

Peds T – Tummy and Non-Accidental Trauma  
2/18/18

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
  - o Red flags: changing stories, stories that don't make sense, delays in seeking care
  - o Exam: uncommon bruising (torso, ears, neck, etc)
  - o Order relevant studies:
    - If abuse suspected – **skeletal survey Xrays**
    - If child has altered mental status – **Head CT**
    - If abdominal trauma suspected – **Abdominal CT**
  - o Report case to child protective services

### Tummy (5 abdominal emergencies)

1. Necrotizing enterocolitis
  - a. 1<sup>st</sup> 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. 1<sup>st</sup> 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**