

A 6-week-old boy is brought to the physician by his parents for evaluation of inconsolable crying. The boy has cried "almost nonstop" for up to 4 hours every evening over the past 3 weeks. The parents say that pacifiers do not calm him, and they feel overwhelmed and frustrated. Otherwise, he is happy and alert during the rest of the day. The infant was born full term by uncomplicated spontaneous vaginal delivery and is growing well. He breastfeeds every 2 hours and has 2-3 soft stools daily. The child's physical examination is unremarkable. The parents are concerned that "something is wrong" with their child. Which of the following is the most appropriate response?

- ☐ A. "A lactose-free formula will help reduce the pain."
- ☐ B. "I will order a skeletal survey to evaluate for trauma."
- ☐ C. "I will order an abdominal ultrasound to rule out intussusception."
- ☐ D. "I will prescribe ranitidine for gastroesophageal reflux."
- ☐ E. "Let's review some techniques for soothing your baby."

Submit

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- ☐

A. "A lactose-free formula will help reduce the pain." [2%]
- ☐

B. "I will order a skeletal survey to evaluate for trauma." [0%]
- ☐

C. "I will order an abdominal ultrasound to rule out intussusception." [3%]
- ☐

D. "I will prescribe ranitidine for gastroesophageal reflux." [2%]
- ☒

E. "Let's review some techniques for soothing your baby." [92%]

Proceed to Next Item

Explanation:

User Id:

Differential diagnosis for a crying infant	
Diagnosis	Clinical features
Colic	Crying that occurs in an otherwise healthy infant for ≥3 hours daily (usually evening), ≥3 times a week & for a duration of ≥3 weeks
Gastroesophageal reflux disease	<ul style="list-style-type: none">• Arching of the back during or after feeding (Sandifer syndrome)• Frequent spit-ups or vomiting• Poor weight gain
Corneal abrasion	Positive fluorescein examination
Hair tourniquet	Presence of hair that is accidentally tied or wrapped around an extremity or digit
Milk protein	

Explanation:

User Id: [REDACTED]

Differential diagnosis for a crying infant	
Diagnosis	Clinical features
Colic	Crying that occurs in an otherwise healthy infant for ≥ 3 hours daily (usually evening), ≥ 3 times a week & for a duration of ≥ 3 weeks
Gastroesophageal reflux disease	<ul style="list-style-type: none"> • Arching of the back during or after feeding (Sandifer syndrome) • Frequent spit-ups or vomiting • Poor weight gain
Corneal abrasion	Positive fluorescein examination
Hair tourniquet	Presence of hair that is accidentally tied or wrapped around an extremity or digit
Milk protein allergy	Blood-streaked, mucousy, loose stools or severe constipation
Normal infant crying	<ul style="list-style-type: none"> • Intermittent crying that resolves with usual consoling methods • Duration < 2 hours a day

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Crying is the primary mode of communication during infancy; the normal duration is highly variable but is generally 1-2 hours per day. Infantile colic is defined as **excessive crying for ≥ 3 hours a day, ≥ 3 days a week, over a period of ≥ 3 weeks** in an otherwise healthy infant. Colic usually presents in the first few weeks of life and resolves spontaneously by age 4 months. The crying generally occurs at the same time of the day, typically early in the evening. The cause of colic is unknown but may be due to overstimulation of the infant and parental unfamiliarity with alternate soothing methods. Parents often report difficulty and frustration with consoling the infant. Calming techniques include using an infant swing, swaddling, minimizing environmental stimuli (eg, quiet dark room), and holding and rocking the baby. Feeding patterns should also be reviewed to assess if there is overfeeding, underfeeding, or an inadequate burping technique.

(Choice A) There is insufficient evidence to replace cows' milk-based formula or breast milk with hydrolyzed formula, low-lactose formula, or soy-based formula. Breastfeeding

overstimulation of the infant and parental unfamiliarity with alternate soothing methods. Parents often report difficulty and frustration with consoling the infant. Calming techniques include using an infant swing, swaddling, minimizing environmental stimuli (eg, quiet dark room), and holding and rocking the baby. Feeding patterns should also be reviewed to assess if there is overfeeding, underfeeding, or an inadequate burping technique.

(Choice A) There is insufficient evidence to replace cows' milk-based formula or breast milk with hydrolysate formula, low-lactose formula, or soy-based formula. Breastfeeding mothers should generally be encouraged to continue breastfeeding due to the immunologic benefits. A trial of a hypoallergenic maternal diet (eg, no milk, eggs, nuts, wheat) can be considered if the infant does not improve after trying various soothing techniques.

(Choice B) Colic is associated with increased risk of nonaccidental trauma and postpartum depression. Parental feelings of exhaustion, frustration, guilt, and helplessness are normal and should be acknowledged. Parents should be informed that colic is common and reassured that their child is healthy. Breaks should be encouraged and may include having a friend or relative babysit if the parents feel overwhelmed. This child's history and examination is normal and not concerning for child abuse. Further workup (eg, skeletal survey) is not warranted.

(Choice C) Intussusception typically occurs at age 3-36 months and presents with recurrent episodes of severe abdominal pain. Poor appetite and vomiting are common. This patient's age, crying pattern, and normal appetite and growth make a gastrointestinal pathology unlikely.

(Choice D) Gastroesophageal reflux disease usually presents with excessive spitting up and crying after feedings. Medication is generally reserved for those infants who are not gaining weight appropriately. This patient has normal weight gain and the crying pattern does not correlate with feeds, making antacid therapy inappropriate.

Educational objective:

Colic is common and begins in the first few weeks of life with excessive crying for **≥3 hours a day** (usually evenings), **≥3 days a week**, for **≥3 weeks** in an otherwise healthy infant. Soothing and feeding techniques should be reviewed and parents should be emotionally supported and reassured.

References:

1. [Colic in infants.](#)