Idiopathic Abdominal Pain in Children May Be Migraine

BY MIRIAM E. TUCKER

NATIONAL HARBOR, MD. — Abdominal migraine might be responsible for up to 15% of all cases of idiopathic recurrent abdominal pain in children, according to an analysis of records from more than 400 children.

Abdominal migraine is an idiopathic disease that is characterized by moderate to severe episodic abdominal pain lasting 1-72 hours associated with vomiting, nausea, and bloating. It is recognized by the International Headache Society (IHS) as being among the “periodic syndromes of childhood that are commonly precursors of migraine” (Cephalalgia 2004:24 suppl 1:S9-16).

Most of the literature on the topic is from Europe, and the diagnosis is far more common there than it is in the United States, where it is largely underdiagnosed, Dr. Laura D. Carson and her associates reported in a poster she presented at the annual meeting of the North American Society of Pediatric Gastroenterology, Hepatology, and Nutrition.

In a retrospective chart study of 600 children and young adults (ages 1-21 years; 59% female) who were referred to a pediatric gastroenterologist during 2006-2007 for recurrent abdominal pain, 23.5% (141) were excluded because of a preexisting diagnosis. Of 458 children who met inclusion criteria, 4% (20) met the IHS diagnostic criteria for abdominal migraine, while another 11% (50) were considered probable diagnoses of abdominal migraine with documentation lacking for at least one diagnostic criterion. The remaining 85% (388) did not meet the criteria, said Dr. Carson and her associates, of Eastern Virginia Medical School and Children’s Hospital of the King’s Daughters, both in Norfolk, Va.

In an interview, Dr. Carson said no significant relationship was identified among those with abdominal migraine and those who had family histories of either abdominal pain or headache. However, children who met the abdominal migraine criteria were four times more likely to have a family history of headache.

Despite its inclusion in both the IHS classification as well as inclusion in the 2006 Rome III GI Criteria (Gastroenterology 2006;130:1537-37), abdominal migraine is infrequently considered in the differential diagnosis of recurrent abdominal pain in children. Part of the problem is that expertise in migraine lies with neurologists, who are rarely called upon to evaluate abdominal pain.

Abdominal migraine occurs only in children, whereas in adulthood it presents to neurologists as classic migraine headache. Children with recurrent abdominal pain often are referred to gastroenterologists, who rule out other organic causes but might not consider migraine as an etiology.

“Given the spectrum of treatment modalities now available for pediatric migraine, increased awareness of cardinal features of abdominal migraine by pediatricians and pediatric gastroenterologists may result in improved diagnostic accuracy and early institution of both acute and preventative migraine-specific treatments,” Dr. Carson and her associates said in their poster.

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