

## Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM



# Growing Pains and Teething Pain

**I put the topics of growing pains and teething together because I believe that much of what is said about them is not correct. There is no evidence to support the contention that growing pains are actually caused by growth or that teething pains are actually caused by the eruption of the teeth. However child and adolescent pain should not be ignored.**

So-called *growing pains* affect children between the ages of three and fourteen and it appears to have equal incidence in boys and girls. The pains may be felt in the legs, both in the thigh and in the lower leg. There is normally no pattern to the frequency or intensity of the pains although some authorities state that they are more likely to occur in the evenings. Pain does not normally affect sleep or activity. The leg pains may be associated with arm pain, back pain and headaches.

It is difficult to attribute the pain to any particular pathology. Where no abnormality is found the pains may be due to stress or mood swings with unhappiness triggering physical symptoms. Others suspect that the symptoms may be associated with tiredness or with poor posture. Whatever growing pains are caused by, it is almost certainly not growth. There seems to be no evidence to support any suggestion that in muscles, bones or any other tissues growing is associated with any sort of pain.

However, children complaining of pains in the limbs or back or recurrent headaches should not be dismissed with a diagnosis of growing pains. There are a number of possible diagnoses including infections of various types, injuries, arthritic change in the joints and some types of musculo-skeletal disorder such as structural abnormalities in the feet, knees, hips or in other joints.

Parents should be aware that children complaining of pain may have an identifiable physical cause for the pain and they should not be dismissed if:

1. The pain is accompanied by constitutional symptoms such as fever, headache, tiredness, lethargy, gastrointestinal symptoms or a rash.
2. The pain is persistent, affecting one muscle or joint, or one specific area which persists during the day and may keep the child awake at night.
3. A limb shows any of the classic signs of acute inflammation as well as pain;

swelling, redness and feeling hot. Loss or modification of function because of the symptoms is also a predictor of physical abnormality. So limping, reduced movement of the limb when walking or supporting an arm or shoulder suggests a more serious physical cause.

In such circumstances, the child should see a GP who will carry out a physical examination, may order some blood tests and may possibly arrange an X-ray. The purpose of this is to identify any of the physical causes which could be causing the pain. If all recognised physical causes are eliminated by testing, then what remains may be called 'growing pains' but more accurately they should really be called 'pains of unknown cause'.

Children with aches and pains of unknown cause should be treated sympathetically with symptomatic treatment such as paracetamol or heat with reassurance. If there is no physical cause, then the pains will eventually go of their own accord.

**Teething pains** are associated with the deciduous or 'milk' teeth. This is the primary dentition which consists of twenty teeth, which normally erupt between the ages of about six months and three years. Under normal circumstances the only pain that may be associated with eruption of the permanent dentition is associated with the third molars or wisdom teeth. It is not the passage of the teeth through the bone, which is not normally painful, but occurs either because the gum around the teeth becomes infected or because the teeth impact on the teeth in front.

Deciduous teeth are erupting almost continuously for the two-and-a-half year period leading to the third birthday. Most of the time that eruption occurs, there are no mouth symptoms and the presence of new teeth often comes as a surprise to family members. The mechanism, in simple terms is that the soft tissue above the deciduous teeth dissolves away and the tooth follicle, the germinal cells in which it sits, causes the deciduous tooth to erupt by differential growth.

There is no doubt that eruption of the deciduous teeth is uncomfortable for small children. They salivate copiously as the teeth come through resulting in dribbling and drooling which is persistent. Try it yourself! Take a marble or ball bearing and hold it in your mouth for a minute or two. The mouth will fill with saliva because it recognises the ball bearing as 'foreign' and the salivary glands get to work. This is why the mouth fills with saliva

when we eat. Similarly with the deciduous teeth, they too are initially regarded as 'foreign' because they are new. Babies dribble and drool as the teeth erupt and it may cause coughing and spluttering. This is uncomfortable and may cause restlessness in the child.

More significantly, however, the period of eruption of the baby teeth coincides with a period when the child is vulnerable to a host of viral illnesses which may affect the mouth. Some can be identified specifically such as the highly infectious hand, foot and mouth disease or a viral pharyngitis or tonsillitis but many others are non-specific and are recognised only by the presence of a temperature, swollen or painful glands, viral symptoms such as lethargy and aching and sometimes some ulceration in the mouth. In milder cases the symptoms may go unnoticed apart from the fact that the child is restless and miserable. The only obvious event coinciding with the symptoms is teething. Instinctively parents give children *Calpol* (paracetamol elixir) which of course works because it reduces temperature and makes the child feel better. Other causes of 'pain' in the teeth are decay (in those children given a high sugar diet) or damage through trauma.

So growing pains don't really occur because you grow and teething pains don't really occur because you teethe but it has been a simple shorthand for clinicians since time immemorial, and it sounds so much better than suggesting that the reason is not known. So I guess it will continue but for families with young children,

muscle pains during growth and symptoms associated with the teething period should not just be dismissed until certain that there is nothing else.

[paulambden@compuserve.com](mailto:paulambden@compuserve.com)