

# CAUSES FOR RECURRENT ABDOMINAL PAIN IN CHILDREN AND ADOLESCENTS: A CLASSIFICATION ACCORDING TO ROME II CRITERIA

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## **Background**

Recurrent abdominal pain (RAP) among children and adolescents is defined as "at least three bouts of abdominal pain, severe enough to affect activities, over a period of not less than 3 months". RAP has multifactorial aetiology with many affected children having no evidence of organic pathology. The ROME II criteria for 'childhood functional gastrointestinal disorders' classify non-organic RAP into five main categories: functional dyspepsia (FD), irritable bowel syndrome (IBS), abdominal migraine, aerophagia and functional abdominal pain.

## **Objectives**

- To identify the causes of RAP in Sri Lankan children.
- To classify non-organic RAP using ROME II criteria.

## **Design, setting and method**

The children identified as having RAP during a school survey were recruited and screened for organic diseases using history, examination, stool microscopy and culture, full blood count, erythrocyte sedimentation rate and abdominal radiograph. Other investigations, performed based on clinical evidence, included serum amylase, renal and liver function tests, abdominal ultrasound and gastrointestinal endoscopy. RAP was defined according to Apley criteria. Children without clinical or laboratory evidence of organic diseases were classified using ROME II criteria.

## **Results**

Fifty five children with RAP were investigated [25(45.5%) males, aged 5-15 years {mean 8.1 years, SD3.1 years}]. Thirteen (23.6%) had organic RAP (constipation 7, urinary tract infection 2, urinary calculi 1, gastro-oesophageal reflux I, antral gastritis and duodenitis I, and intestinal amoebiasis 1) and 42 (76.4%) had no organic disease. Thirty three (60%) could be classified according to ROME II criteria [functional abdominal pain 13, IBS 9, FD 9, abdominal migraine 1, aerophagia 1]. Nine (16.4%) did not fall into any of the above categories.

## **Conclusions**

- \* The majority (60%) of children with RAP had functional bowel disease, which can be classified using ROME II criteria.
- Organic pathology accounted for symptoms in less than 25% of patients.