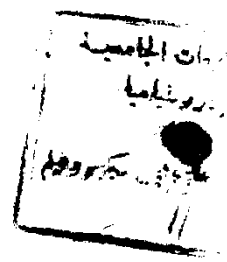
Carbohydrate Absorptive Status And Intestinal Transit Time Among Cases of Infantile Colic

Thesis

Submitted for Partial Fulfillment of
Master Degree In Pediatrics



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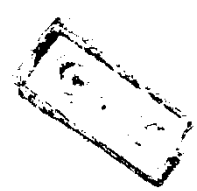

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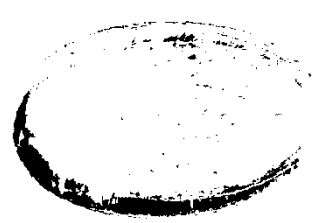

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بسم الله الرحمن الرحيم

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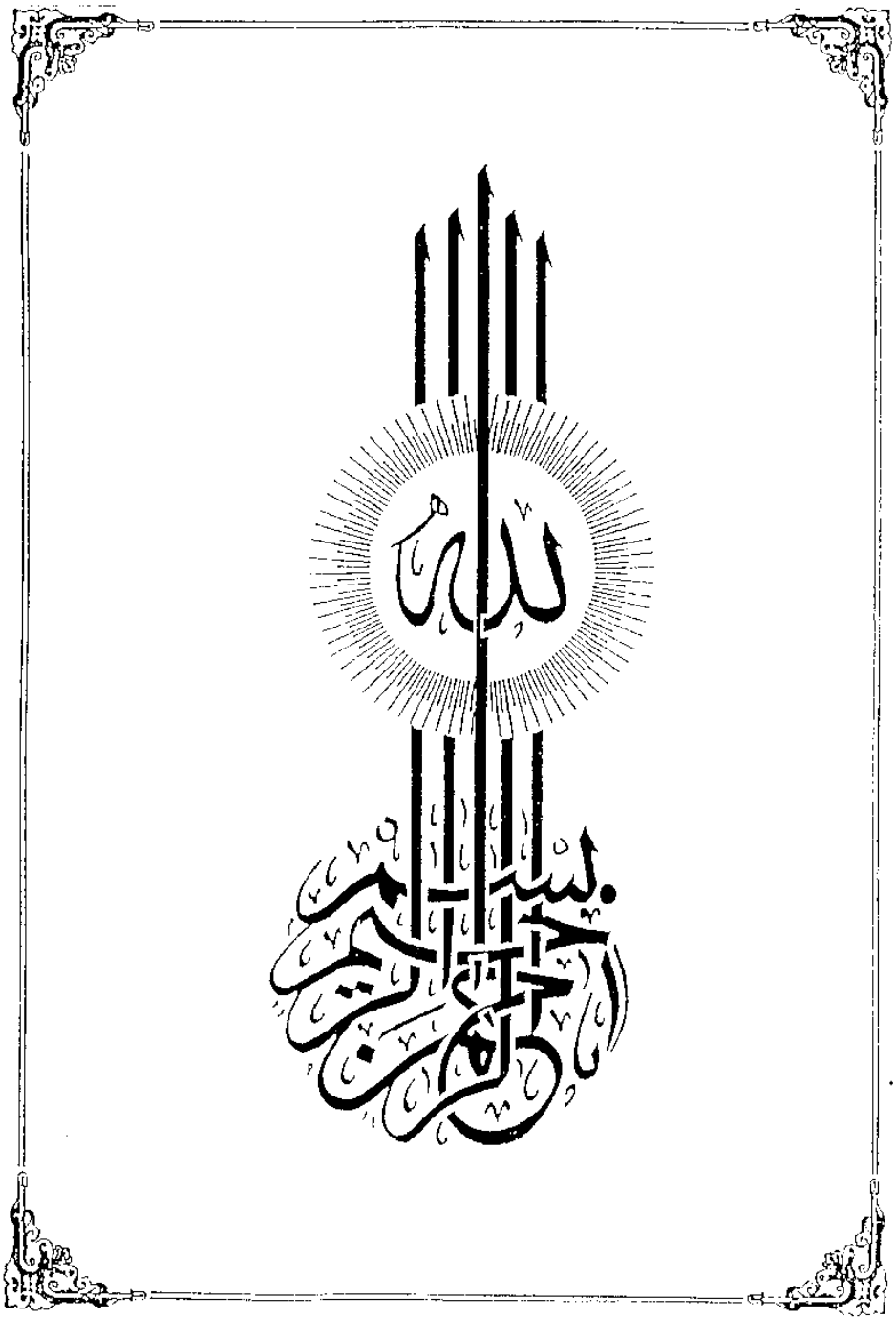

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List of Abbreviations

α-LA	α-lactalbumin
BHT	Breath hydrogen test
CH_4	Methane
CHO	Carbohydrate
cm	centimeter
CO_2	Carbon dioxide
Cont'd	Continued
dL	deciliter
ed	editor
Ed	edition
eds	editors
Fig.	Figure
GER	Gastroesophageal reflux
GI	Gastrointestinal
GIT	Gastrointestinal tract
GLUT	Glucose uptaker and transporter
gm	gram
h	hour
H_2	Hydrogen
HLD-A	Hereditary lactase deficiency, Adult type
HLD-C	Hereditary lactase deficiency, Congenital type
KD	Kilo Dalton

Kg	Kilogram
LBHT	Lactose breath hydrogen test
mg	milligram
min	minutes
mL	milliliter
Na^+	Sodium
O_2	Oxygen
P	Probability
ppm	parts per million
r	Correlation coefficient
SD	Standard deviation
SDD	Secondary disaccharidase deficiency
SGLT	Sodium-dependent glucose transporter
SiO_2	Silicon dioxide
VIP	Vasoactive intestinal peptide
Vs	Versus
X^2	Chi-square

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Introduction and Aim of the Work

Introduction & Aim of The Work

The condition referred to as colic, also known as infantile, evening, or three-month colic, occupies a unique position in the realm of pediatric disorders.

Despite its salience in terms of parental distress and prevalence ***(Forsyth et al., 1985)*** its nature, cause and management remain among the least well understood.

What is meant by colic?

No universally accepted definition or set of diagnostic criteria exists for colic. Colic may refer to a symptom in some contexts, whereas in others it refers to a specific syndrome or medical disorder ***(Miller & Barr, 1991)***.

It is most commonly described as a behavioral syndrome characterized by excessive crying that is paroxysmal in nature, more likely to occur in the evenings, and without identifiable cause, during which an otherwise healthy infant between 2 weeks and 4 months of age is difficult to console.

Stiffening, drawing up of the legs over the abdomen and the passage of flatus are common, although, not invariable accompaniments ***(Miller & Barr, 1991)***.

Although this description is common, deciding on criteria for diagnosis is difficult.

For example, opinions differ on what constitute excessive crying. Some require that there should be many crying episodes at full force each day ***(Lothe & Lindberg, 1989)***. More commonly, criteria are based on duration rather than intensity.

The most popular is Wessel's rule of threes (3 hours of crying per day for 3 days per week for 3 weeks ***(Wessel et al., 1954)***. Others consider 2 hours ***(Taubman, 1988)*** or even 90 minutes ***(O'Donovan & Bradstock, 1979)*** of crying per day as excessive. Some authors argue that other behaviors (e.g., a pain facies) must be present as well, or that gastrointestinal symptoms (e.g., diarrhoea, vomiting) must be absent in patients with colic.

This lack of a generally accepted working definition for colic has made comparison between studies difficult, as is apparent ***(Miller and Barr, 1991)***.

In recent years, colic has come under increasing scrutiny because of its clinical importance as a cause of maternal distress ***(Murray, 1979)***, a cause of discontinuation of breast feeding ***(Bernal, 1972)***, and a stimulus for child abuse ***(Frodi, 1981)***, ***(Hunziker & Barr, 1986)***.