



A Note on Pediatric Gastroenterology

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Introduction

Gastroenterology (MeSH heading) is the branch of medicine focused on the digestive system and its disorders. Diseases affecting the gastrointestinal tract, which include the organs from mouth to anus, along the alimentary canal, are the focus of this specialty. Pediatric Gastroenterology encompasses one of the broadest pediatric subspecialties. Areas of interest include luminal conditions, hepatology, pancreatic diseases, and nutritional disorders, along with interactions between these (such as luminal disorders disrupting nutrition). Furthermore, pediatric gastroenterology services regularly intersect with almost all other subspecialties. Pediatric gastroenterology faces many different challenges.

These include the type and character of the conditions cared for, the changing patterns of conditions over time, new developments and technologies, and expanding knowledge. Some of these particular challenges will be highlighted here. Whilst providing consistent high-quality, child and family-focused care is important, the introduction of new treatments and the promise of future cure provide ongoing challenges. The inflammatory bowel diseases are examples of such conditions. A number of conditions commonly cared for by pediatric gastroenterologists have evolved and changed in recent years: physicians must be able to adapt, learn and change with the new developments. Eosinophilic esophagitis and coeliac disease are just two examples. Over the last couple of decades there have been huge changes in our approach to oesophageal eosinophilia, with the rise and rise of eosinophilic oesphagitis so that this is now an increasingly common entity. A landmark report was published late last century reporting a group of 10 young children presenting with upper gut symptoms associated with marked oesophageal eosinophilia that was unresponsive to acid suppression.

The introduction of hypoallergenic formulae led to prompt improvement in symptoms and/or resolution of the mucosal eosinophilia. Subsequently, many centers have reported large increases

in the prevalence of this condition. Management approaches have evolved, with the guidance of key consensus statements. However, there remains much to learn about this condition, especially with regards the long-term outcomes and optimal management approaches. These protocols developed in Europe encompass clinical and biochemical assessments to reach a diagnosis, with exclusion of a requirement for endoscopic biopsies in many children. However, the application of these approaches may not be suitable in other areas of the world, such as Australasia and North America. Further focused studies are required to ensure that such protocols are universally appropriate. Several current social changes also impact greatly and provide further important challenges to pediatric gastroenterologists. Increasing rates of childhood obesity have been seen in many parts of the world. Although initially thought of as a consequence of the developed world, increasing rates are also now seen in developing countries. The changing patterns and increasing patient load consequent to many of the developments mentioned above have potential huge implications for resources in many countries around the world. Several workforce assessments have been conducted in North America: these estimate a workforce of around nine pediatric gastroenterologists per million children at that time. In some parts of the world, pediatric gastroenterology services have been covered by adult gastroenterology services or by general pediatricians.

Dedicated and well-trained personnel ready to face the challenges faced by pediatric gastroenterologists, and able to provide high-quality child and family-friendly services are essential. Many issues face pediatric gastroenterology now and many more will face the discipline in the coming years. Pediatric gastroenterology services include conditions affecting the length and breadth of the gut, along with impact upon many other systems. The spectrum of conditions managed and the incidence of many key conditions are both changing rapidly and dramatically: many of these changes are expected to continue apace. Pediatric gastroenterologists must be equipped with the skills and opportunities to be able to face and overcome these present challenges as well as the new challenges around the corner. Children are not just small adults. Their bodies are growing and have unique medical needs. They usually express their concerns differently than adults. They cannot always answer medical questions and are not always able to be patient and cooperative. Pediatric gastroenterologists know how to examine and treat children in a way that makes them relaxed and cooperative. Pediatric gastroenterologists focus on problems unique to pediatric patients, including growth, maturation, physical and emotional development, and age-related social issues. Most pediatric gastroenterologist offices are arranged and decorated with children in mind.