Commentary

I agree with the authors that this is an important study. It is always comforting to learn that a widely used treatment has a rational basis.

Until recently, the migrainous nature of recurrent paroxysmal abdominal pain with facial pallor and a family history of migrainous headache has been contentious. The recent demonstration of the same fast wave abnormality in the visually evoked response of children with paroxysmal abdominal symptoms, as in those with migrainous headache, has helped to settle the debate. The present observation that the serotonin receptor stimulator, pizotifen, a proved treatment for cranial migraine, is equally effective in abdominal migraine is consistent with such a link.

The study also has important therapeutic implications. It is important to remember that prophylaxis is not appropriate in those children with mild, brief, or infrequent episodes. Pizotifen is also expensive.

Despite several convincing demonstrations to the contrary, the belief that recurrent abdominal pain without an organic basis is almost invariably psychogenic, dies hard. Hopefully, this paper, with others implicating defects in gastrointestinal motility for example, will be further nails in the coffin of that particular hypothesis.

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