Peds Pearls: Bad Bellies

Crucial Clues and Abdominal Assessments

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Bad Belly Clues

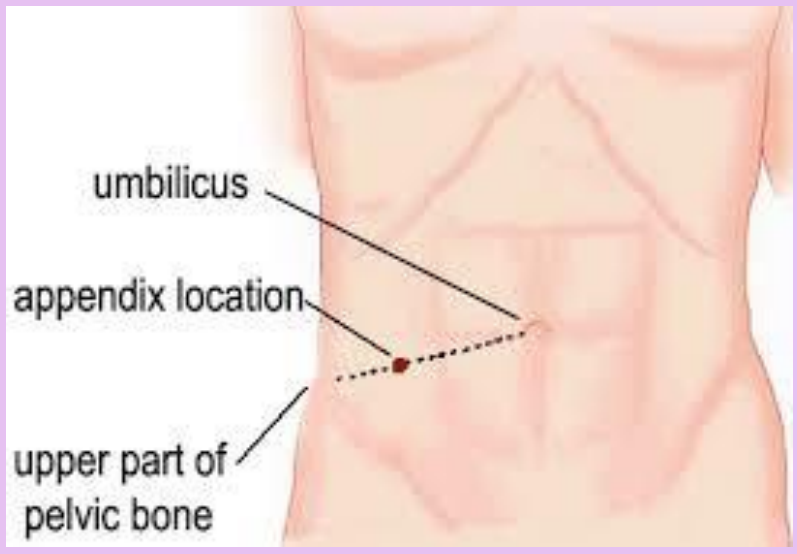
When it comes to emergencies and kids, whether from minor “owies” or major trauma, chances are pretty good that if they didn't mess up their big ol' heads, then they probably have an issue with their bellies. So, beyond CT scans (no, everyone does not need a CT scan…), what are some clinical signs that should clue you in that the kid might have a bad belly?

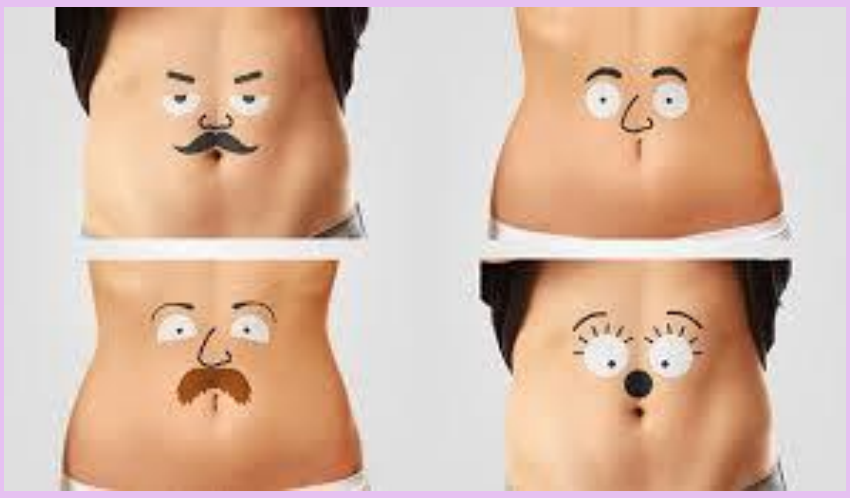
Kehr's sign– Shoulder pain without shoulder trauma. This is referred shoulder pain from a messed up and bleeding spleen pressing against nerves in the diaphragm. Shoulder begins with "S" and Spleen begins with "S." If they have shoulder pain without shoulder trauma, it might be because they were "K"icked in the belly and that's "K"ehr's sign.

Cullen's sign– Bruising around the bellybutton. The first two letters in Cullen's are "CU." If you "C" bruising around the "U"mbilicus, that's Cullen's which hints at a retroperitoneal, or back of the belly bleed. Remember, bruising doesn’t happen right away, and you won’t see this sign right away.

Grey-Turner's sign– Bruising on the flank. If you tell the patient to "Turn" over and you see bruising on their side (flank,) that's Grey-"Turn"er's sign which also hints at a retroperitoneal or back of the belly bleed.
And again – this bruising may not be seen right away!

Seatbelt sign– Bruising along the belly where the seatbelt would be. This one is pretty self-explanatory. If the kid has horizontal bruising across the belly where the lap belt was, that's a seatbelt sign (imagine that) and hints at not only a possible belly injury, but also **Chance** fractures of the lumbar spine. You are taking a "Chance" if you only use a lap belt!





McBurney's point– Pointing to pain in the right lower quadrant. McBurney’s point is located 2/3 of the distance between the bellybutton and the right iliac spine (top of the hip). Rebound tenderness (pain when you push down, but especially when you suddenly stop pushing and let your hands up) at McBurney's suggests appendicitis. There might not be a good connection here, but I like to think about *Weekend at Bernie's* (a truly classic film which somehow avoided the Oscar judges…) because an emergency appendectomy can pretty much ruin your weekend plans.

Currant jelly stool– Stool that looks like currant jelly is a sign of a possible intussusception. What we are looking for is stool mixed with blood and mucous (yuck!) Let's be honest…what does currant jelly look like? Does anyone really know? Has anyone ever actually eaten currant jelly? Not the stool, just the jelly! Strawberry jelly? Sure. Grape jelly with peanut better? Absolutely. But currant jelly? Not so much. But, if someone mentions currant jelly stool, think about intussusception.

In Conclusion…

If the kid is sick as a dog and diagnostic imaging is required, expect a call for CT and/or ultrasound. This is especially true if non-operative management for an injury is going to be done (i.e., wait, watch, and let them heal). But since not everyone needs to go to CT, when you are trying to figure out if the kid has a bad belly, repeated assessments which would include looking, listening, and feeling the belly are incredibly appropriate!



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Contact us to have Scott DeBoer or one of our other pediatric experts present at your next conference.

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