Editorial

Pediatric Gastroenterology

Pediatric gastroenterology developed as a sub-specialty of pediatrics and gastroenterology. It is concerned with treating the gastrointestinal tract, liver and pancreas of children from infancy until age eighteen. The principal diseases it is concerned with are acute diarrhea, persistent vomiting, gastritis, and problems with the development of the gastric tract.

The correct function of the gastric tract and the internal health is related to the nutrition that the child or its mother receives. From the prenatal period, correct nutrition can affect the developing of the system, short bowel syndrome (the most common one), necrotizing enterocolitis, gastroschisis or omphalocele to the postnatal period with diseases such as diarrhea. One of the principal problems of a newborn is an iron deficiency, which will generate anemia. This is caused when the only food that the baby receives is maternal milk which does not fulfill the baby's nutrition. There is no treatment for this in this period because iron will reach normal levels with the weaning process. The weaning process consists in transitioning from feeding the baby low density food such as maternal milk to start feeding it more complex foods such as meat, fish, or chicken. (uniped) If the weaning process is not carried out correctly or if the child rejects the transition of food the iron deficiency will generate an anemia or even create allergies to certain food. In such cases gastric pediatricians, and not regular pediatricians, should be consulted to treat the anemia because they will

now how to recover the correct iron levels without causing any secondary effects in the digestive system.

The most common nutrition problems during the childhood are being overweight or underweight, both caused by an imbalance in the number of calories consumed versus the number burned. Both in children should be treated by a gastric pediatrician and a pediatric nutritionist at the same time to help the child recover his normal weight without secondary effects (hypertension, gastritis, etc.). The nutritionist will regulate the eating habits of the child, however, the pediatric gastroenterologist will be the one checking how the change in food habits affects the correct functionality of the digestive system.