

# Central California Pediatrics

Specialty information for physicians who treat children and expectant mothers.  
SUMMER 2011

Children's Hospital  
Central California



Amazing People. Incredible Care.

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## When to Refer Emergent Abdominal Pain

Abdominal pain is one of the most common reasons a parent brings their child to the doctor. Evaluating this pain can be challenging for the parent and primary care physician. Causes of abdominal pain in children can range from trivial to life-threatening. The primary care physician often faces a decision on which patients need emergency referral.

To help determine the cause of abdominal pain, consider the child's history and exam. Typical triggers include infections, food poisoning, food allergies, envenomations and surgical complications. Duration of the pain and associated symptoms such as fever, vomiting or diarrhea can direct the workup. Older children can also describe the nature and location of the pain.

### Be aware of these potential pitfalls when making a diagnosis:

- Vomiting alone does not always mean gastroenteritis.
- Bilious (green or yellow) vomiting could be a sign of obstruction that requires emergent referral no matter how well the patient appears.
- Hematemesis with abdominal pain is always a reason for urgent referral.
- Look out for surgical problems, urinary tract infections or with prolonged vomiting, increased intracranial pressure.
- Urinary tract infections do not usually cause abdominal pain alone; be cautious when making this diagnosis.
- Do a genital exam on males with abdominal pain. Testicular torsion can present as abdominal pain. Teenage boys, out of embarrassment, may not admit to testicular pain.
- Any child still vomiting after Zofran (ondansetron) administration requires emergent testing to determine the cause of the vomiting.



- Any child with right lower quadrant pain and fever should be suspected to have appendicitis until proven otherwise.
- Constipation defined by stools that are hard, dry and difficult to pass may be a source of severe abdominal pain. Decreasing frequency alone is not necessarily a sign of constipation.

Carefully consider ordering an abdomen CT because of radiation exposure to a young body. An abdominal series upright and supine may be useful in diagnosing intestinal obstructions. Ultrasound is often used to diagnose or rule out numerous causes of abdominal pain. Children's now has 24-hour ultrasound available during the week.

Children's offers pediatric gastroenterology services at the Madera campus, including 24-7 care for appropriate acute pain referrals. Consultations are also offered at Children's Modesto Pediatric Subspecialty Center, owned and operated by Specialty Medical Group in affiliation with Children's; Children's Merced Pediatric Subspecialty Center; and the Bakersfield Digestive Diseases and Endoscopy Center.

## Medical Staff News

The following pediatric specialists recently joined Children's Hospital Central California:

### Gary Arends, DO Nonoperative orthopaedist

Board certified in primary care sports medicine, Dr. Gary Arends works closely with Children's pediatric orthopaedic surgeons in treating congenital deformities of the upper and lower extremities, spinal disorders, sports-related injuries, neuromuscular diseases and other conditions. Prior to coming to Children's, the Ironman triathlete was in private practice for eight years in primary care sports medicine and nonoperative orthopaedics near Los Angeles. Dr. Arends did his medical internship at Genesys Regional Medical Center in Grand Blanc, Mich. He completed a family practice residency with an emphasis in sports medicine at Metropolitan Hospital in Grand Rapids, Mich. He completed a fellowship in primary care sports medicine at Michigan State University, Sparrow Health System. Dr. Arends is a member of Specialty Medical Group.

### Marek Domanski, MD Pediatric anesthesiologist

Board certified by the American Board of Anesthesiology, Dr. Marek Domanski has more than 20 years' experience as a physician. He comes to Children's from Phelps County Regional Medical Center in Rolla, Mo., where he served as a staff anesthesiologist. Dr. Domanski received his medical degree from the Pomeranian School of Medicine in Szczecin, Poland. He completed a residency in anesthesiology at New York Methodist Hospital in Brooklyn, N.Y. He completed his fellowship in pediatric anesthesiology at University of Michigan, C.S. Mott Children's Hospital, in Ann Arbor, Mich.

## Detecting Valley Fever in Children

This past year the Central Valley, including Children's Hospital, has seen a significant increase in the number and severity of coccidioidomycosis (valley fever) patients, particularly from the South Valley. The especially dry season of late summer through fall is a peak period when people may become infected with the flu-like and potentially deadly illness caused by inhaling airborne spores of a soil-dwelling fungus.

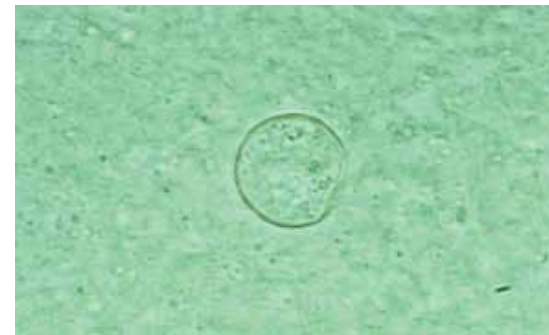
While most of those infected have a good prognosis, early detection and treatment can be critical. Infection should be considered when children present with a fever of

more than one week. Early, there are often no obvious signs of infection and a high index of suspicion is needed to make the diagnosis. Blood tests can test for the disease. Following diagnosis, treatment for the noncontagious disease should be done in consultation with an infectious disease specialist.

About 60 percent of infected people have no symptoms and never seek care; about 30 percent experience fever, cough, chills or malaise that resolve over two to six weeks. Erythema nodosum, a painful red raised rash over the shins, may also develop. When children present with significant pneumonia

on chest X-ray or show signs of a bone infection or meningitis, they should be transferred immediately to Children's as they may require admission and IV antifungal medication.

Diagnosing valley fever in children can be tricky but knowing when to suspect, test for and treat the disease can greatly affect the outcome.



## Medical education

### Children's Pediatric Symposium Series

All events held 7:30 a.m. to 1:30 p.m. Free registration includes all symposium materials, continental breakfast, plenary session and lunch. For details and registration contact Irene Mueller or Brooke von Ah at [programs@childrenscentralcal.org](mailto:programs@childrenscentralcal.org) or call 559.353.6621.

#### Plan Ahead! Fall 2011 Symposiums:

**Modesto:** September 24, 2011

@ Memorial Medical Center Health & Education Center

**Madera:** October 8, 2011

@ Children's Hospital Central California

**Bakersfield:** October 22, 2011

@ RaboBank Arena, Theater and Convention Ctr.

**San Luis Obispo:** November 5, 2011

@ Sierra Vista Regional Medical Center

For a complete list of monthly Medical Education topics, visit [childrenscentralcal.org](http://childrenscentralcal.org). For questions about Medical Education contact Norma Barajas, PhD, at 559.353.7230 or email [nbarajas@childrenscentralcal.org](mailto:nbarajas@childrenscentralcal.org).

## Referring a patient - The Children's Access Center

For urgent referrals, or to transfer a patient, call the Children's Access Center toll free at **866.353.KIDS (5437)**.

Or go online to [childrenscentralcal.org](http://childrenscentralcal.org) for a complete list of physician office numbers and information.

**Direct link:** [www.childrenscentralcal.org/services/medicaloffice/refer](http://www.childrenscentralcal.org/services/medicaloffice/refer)

Outreach Centers:

**Merced Subspecialty Pediatric Center** 209.726.0199

**Modesto Subspecialty Pediatric Center** 209.572.3880



Children's Physician Liaison David Chuhlantseff is available to answer questions or assist you at (559) 353-7229 or emailed at [physicianrelations@childrenscentralcal.org](mailto:physicianrelations@childrenscentralcal.org).