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DWI PRASETYO

Presentasi **Poster Nasional**

Pertemuan Ilmiah Tahunan Ilmu Kesehatan Anak ke -7 Ikatan Dokter Anak Indonesia

Case Report: Recurent Abdominal Pain Due To Gastroduodenitis And Pancreatitis In A 10 Years Old Girl

Surabaya **31 Oktober – 4 November 2015**

Dwi Prasetyo

SERTIFIKAT

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Sebagai:

PESERTA


Aman Bhakti Pulungan
Ketua Umum PP IDAI


Sjamsul Arief
Ketua Panitia Pelaksana



CASE REPORT : RECURRENT ABDOMINAL PAIN DUE TO GASTRODUODENITIS AND PANCREATITIS IN A 10 YEARS OLD GIRL



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Background

Recurrent abdominal pain is characterized by three or more episodes of abdominal pain that occur over at least three months and severe enough to interfere with daily activities. Prevalence of recurrent abdominal pain is 9,5% for boys and 12,3% for girls, predominantly adolescent girls

Objective

To evaluate the etiology and diagnostic of recurrent abdominal pain and vomitus in children

Case

M, 10 year old girl had a history of recurrent abdominal pain and severe vomitus since 5 month ago. Patient had been hospitalized for 4 times since January 2015 in disctric hospital. She had a history of labiopalatoschizis post surgical correction.

On Physical examination there was severe malnutrition, dehydration and epigastric pain.

On Laboratory finding there was hypokalemia and elevated level of alpha amylase (366U/L) and lypase (610,1U/L). IgG and Immunohistochemistry of H.Pylori was non-reactive. Abdominal ultrasonography there was thickening of gastric mucosa. Gastrointestinal endoscopic examination showed hyperemic mucosa and erotion in the anthrum, hiatal hernia Hill II in the fundus, open pyloric and bile reflux. Histopatology of gaster revealed chronic gastritis nonspecific nonatropy. Maagduodenography showed stenosis duodenum pars I.

The patients was treated with proton pump inhibitor (omeprazole), ondansetron, and potassium substitution. The patient also was consulted to pediatric surgeon for fundoplication and pyloroplasty. Prognostic of this patient was dubia



Figure 1. Profile of the child



Figure 2. Thickening of Gastric mucosa

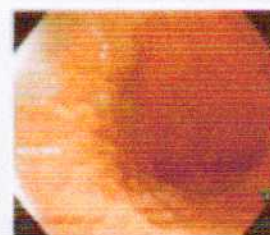


Figure 3. Hiperemic Gastric Mucosa



Figure 4. Hiatal Hernia



Figure 5. hiperemic pars II duodenum



Figure 6. Bile reflux



Figure 7. Maagduodenography showed stenosis duodenum pars 1

Conclusion

Etiology of recurrent abdominal pain in children is not only due to functional disorder but also organic causes.