Clinical Manifestations

Decision-Making Algorithm
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Irritable Infant

The clinician who evaluates a crying infant must differentiate serious disease from colic, which has no identifiable etiology. The history includes a description of the crying, including duration, frequency, intensity, and modifiability. Associated symptoms, such as leg flexion, facial grimacing, vomiting, or back arching, should be identified. Other important historical clues include the onset, diurnal pattern, any changes in quality, and triggers or activities that relieve crying. A review of systems can identify or eliminate other serious illnesses. Medical history also is important because infants with perinatal problems are at increased risk for neurologic causes of crying. Attention to the feeding history can reveal feeding-related problems, including hunger, air swallowing (worsened by crying), gastroesophageal reflux, and food intolerance. Questions concerning the family's ability to handle the stress of the infant's crying and their knowledge of infant soothing strategies assist the clinician in assessing risk for parental mental health comorbidities and developing an intervention plan suitable for the family.

The diagnosis of colic is made only when the **physical examination** reveals no organic cause for the infant's excessive crying. The examination begins with vital signs, weight, length, and head circumference, looking for effects of systemic illness on growth. A thorough inspection of the infant is important to identify possible sources of pain, including skin lesions, **corneal abrasions, hair tourniquets, skeletal infections,** or signs of child abuse such as **fractures** (see Chapters 22 and 199). Infants with common conditions such as otitis media, urinary tract infections, mouth ulcerations, and insect bites may present with crying. A neurologic examination may reveal previously undiagnosed neurologic conditions, such as perinatal brain injuries, as the cause of irritability and crying. Observation of the infant during a crying episode is invaluable to assess the infant's potential for calming and the parents' skills in soothing the infant.

Laboratory and imaging studies are reserved for infants in whom there are history or physical examination findings suggesting an organic cause for excessive crying. An algorithm for the medical evaluation of an infant with excessive crying inconsistent with colic is presented in Figure 11-2.

Differential Diagnosis

The differential diagnosis for colic is broad and includes any condition that can cause pain or discomfort in the infant and conditions associated with *nonpainful* distress, such as fatigue or sensory overload. Cow's milk protein intolerance, maternal drug effects (including fluoxetine hydrochloride via breastfeeding), and anomalous left coronary artery all have been reported as causes of persistent crying. In addition, situations associated with poor infant regulation, including fatigue, hunger, parental anxiety, and chaotic environmental conditions, may increase the risk of excessive crying. In most cases, the

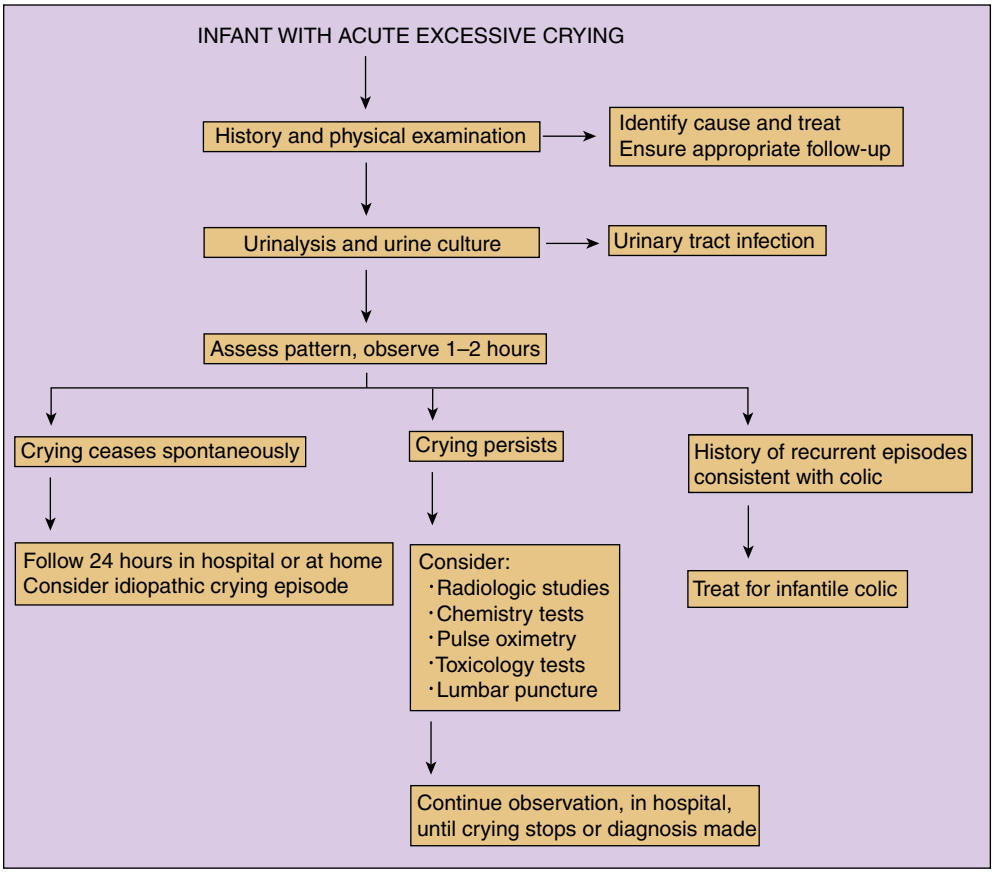

Figure 11-2 Algorithm for medical evaluation of infants with acute excessive crying. *(From Barr RG, Hopkins B, Green JA, editors: Crying complaints in the emergency department. In* Crying as a Sign, a Symptom, and a Signal, *London, 2000, MacKeith Press, p. 99.)*