

Vomiting, Reflux, and Feeding Problems ... General

Pediatric and Adolescent



Gastrointestinal Motility & Pain Program

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Water load: provocative office-based test for rumination? **(Abstract)**

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We recruited 21 subjects (6 male, 12 ± 3 y) meeting symptom-based Rome criteria for rumination syndrome (effortless regurgitation of recently ingested food with spitting out or reswallowing). Symptom duration ranged from 3 to 120 mo (median 12 mo) before diagnosis. Fourteen subjects (68%) had dyspepsia (pain or discomfort in the upper abdomen for 3 mo or longer). Weight loss was a feature in 5. Prolonged school absence >3 mo was a feature in 10 subjects. All subjects had negative endoscopy and evaluations by 2 or more clinicians prior to diagnosis. For the water load test, subjects drank as much water as they could in 3 min, or until they felt full. Using an ordinate scale from 0 to 10 with 10 being the most intense, subjects rated pain and nausea before and after drinking. Water load volume for all subjects was 484 ± 255 ml (mean \pm SD). Comorbidity of rumination and dyspepsia did not alter water load volume. Rumination occurred immediately following drinking in 7 subjects (33%). There was no significant difference in water load volume between those who ruminated after the test and those who did not. Pain increased from 2 ± 2 to 4 ± 2 , $p=.072$, while nausea increased from 1 ± 2 to 4 ± 2 , $p<.001$. These data show that 1) rumination often is associated with functional dyspepsia with or without weight loss in children and adolescents, and 2) water load testing provokes increased pain, nausea and rumination. Observing rumination in the office may help to convince the clinician, patient and parents of the rumination diagnosis.