

Chapter 2

Gastroenterology

This is a huge topic in Paediatrics and covers a variety of common presentations, diseases as well as topics such as nutrition and breast feeding.

What you need to know?

The big diseases, that are exam favourites are

- Gastroenteritis
- Gastroesophageal reflux
- Pyloric stenosis

And less so...

- Intussusception
- Coeliac disease
- Iron deficiency anaemia
- Inflammatory Bowel Disease

You also need to know about the following

- Breast feeding
- Failure to thrive
- Constipation
- Vomiting
- Abdo pain

Examination of the GI tract

Inspection

Always make a show of standing back and taking a good look before approaching the patient

Are they well/unwell

Skin e.g. jaundice

Normal/dysmorphic

Nutritional status –

Skin fold thickness - triceps

Midarm circumference

Ask to see growth chart or say “This child looks thin but I would like to plot his height and weight on a growth chart”

Any tubes present e.g. gastrostomy, NGT

Then Inspect systematically:

Hands & Eyes

Digital clubbing

Inflammatory bowel disease

Cystic fibrosis

(Coeliac disease and liver disease)

Iron deficiency anaemia

Koilonychia

Pallor of creases and conjunctiva

Jaundice

Mouth

Ulcers (IBD)

Stomatitis (iron deficiency anaemia)

Tongue

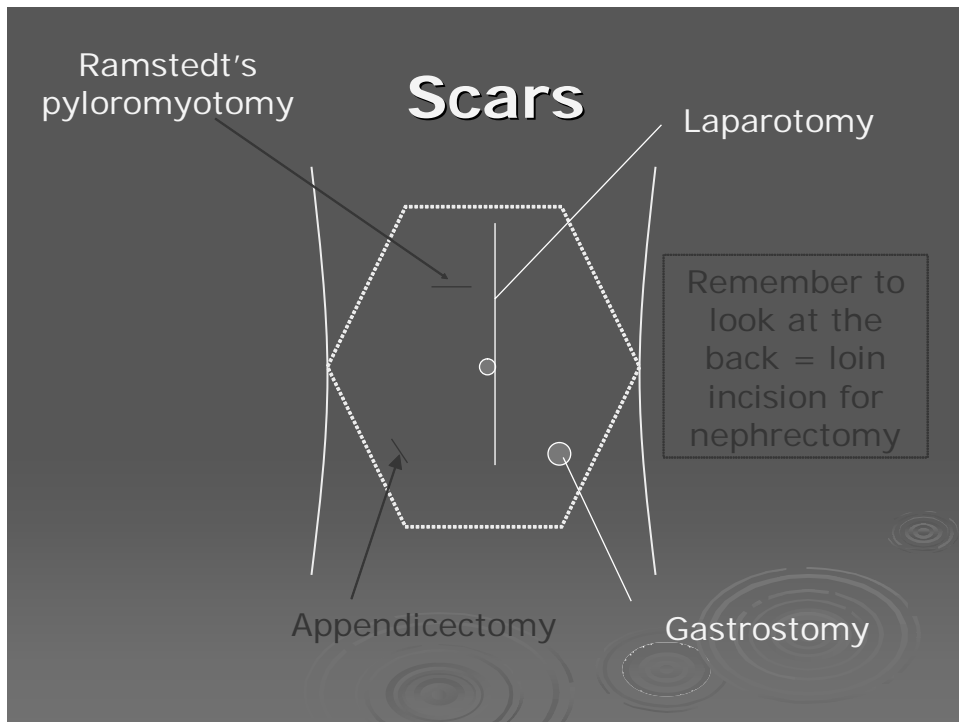
coated (candidiasis)

glossitis (iron deficiency anaemia)

macroglossia (Down's)

Abdomen

Scars



Palpation

Ask if there is any pain before touching, kneel down by patient and look at face when palpating

Superficial and deep – start away from painful area

Organomegaly – liver, spleen, kidneys

If abdominal distension, test for shifting dullness

Percussion

For liver spleen

To finish

+/-Percuss for shifting dullness

Auscultate for bowel sounds

NO DIGITAL RECTAL EXAMINATION

Common clinical cases

Always use sieves and let the examiner know it:

Hepatomegaly

Idiopathic

Infection – viral/bacterial/fungal/parasitic

Infiltration

Primary and secondary tumours

Obstructive

CHF

Storage

Fat – cystic fibrosis

Glycogen

Splenomegaly

Infection e.g. malaria

Haemolytic

sickle (remember atrophies later)

hereditary spherocytosis

Neoplastic

Portal hypertension

Extramedullary haemopoiesis

thalassaemia

Hepatosplenomegaly

Infection e.g. EBV

Portal hypertension

Haematological e.g. thalassaemia

Infiltration e.g. leukaemia, lymphoma