

## Role of selected simple non-invasive laboratory investigations in assessing functional abdominal pain in children aged 5-15 years in Khartoum, Sudan

To the Editor

I have noted 2 observations in a study by Salih et al.<sup>1</sup> Functional abdominal pain (FAP) in childhood often exerts a continuous pressure on pediatricians to arrange for a wide battery of laboratory tests to disclose underlying etiology. However, these tests often tend to be substantially costly and their yield is minimal.<sup>2</sup>

First, the diagnostic criteria of FAP in childhood have been a matter of concern for many years. The pediatric ROME III criteria for FAP in childhood have been found to include valid diagnostic criteria, and it is suggested to be used in the clinical setting.<sup>3,4</sup> I wonder whether Salih et al<sup>2</sup> have considered these criteria as they did not mention that clearly in their study. Consequently, this might bias their selected inclusive criteria, and alter their conclusion.

Second, for years, FAP in childhood was thought to be closely linked with *Helicobacter pylori* (*H. pylori*) infection, and extensive laboratory tests were adopted to delineate that infection. However, a recent systematic review of published literature has failed to show that linkage.<sup>5</sup> It, therefore, seems fruitless to test for that association in Salih et al's study.<sup>2</sup>

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### Reply from the Author

First of all, I adopted the definition of the American Academy Subcommittee for Abdominal Pain,<sup>6</sup> which was mentioned in the introduction of our paper. I tried my best to avoid ROME II which was introduced in 1999, and then soon people shift to ROME III, and since there is room for people to search for other criteria, such a search for other criteria is recommended.<sup>7</sup> Moreover, in ROME III, vomiting, constipation, rumination, aerophagia, fecal retention and incontinence are used, but these are not adopted in our paper. Likewise, the

age group in our study is 5-15 years in contradiction to ROME III, where the age group is 4-18.

Secondly, as far as the relationship between *H. pylori* infection and functional abdominal pain is concerned, I would like to highlight the following: 1. The presence of *H. pylori* in developing countries is very high,<sup>8</sup> so we cannot ignore this in our situation; 2. Although some studies showed a decline in *H. pylori*, however, in developing countries, still *H. pylori* infection is not decreasing since socioeconomic status is a risk factor for *H. pylori* infection;<sup>9-12</sup> 3. Daugule et al<sup>13</sup> observed that *H. pylori* with symptoms in children is not significantly higher, so this may indicate the presence of *H. pylori* with abdominal pain; 4. Despite its decline in developed countries, it is still considered to be a major problem, and despite the absence of clear cut relationship between *H. pylori* infection and functional abdominal pain, it still remains a marker of infection.<sup>14</sup>

Last but not the least, the interest of pediatrician for this organism should always be there, as serious complications, such as chronic peptic ulcer and abdominal malignancies due to the acquisition of *H. pylori* infection during childhood might be expected.<sup>15</sup>

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