Baby Refux &

SANDIFER SYNDROME

One thing to consider about acid reflux in babies is that sometimes symptoms can go beyond what you would typically think of (crying, spitting up, inability to lie flat, etc.) In fact, some manifestations of reflux in babies and young children can actually present in ways that can resemble entirely different conditions. Sandifer's Syndrome is one of these.

What is Sandifer Syndrome?

Sandifer syndrome is a rare medical condition characterized by abnormal movements and postures, which can often be mistaken for seizures or infantile spasms. Typically occurring in infants and young children, a baby with Sandifer syndrome may show symptoms like arching of the back, neck twisting, a contortions of the body and unusual movements of the arms and legs. These movements are thought to be a way to alleviate discomfort caused by the painful reflux.

The spasms and movements associated with Sandifer Syndrome can last several minutes (on average 1-3) and can occur as many as 10+ times a day. Symptoms often occur after eating and for some children this can result in a reluctance to feed. Still, for others, feeding may soothe some of the burning pain associated with reflux, causing them to over-eat (and adding another level of difficulty to diagnosis). Some children with Sandifer's may also show abnormal eye movements.

Although the movements can be alarming, Sandifer syndrome itself is not harmful. However, because symptoms can closely resemble conditions such as seizures, infantile spasms, infant torticollis and paroxysmal dystonia, diagnosis must first involve ruling out other conditions. Initial misdiagnosis is unfortunately quite common. What can make it easier to pinpoint Sandifer's as a cause is the close association that often occurs between feeding and symptoms.

DID YOU KNOW?

Sandifer syndrome was first described in 1964 by Marcel Kinsbourne, an Austrian neurologist. Kinsbourne named the syndrome after his mentor, British neurologist Paul Sandifer. Sandifer had initially cared for the patients described in Kinsbourne's case reports

Diagnosing Sandifer Syndrome

If Sandifer Syndrome is suspected as a cause of your baby's symptoms, their doctor will typically ask about your baby's behavior and perform a physical exam. If there are signs of reflux, or if reflux is suspected but not confirmed, they may suggest testing such as:

• An MII test (multichannel intraluminal impedance): This test measures the flow of fluids, air, and solids in the esophagus. Doctors do this test, along with pH testing, using a catheter probe in order to diagnose gastroesophageal reflux.

It is also important to rule out other serious conditions. Testing could include:

- A CT Scan to look for any muscle abnormalities
- video-EEG monitoring to look for any seizure activity
- a barium swallow study

When Sandifer Syndrome is misdiagnosed, it is usually as seizures or a neurological movement disorder, an account of the similarity between the symptoms. This is especially common in children who may have only very mild or 'atypical' symptoms of gastroesophageal reflux disease (GERD). For instance, babies with silent reflux may never spit up and babies who comfort feed may gain more weight than expected; both of these behaviors contradict the 'classic' picture of a reflux baby and can lead to delays in diagnosis.

Another difficulty in diagnosing Sandifer's is that postures and movements associated with the syndrome will not be consistent across all children. Some babies may arch their backs, while others may tilt their necks or repetitively shrug, making it all the more difficult to pinpoint the cause.

Misdiagnoses are harmful because they can lead to unnecessary testing and medication, and a delay in effective treatment.

Treating Sandifer Syndrome

Treating Sandifer Syndrome should focus on effectively managing the underlying acid reflux disease. Depending on what is causing your baby's reflux, treatments may include dietary changes, medications, and positioning techniques. With proper management, most children with Sandifer Syndrome will improve over time, with many outgrowing it by around 18 months. Although Sandifer's is not known to have long-term effects on their overall health and development, if your child is still exhibiting signs past the age of 18 months it may be time to look more closely at potential food intolerances/allergies that could be contributing to symptoms.

