Could child's abdominal pain be appendicitis?

DR. IQBAL MEMON

When a child complains "my stomach hurts" one of the first fears that a parent may have is appendicitis. Children's bellyaches are often varied and numerous, and it is important that parents recognise when a particular stomachache might be cause for alarm.

The appendix is a finger-like piece of tissue shaped like a slender pocket connected to the beginning of the large intestine. Most of the time, it is located in the lower right side of the abdomen. The appendix contains many lymph glands and may have something to do with fighting intestinal infections, but its exact function is unknown. Whatever role the appendix serves in the body, its removal has no negative effects on a child's health.

Appendicitis is inflammation of the appendix, produced when the lymph tissue is overwhelmed by a large local infection. The appendix can also be irritated if a piece of hardened stool, called a fecalith, becomes stuck in the appendix. None of these conditions are contagious to other children or adults.

Most cases of appendicitis occur between 10 and 20 years of age, although it can occur in any age group. Interestingly, and without a good explanation, the majority occur in the winter months, between October and March. Usually the first symptom of appendicitis is abdominal pain, originating near the belly button and then moving to the lower right portion of the abdomen. When the appendix is located in its usual position, the most painful area is located halfway between the hip bone and the belly button. The child may be bent over with pain and prefer lying down on the left side. After abdominal pain begins, a child with appendicitis will often develop a slight fever, accompanied by nausea, vomiting and loss of appetite. The pain is usually intense and unremitting, often waking the child up at night. Abdominal pain that should concern parents gets progressively worse over hours, without any signs of relief. The youngster is very sensitive to sudden jarring motions, such as riding in a car and hitting a bump in the road. Should a parent suspect their child has appendicitis, it is best not to allow them to eat or drink as this will stimulate intestinal activity, worsening the pain, and makes emergency surgery and anaesthesia more dangerous. Excessive sedative or pain medications are also best avoided until your child's paediatrician can perform a good physical exam on your youngster. The physical exam is often a cornerstone in the diagnosis of appendicitis, and pain medicine may mask the characteristic findings.

An accurate diagnosis of appendicitis can be challenging. This is especially true if the youngster does not report the symptoms in the order mentioned above or the child is very young, In children younger than two, for example, the most common symptoms are a dramatic reduction in appetite, vomiting and a distended abdomen.

Toddlers with appendicitis may not even tell their parents that their stomach hurts.

When the child is brought to the paediatrician, a complete exam will be done, looking specifically for where the child is tender. The doctor will also check for "rebound tenderness." This means that when pressure is applied to the abdomen and then quickly released, the pain is more prominent than the pain experienced with pressure alone.

Often these children will double up in pain and clutch their abdomen when they are asked to jump off the exam table. In addition, a rectal exam may be done, either by the paediatrician or the surgeon. A blood test is frequently performed to check for signs of inflammation or infection. The urine is also checked for signs of a bladder infection. Sometimes x-rays will be taken. An ultrasound examination and CT scan also may reveal abnormalities in the area. But the diagnosis is most frequently made clinically by an experienced paediatrician or surgeon.

The decision to operate on a child suspected of having appendicitis is often not easy as a clear-cut diagnosis is sometimes difficult to make. Appendicitis can be confused with other conditions, such as a urinary tract infection, kidney stones, pneumonia intestinal flu (gastroenteritis) and ovarian cysts. No laboratory test is specific for appendicitis. Frequently, the child is admitted to the hospital for observation to watch the progression of symptoms. Every once in a while, a child goes to surgery and a normal appendix is found. Even the most experienced surgeon is not able to call it correctly 100 percent of the time!

The best treatment for appendicitis is surgical removal of the appendix (appendectomy). This operation is usually done through a small incision in the lower abdomen. Children recover from surgery quickly and are usually home in one to two days.

If the diseased appendix is not removed in time, the appendix may break open or rupture.

Perforation of the appendix can occur as early as 48 to 72 hours after symptoms begin. This leads to further complications, such as an inflammation throughout the abdomen (peritonitis) and abscess formation. In these cases, a larger abdominal incision is required to remove the appendix. In addition, the child will be treated with antibiotics for up to 10 days following surgery.

Remember, appendicitis is a medical emergency that will not go away on its own or be treated at home. If you suspect that your child has appendicitis, call your paediatrician immediately.