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## Gastrointestinal bleeding in infancy

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In summary, the causes of GI bleeding in infancy are varied, ranging from congenital and hereditary disorders to those more commonly seen in the adult population. Many causes of GI bleeding in the pediatric population are restricted to a narrow range regarding age of onset, frequently enabling the physician to narrow the differential diagnosis before proceeding with invasive investigation; however, GI bleeding may involve any portion of the intestinal tract, from mouth to anus, as in adulthood, and many causes common to the adult population also must be considered. GI bleeding may present as bright red blood on toilet tissue after passage of a hard bowel movement, strands or small clots of blood mixed within emesis or normal stool, bloody diarrhea, vomiting of gross blood (hematemesis), grossly bright or dark red bloody stools hematochezia, or tarry black stools (melena). In cases of occult bleeding, the clinical presentation may be unexplained fatigue, pallor, or iron deficiency anemia. The treatment sequence for a child who has GI bleeding is to assess (and stabilize if necessary) the hemodynamic status of the patient, establishes the level of bleeding, and generates a list of likely diagnoses based on clinical presentation and age of the patient.

## **Biography**

Adham M Hegazy has done his Graduation from Faculty of Medicine, Ain Shams University in Cairo. He got his Master's degree in Pediatrics from the same University in the year 1987. He was certified by the American Board of Pediatrics after finishing 3 years of Pediatric Residency in Akron, Ohio. He became a fellow of the American Academy of Pediatrics in 1994. He also did a one year Neonatology fellowship in Kosair Children's Hospital in Louisville, Kentucky. He is currently serving as a Professor of Pediatrics and Neonatology in Ain Shams University in Cairo. He has more than 30 local and international publications in the field of pediatrics and neonatology.

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