



Gastrointestinal bleeding in infancy

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In summary, the causes of GI bleeding in infancy are varied, ranging from congenital and hereditary disorders more commonly seen in the adult population. Many causes of GI bleeding in the pediatric population are restricted to a narrow range regarding age of onset, frequently enabling the physician to narrow the differential diagnosis before proceeding with invasive investigation; however, GI bleeding may involve any portion of the intestinal tract, from mouth to anus in adulthood, and many causes common to the adult population also must be considered. GI bleeding may present as bright red blood on toilet tissue after passage of a hard bowel movement, strands or small clots of blood mixed with normal stool, bloody diarrhea, vomiting of gross blood (hematemesis), grossly bright or dark red bloody stools, or tarry black stools (melena). In cases of occult bleeding, the clinical presentation may be unexplained fatigue and iron deficiency anemia. The treatment sequence for a child who has GI bleeding is to assess (and stabilize if needed) the hemodynamic status of the patient, establish the level of bleeding, and generate a list of likely diagnoses based on the presentation and age of the patient.

Biography

Adham M Hegazy has done his Graduation from Faculty of Medicine, Ain Shams University in Cairo. He got his Master's degree in Pediatrics from the same university in 1991. He also did a one year Neonatology fellowship in Kosair Children's Hospital in Louisville, Kentucky. He is currently an Assistant Professor of Pediatrics and Neonatology at Ain Shams University. He is a member of the American Academy of Pediatrics in 1994. He is currently working in the Department of Pediatrics and Neonatology at Ain Shams University.

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