

January 1997 to December 2006.

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Introduction:

In the last ten years, we have observed a transformation in the gastrointestinal epidemiological profile of the pediatric population worldwide. With this record, we felt the necessity to analyze our daily practice.

Objective:

To revise the epidemiological behavior of gastrointestinal pathology in children assisted by the Pediatric Nutrition, Hepatology & Gastroenterology Department at Clínica del Niño PREVIANDES; Bogotá, Colombia, between January 1997 and December 2006 and contrast it with the observations of worldwide literature.

Patients and method:

A retrospective and descriptive study was made, where the archives of interconsultation diagnose were checked leaving the external consultation data extent.

There were 2955 patients with digestive pathology gathered, where 167 were excluded, (real total: 2788). The variables included were: name, gender, diagnose and date of interconsultation. Though important, we could not include information about age and origin of the patients. The information was compared according to gender in two periods of 5 years each (Period A: 1997-2001 V; Period B: 2002-2006)

Results:

Gender

In general, there were not differences significant according to sex (females 53%, males 46% and no data 1%). Neither, there were not differences significant when separate the patients according two periods (Figure N° 1).

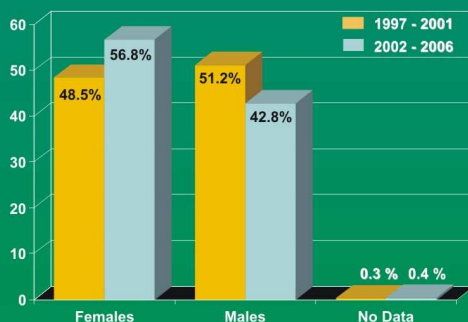


Figure No. 1. Distribution of consultation by gender in two periods.

Etiology

In general the first 10 causes of consultation which covered 66 percent (%) of the analyzed sample were in order of importance: peptic acid disease, constipation, upper gastrointestinal bleeding, recurrent abdominal pain, gastroesophageal reflux disease (GERD), chronic diarrhea, acute diarrhea, acute hepatitis, cystic fibrosis and gastrointestinal tract burn.

Comparing these ten first causes according to two periods of observation there were not big differences, with exception that there was malnutrition in the period A and there was an obvious increment of peptic acid disease and constipation in the period B (Table N°1).

Table No. 1. First 10 causes of consultation in two periods.

PERIOD A: 1997 - 2001	%	PERIOD B: 2002 - 2006	%
Acid peptic disease	13	Acid peptic disease	24
Diarrhea chronic	7	Chronic constipation	14
Recurrent abdominal pain	7	Upper GI bleeding	7
GERD	7	Recurrent abdominal pain	5
Upper GI bleeding	7	Acute diarrhea	4
Necrotizing enterocolitis	5	Acute hepatitis	4
Chronic constipation	5	GERD	4
Cystic fibrosis	5	Irritable bowel syndrome	4
Acute diarrhea	4	Diarrhea chronic	3
Protein - energy malnutrition	4	Gastrointestinal tract burn	3
n = 757		n = 1133	

When we categorized the pathologies in acute and chronic, we found that the chronic diseases were more frequent in both periods (Figure N° 2).

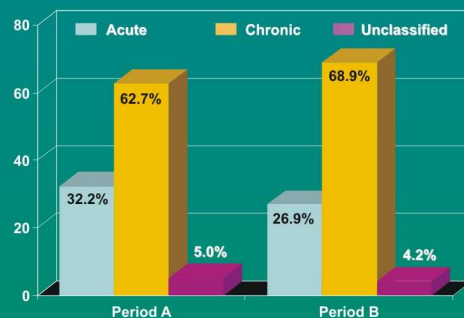


Figure No. 2. Trend in evolution of disease.

We also categorized the pathologies in infectious and no infectious diseases, we found predominantly not infectious diseases in both periods but higher in the period B (Figure N°3).

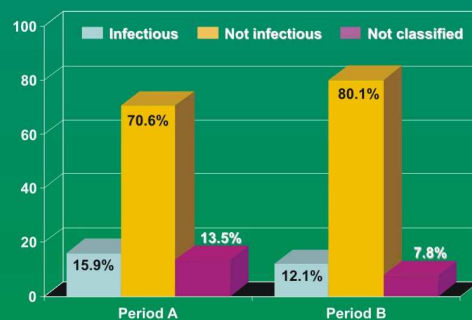


Figure No. 3. Distribution of consultation according to infectious and not infectious diseases.

Conclusion:

In general, though a certain change could be made in the profile because we found a decline in infectious pathology and high incidence in chronic constipation, it has not been completely subscribed to worldwide trend, characterized by a high incidence in intestinal inflammatory disease, food allergies, celiac disease, eosinophilic diseases and obesity.