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Summary

Paediatric disorders

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Neurogastroenterology & Motility | Paediatrics

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The Rome V paediatric criteria restructured disorders of gut-brain interaction by pathophysiology and anatomy to align with adult criteria, introduced biliary and feeding disorders, and added cannabinoid hyperemesis syndrome, with a new symptom scale (FSI) to aid research and individualised treatment planning.

KEY POINTS

- The committee reorganised paediatric DGBI from age-based groups (Rome IV) to upper GI, lower GI, and biliary categories mirroring adult Rome criteria to improve transition of adolescents to adult gastroenterology care.
- New entities include reflux hypersensitivity, non-reflux oesophageal pain disorder, cannabinoid hyperemesis syndrome, centrally mediated abdominal pain syndrome, and criteria for functional feeding disorders previously managed by psychiatry.
- The speaker stated a global prevalence study of almost 8000 children from China, Italy, Mexico, and the USA found almost one-third have at least one DGBI, with the highest prevalence in Mexico.
- A new Functional Symptom Index (FSI) assesses frequency, intensity, chronicity, and impact to stratify patients for research and guide individualised treatment, though it is not yet validated.
- The speaker noted that new oesophageal criteria may require endoscopy and pH impedance metry, and that neuromodulators and neurostimulation are being considered for centrally mediated pain, based on adult and small paediatric studies.
- The speaker renamed infant colic as infant distress syndrome to emphasise gut-brain interaction, noting most affected infants do not have true colic but experience stress-related symptoms, often in firstborns.

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