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Getting to the root of children's pains

Headaches, stomach aches and growing pains are three of the most common reasons for visits to the pediatrician's office. By age 7, 40 percent of American children report headaches as a recurring problem, and this percentage increases to 75 percent by adolescence. Growing pains (repeated complaints of arm or leg pain) occur in approximately one third of all children between the ages of 3 and 6. Chronic abdominal pain is responsible for one in 25 visits to the pediatrician's office, with approximately 20 percent of high school students complaining about a stomach ache at least once a week.

All parents worry that these complaints are indications of serious illness, including the possibility of cancer. Pediatricians, on the other hand, know that the overwhelming majority of these complaints are functional. A functional pain is one that has no known underlying cause. In most of these cases, even extensive testing will not provide useful information that assists in treatment.

Parents and physicians must communicate openly so parents can express their anxiety and physicians can explain the probability of serious disease and what is being done to rule it out.

Communication will prevent the continued pursuit of improbable rare problems and all everyone to focus on appropriate intervention for the complaints.

Even though a physical cause is rarely found for recurring headaches, there frequently are other underlying issues for them. Children should have a thorough medical evaluation when headaches are severe enough to interfere with normal activity or continue for an extended period of time.

Migraines are the most common type of headache seen in childhood. They are characterized by a throbbing pain on one side of the head, with vomiting and visual or sensory aura. There is often a family history of migraine headaches and the pain frequently improves with rest. Pediatricians should perform a thorough evaluation including a review of health history and physical

examination, including neurological and eye components. For most patients, X-rays and further evaluation are not necessary.

Stress-related headaches are difficult to differentiate from migraine as they are similar and stress can also trigger a migraine. New and sudden onset headaches are very different from chronic recurring headaches and may require a different evaluation.

The cause of frequent arm and leg pain in children is largely unknown, and is generally functional. The pain comes and goes, usually at night, moves from one extremity to the other, and is in the muscle rather than in a joint or bone. Parents are wise, however, to worry about localized pain that persists into the morning, increases in severity over time, and is associated with redness, tenderness, swelling, or a limp. A few simple laboratory tests can often provide reassurance.

Children with recurrent abdominal pain, by definition, have had at least three bouts of pain severe enough to affect normal daily activities during a period of three months. While most of these children have functional ailments, some stomach aches may have physical causes, including gastritis, inflammatory bowel disease, or abdominal migraine.

The assessment of abdominal pain can be complex and difficult, and should always begin with a comprehensive health history and physical examination, frequently followed by laboratory and imaging tests. Since this type of pain may persist for decades, open communication is extremely important to assure a proper diagnosis and to avoid unnecessary testing.

Parents who would like to know more about infections and antibiotics can contact their pediatrician or the American Academy of Pediatrics website at www.aap.org

Feel free to contact me at NSMC North Shore Children's Hospital, 57 Highland Ave., Salem, MA 01907 or at ebailey@aap.org with your questions or comments.

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