



# The Corner

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## 19. Infantile colic in the ED

**Doctor:** Hello, I'm Dr. Clark. What brings you here this evening?

**Mother:** Hello Dr. Clark, my son Tommy has been crying non-stop for the last 4 hours and there's no way to soothe him. I came here yesterday for the same reason and they told me everything was fine, so I was discharged.

**Doctor:** First of all, tell me a bit more about Tommy. How old is he now? Was he born earlier than expected? Was he delivered normally? How much did he weigh? Did he have any complications when he was born? Have you received the newborn blood spot test results yet?

**Mother:** Tommy is now 2 weeks old. He was born at 38 weeks with 3 Kg by normal delivery and without any complications. The heel prick test results were normal.

**Doctor:** Did you have fever during the delivery? Was your blood test normal at the time? And how was your recto-vaginal culture for GBS?

**Mother:** Everything was normal.

**Doctor:** OK, now tell me, when did the crying restart? Has there been any change in his feeding or do you think it could be related to it? Is he wetting diapers normally? Has there been any change in his stool? Does he have fever, vomits or any other symptoms? How have you tried to calm him down?

**Mother:** He has been well during the day, but the crying began again this evening before the last feeding and continued afterwards, so I don't think there is any clear relationship. He is breastfeeding exclusively. He is wetting more than 5 diapers a day and his stool is like always. He doesn't have any other symptoms, it's just this excessive crying and screaming. We've tried to calm him by holding him and rocking him, but nothing works and I don't know what else to do. I think he is in pain.

**Doctor:** Very well, there is nothing to be alarmed about what you have told me. Let's

take a look at him. Could you please take off his clothes?

### PHYSICAL EXAMINATION:

Weight: 3.3 Kg. Pulse: 178 bpm. SpO<sub>2</sub>: 98%. Axillary temperature: 36.6°C. Good general condition. Well nourished and hydrated. Capillary refill time: less than 2 seconds. No respiratory distress. Cardiac auscultation: regular, no heart murmur. Pulmonary auscultation: general good bilateral ventilation, no pathological breath sounds. HEENT: normal oropharynx. Normal tympanic membranes. Abdomen: soft, apparently nontender. No liver edge or spleen felt. No masses. Skin: no rashes, no hair tourniquet or visible skin lesions. Neurological: active crying, alert, spontaneous movement of limbs, good muscle tone, normotensive anterior fontanelle.

**Doctor:** The physical examination is completely normal. From what you've told me, it is most likely that your child has infantile colic.

**Mother:** But doesn't he need an abdominal ultrasound or a blood test?

**Doctor:** At this moment he doesn't need any tests. Tommy has a normal growth, and doesn't have any warning signs. Colic is a benign common condition in healthy babies younger than 3 months. It is not an illness. It consists in persistent crying especially in the evening and at night. It is normal for the episodes to happen almost daily and it can be difficult to calm the baby. Although the cause is not well known, it usually goes away on its own when the baby is 3 or 4 months old. However, sometimes it lasts a few months longer.

**Mother:** So, what can we do?

**Doctor:** There are several soothing techniques that you can try, although you must know that they may not work and you shouldn't feel frustrated about it. You can try taking him for a ride in the car or carrying him as much as possible using a sling or a front carrier if it makes it easier. Some parents have found background

noises such as the washing machine or the kitchen fan or white noise useful and others calm their babies with a belly massage or a warm bath.

**Mother:** So there's nothing to be worried about?

**Doctor:** Tommy is a healthy baby and the condition is transitory. The most important thing to comfort him is staying calm and trying not to transmit tension to him. Nevertheless, you should bring him back if he has fever, vomits, bloody bowel movements, if he refuses to eat or if he becomes pale, sweaty, weak or drowsy.

**Mother:** Thank you Dr. Clark. I hope we find something that calms him down.

### KEY WORDS

Infantile colic: cólico del lactante.

Soothe: consolar.

Newborn blood spot test/ heel prick test: prueba del talón.

Normal delivery: parto normal.

Recto-vaginal culture for GBS (Group B *Streptococcus*): cultivo recto-vaginal para estreptococo del grupo B.

Wetting diapers (to wet diapers): mojar pañales.

Rocking (to rock): acunar.

Hair tourniquet: torniquete de pelo.

Warning signs: signos de alarma.

Benign: benigno.

Daily: diariamente.

Sling: canguro.

Front carrier: portabebés.

Background noises: ruidos de fondo.

White noise: ruido blanco.

Belly massage: masaje de tripa.

Bloody bowel movements: deposiciones con sangre.

Weak: débil/ decaído.

Drowsy: somnoliento.



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