

Infantile colic

Infantile Colic

Infantile colic (IC) is a syndrome of infant behavior disorder characterized by episodes of inconsolable screaming, crying, and restlessness without an identifiable cause. The incidence of the disease in infants is reported to be between 10-35%.^[1]

Among the main diagnostic features include:

1. Age of the child from 1 to 5 months.
2. Attacks of crying and screaming lasting at least 3 hours a day , 3 days a week , for at least 3 weeks , without an obvious cause (rule 3).
3. The child does not show any signs of insufficient growth, malnutrition, fever, infectious disease, etc.

Etiology and pathogenesis

The mechanism of the formation of infantile colic has not yet been fully explained. Possible triggers include aerophagia in particular, i.e. swallowing of air during breastfeeding due to insufficient coordination between breathing and swallowing, during which sufficient air is not belched. It goes through the stomach into the intestine, which distends and causes reflex spasms of the smooth muscles. Furthermore, the influence of fermentation and the formation of excess gas in the large intestine , GER , is considered. In rare cases, Infantile colic could be caused by an allergy to lactose. Recent studies have also demonstrated the influence of a stressful environment in the family or psychosocial problems of the mother. ^[1]

Diagnostics

We rely on the three points mentioned above, however, the diagnosis mainly consists of exclusion of all possible other diseases, having similar or the same clinical expression as CK. The physical examination of the infant is usually normal , without growth retardation, so if vomiting, diarrhea, failure to thrive or other symptoms are present, it is necessary to think about other disorders and diseases.

Treatment

It is considered that probiotics containing *Lactobacillus reuteri* or regular massages of the infant's tummy are among the possible beneficial factors.^{[2][3]}

Since there is no causal treatment yet, after determining the diagnosis, the most important step is to talk with the child's parents and reassure them that it is a benign condition, limited in time to about 12 weeks. This disease is a psychologically exhausting process especially for the parents and guardians of the child, so it is necessary for the family to behave accordingly and try to reduce their own stress to a minimum.

Links

Related Articles

- Abdominal pain
- An infant
- Examination of the child's gastrointestinal system

References

- CAROLINA, Muntau. *Pediatric : Překlad 6. vydání*. - edition. Grada Publishing, a.s., 2014. 608 pp. pp. -. ISBN 9788024745886.
- HYMAN, Paul E. – MILLA, Peter J. – BENNINGA, Marc A.. Childhood Functional Gastrointestinal Disorders: Neonate/Toddler. *Gastroenterology*. 2006, vol. 130, p. 1519-1526, ISSN 0016-5085. DOI: 10.1053/j.gastro.2005.11.065 (<http://dx.doi.org/10.1053%2Fj.gastro.2005.11.065>).

References

1. SÝKORA, Josef – SCHWARZ, Jan – HUML, Michal. Kojenecké koliky. *Pediatric pro praxi* [online]. 2007, vol. - , no. 4, p. 212-214, Available from <<https://www.pediatricpropraxi.cz/pdfs/ped/2007/04/04.pdf>>. ISSN 1803-5264.
2. SZAJEWSKA, Hania – GYRCZUK, Ewa – HORVATH, Andrea. Lactobacillus reuteri DSM 17938 for the Management of Infantile Colic in Breastfed Infants: A Randomized, Double-Blind, Placebo-Controlled Trial. *The Journal of Pediatrics*. 2013, y. 2, vol. 162, p. 257-262, ISSN 0022-3476. DOI: 10.1016/j.jpeds.2012.08.004 (<http://dx.doi.org/10.1016%2Fj.jpeds.2012.08.004>).
3. SAVINO, F. – CORDISCO, L. – TARASCO, V.. Lactobacillus reuteri DSM 17938 in Infantile Colic: A Randomized,

