Central California
Pediatrics

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Specialty information for physicians who treat children and expectant mothers.

Abdominal Complaints: When It Could Be More

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For the third year in a row, Valley Children's is ranked as one of the nation's best children's hospitals in Gastroenterology & GI Surgery by U.S. News & World Report for 2019-2020. For more information about referring a patient, visit valleychildrens.org/gastroenterology.

Abdominal pain is a very common complaint to pediatricians. In order to avoid missing that one patient who is emergent, the following concepts, differential diagnoses and pertinent red flags may be useful.

Abdominal pain often occurs as visceral pain, which is referred and nonspecific. However, peritoneal pain more classically occurs with abdominal emergencies. It presents at a specific location with point-tenderness on exam. A good example is appendicitis with McBurney's point tenderness in the right lower quadrant once the appendix is fully inflamed and may include abdominal guarding or rigidity.

Mixed Presentation Diagnoses: What To Look For

The diagnoses that could present as a mixed presentation include internal hernias, retroperitoneal lesions, intraabdominal abscesses and ischemic bowel. A mesenteric cyst is large and pain is diffuse because of the size. Trauma with lesions to the abdominal organs such as pancreas, spleen or liver may present with discoloration on the abdomen. In these settings, red flag findings such as fever, abnormal vital signs (especially tachycardia) and pain out of proportion to the abdominal exam lead to an expedient diagnosis. Intestinal pseudo-obstruction, which commonly occurs in spina bifida and in more severe cerebral palsy patients, carries a risk of sigmoid or cecal volvulus, which creates ischemia and is an emergent diagnosis. They may present with abdominal distention and bilious emesis.

Intussusception initially presents as an abdominal mass due to the small bowel intussuscepted into the ascending colon. The patient in the most common age range >6 months to 2 years of age may actually have bilious emesis while having a history of colicky abdominal pain. The later presentation of the classic "currant jelly stool" is due to bowel ischemia and the patient likely is lethargic or even septic if this phase has been prolonged.

Gastrointestinal (GI) bleeding is another potential abdominal emergency. With GI bleeding, it is important to identify how rapidly anemic the patient is becoming and how aggressive the blood loss. The three most common serious reasons for GI bleeding in children are: Meckel's diverticulum, esophageal varices and peptic ulcer. These will bleed very quickly, usually present as melena and usually need rapid intervention either by a pediatric surgeon or pediatric gastroenterologist.

In conclusion, there are many gastrointestinal diagnoses that are not emergent, but should be referred to pediatric gastroenterology when presenting with abdominal pain. Refer patients if abdominal pain is accompanied by bloody diarrhea and the diagnosis of inflammatory bowel disease is highly likely. Laboratory evaluation to assess for intestinal infection, inflammatory markers, anemia and growth parameters are good screening tests to determine if diagnosis should be expedited. Likewise, celiac disease, helicobacter pylori gastritis and clostridium difficile or other intestinal infections may cause chronic abdominal pain that is not emergent, but important to diagnose.

For referrals, second opinions or questions, our Valley Children's gastroenterology team is available and happy to collaborate with providers. Our team includes eight pediatric gastroenterologist specialists, all specializing in the diagnosis and management of infants, children and adolescents with gastrointestinal and nutrition disorders. We also offer outpatient gastroenterology services across the region, including Modesto, Merced, the Central Coast and Bakersfield.

Valley Children's HEALTHCARE

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Child Advocacy

Tim Curley
Director, Community and Government Relations, Valley Children's Healthcare
For questions or more information on these and other issues, contact Tim Curley at 559-353-8610 or TCurley@valleychildrens.org

Developmental Screenings and ACEs

As has been reported before, the current year state budget includes funding to reimburse providers for developmental screenings as well as Adverse Childhood Experiences (ACEs) screenings. We are still awaiting guidance from the state Department of Health Care Services regarding implementation.

State Legislation

With the state legislation session now completed for the year, we have a good sense of the final outcome of those bills Valley Children's supports.

- Assembly Bill 526 would have implemented expedited enrollment into Medi-Cal for the estimated 100,000 women and children statewide served through the Women, Infants and Children program who were eligible for Medi-Cal, but not enrolled. The legislature failed to pass this bill.
- Assembly Bill 577 would extend Medi-Cal postpartum care from 60 days to one year for women diagnosed with a maternal mental health disorder and enrolled in a commercial health insurance product. The legislature passed this bill and as of the writing of this update, Governor Newsom has not yet taken any action. With respect to women covered through Medi-Cal, the current state budget included funding for the same coverage expansion.
- Assembly Bill 763 would have required the state to convene a workgroup to standardize forms currently used by Medi-Cal managed care plans to determine eligibility and reimbursement for specialty mental health services for children. The legislature failed to pass this bill.
- Senate Bill 207 would have included asthma prevention as a benefit under the Medi-Cal program. The legislature failed to pass this bill. However, the state budget agreement for the current year includes funding for asthma prevention services and environmental remediation services for Medi-Cal beneficiaries.
- Senate Bill 276 will require the state Department of Public Health to develop a standardized medical exemption request form, to review schools with immunization rates less than 95%, and within those schools to review physician requests on annual basis, and if warranted to deny or revoke a medical exemption request. Governor Newsom signed this bill into law on Sept. 9. The bill is effective January 1, 2021.

Medical Staff News

The following pediatric specialists recently joined Valley Children's:

Genetics
Carolina Galarreta Aima, MD

Maternal-Fetal Medicine
James Hole, DO, Medical Director

Neonatology
Ahmad Aboazia, MD
(Kaweah Delta NICU)

Orthopedic Surgery
Deric Nye, DO

Upcoming CME Opportunities

IDEAS: Using a Blueprint to Build a Successful Research Project

November 12, 2019, 12 p.m.– 1 p.m.
Valley Children's Hospital, Madera Campus, G140A
Learn the blueprint for constructing a successful research project from start to finish.

Speakers
Trish Regonini, Padma Desai and Rhanda Rylant