For our series finale we will review the 5 mega abdominal emergencies in kids as well as briefly discuss non-accidental trauma.

Non-accidental Trauma

- 10% of pediatric pts in the ED are victims of neglect (sexual, neglect, physical, etc)
- Our focus today is physical abuse
  - Red flags: changing stories, stories that don’t make sense, delays in seeking care
  - Exam: uncommon bruising (torso, ears, neck, etc)
  - Order relevant studies:
    - If abuse suspected – skeletal survey Xrays
    - If child has altered mental status – Head CT
    - If abdominal trauma suspected – Abdominal CT
  - Report case to child protective services

Tummy (5 abdominal emergencies)

1. Necrotizing enterocolitis
   a. 1st month of life – sick premies
   b. “Pneumatosis intestinalis” – air in bowel wall produced by bacteria
   c. Tx: NG tube, Abx, consult surgery
2. Volvulus
   a. 1st month of life – healthy kids
   b. Distended abdomen, sick appearing, bilious vomiting
   c. Dx: Abdominal Xray, then Upper GI series (best test)
3. Toxic Megacolon
   a. Huge distended colon
   b. Hirschsprung disease
4. Intussusception
   a. 2 mo – 2 yr old
   b. Telescoping bowel → bowel ischemia
   c. Intermittent abdominal pain and lethargy
   d. Dx: Abdominal US
5. Pyloric Stenosis
   a. Projectile vomiting, but good appetite
   b. Electrolyte abnormalities – alkalosis, hypochloremia, hypokalemia
   c. Tx: Surgery