing a narrow tube in the rectum and instilling nonradioactive contrast dye into the bowel. In a study of 139 children and teens at Children's Hospital in Boston, CTRRC was found to be 94 percent accurate in diagnosing the presence (or absence) of an infected appendix. Says Dr. Minear, "The test is a tremendous breakthrough. It spares everyone--doctor, parent, and child--the stress that comes with being uncertain about a diagnosis."