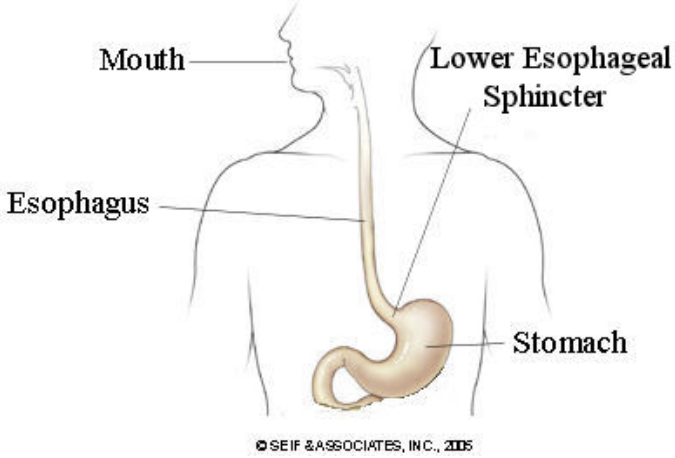
Gastritis in Children

Stomachaches in children may come from gastritis. This is a soreness (*inflammation*) of the stomach lining. It can either happen suddenly (*acute*) or slowly over time (*chronic*). A stomach or duodenal ulcer may be present at the same time.



CAUSES

Gastritis is often caused by an infection of the stomach lining by a bacteria called Helicobacter Pylori. (H. Pylori.) This is the usual cause for primary (not due to other cause) gastritis. Secondary (due to other causes) gastritis may be due to:

- Medicines such as aspirin, ibuprofen, steroids, iron, antibiotics and others.
- Poisons.
- Stress caused by severe burns, recent surgery, severe infections, trauma, etc.
- Disease of the intestine or stomach.
- Autoimmune disease (where the body's immune system attacks the body).
- Sometimes the cause for gastritis is not known.

SYMPTOMS

Symptoms of gastritis in children can differ depending on the age of the child. School-aged children and adolescents have symptoms similar to an adult:

- Belly pain – either at the top of the belly or around the belly button. This may or may not be relieved by eating.
- Nausea (sometimes with vomiting).
- Indigestion.
- Decreased appetite.
- Feeling bloated.
- Belching.

Infants and young children may have:

- Feeding problems or decreased appetite.
- Unusual fussiness.
- Vomiting.

In severe cases, a child may vomit red blood or coffee colored digested blood. Blood may be passed from the rectum as bright red or black stools.

DIAGNOSIS

There are several tests that your child's caregiver may do to make the diagnosis.

- Tests for H. Pylori. (Breath test, blood test or stomach biopsy)
- A small tube is passed through the mouth to view the stomach with a tiny camera (endoscopy).
- Blood tests to check causes or side effects of gastritis.
- Stool tests for blood.
- Imaging (may be done to be sure some other disease is not present)

TREATMENT

For gastritis caused by H. Pylori, your child's caregiver may prescribe one of several medicine combinations. A common combination is called triple therapy (2 antibiotics and 1 proton pump inhibitor (PPI). PPI medicines

decrease the amount of stomach acid produced). Other medicines may be used such as:

- Antacids.
- H2 blockers to decrease the amount of stomach acid.
- Medicines to protect the lining of the stomach.

For gastritis not caused by H. Pylori, your child's caregiver may:

- Use H2 blockers, PPI's, antacids or medicines to protect the stomach lining.
- Remove or treat the cause (if possible).

HOME CARE INSTRUCTIONS

- Use all medicine exactly as directed. Take them for the full course even if everything seems to be better in a few days.
- Helicobacter infections may be re-tested to make sure the infection has cleared.
- Continue all current medicines. Only stop medicines if directed by your child's caregiver.
- Avoid caffeine.

SEEK MEDICAL CARE IF:

- Problems are getting worse rather than better.
- Your child develops black tarry stools.
- Problems return after treatment.
- Constipation develops.
- Diarrhea develops.

SEEK IMMEDIATE MEDICAL CARE IF YOUR CHILD:

- Vomits red blood or material that looks like coffee grounds.
- Is light headed or blacks out.
- Has bright red stools.
- Vomits repeatedly.
- Has severe belly pain or belly tenderness to the touch – especially with fever.
- Has chest pain or shortness of breath.

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