

Vomiting in Infants

Vomiting in infants is common and usually harmless. However, sometimes vomiting can be a sign of illness such as blockage of the gastrointestinal (GI) tract. There are two types of vomiting: (1) bilious: yellow or green, made up of bile; and (2) nonbilious: has no bile and most commonly represents regurgitation.

Bilious vomiting within the first 2 days of birth may be caused by bowel blockage. Radiography of the abdomen (<https://www.radiologyinfo.org/en/info/pediatric-xray>) is usually appropriate for initial imaging.

If classic signs are seen, such as double bubble or triple bubble with little or no gas far downstream of the abdomen, then subsequent fluoroscopy of the upper GI series (<https://www.radiologyinfo.org/en/info/uppergi>) may be appropriate. If the radiograph shows a lower bowel obstruction, fluoroscopy contrast enema is usually appropriate.

Fluoroscopy upper GI series is usually appropriate, and ultrasound abdomen (<https://www.radiologyinfo.org/en/info/abdomus-pdi>) may be appropriate if the radiograph shows nonclassic signs such as double bubble with gas in the distant small bowel, few distended (swollen or enlarged) bowel loops, or a normal bowel gas pattern.

If there is bilious vomiting in an infant older than 2 days, then malnutrition is suspected. Fluoroscopy upper GI series is usually appropriate, and ultrasound abdomen may be appropriate.

If the infant has nonbilious vomiting and is healthy, then fluoroscopy upper GI series may be appropriate.

If the infant is between 2 weeks and 3 months old with new nonbilious vomiting (suspected problem with the valve between the stomach and small intestine), then ultrasound abdomen is usually appropriate, and fluoroscopy upper GI series may be appropriate.

— By Emily Chu and Naziya Samreen, MD. This information originally appeared in the *Journal of the American College of Radiology*.

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