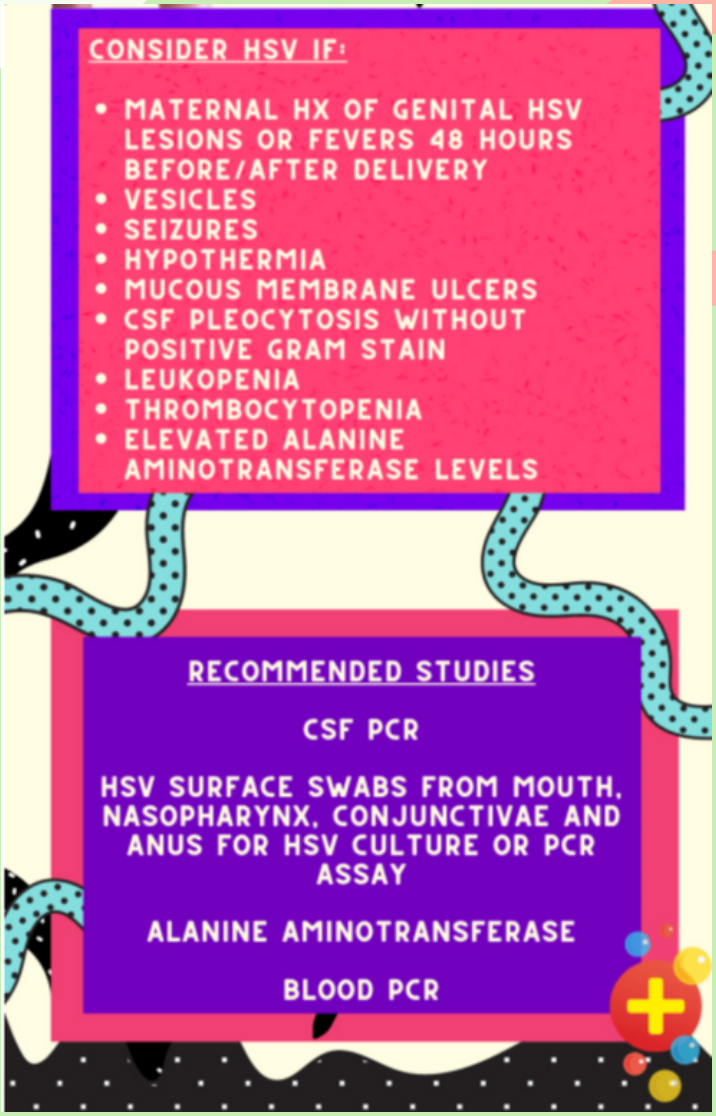
PARU LEARNING POINTS

JULY 2022

" All we have to decide is what to do with the time that is given to us"

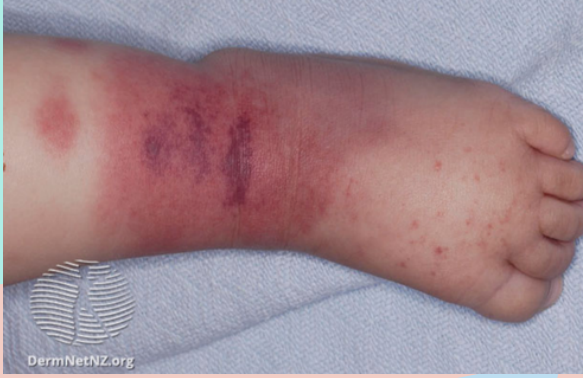
J.R.R Tolkien

Febrile Infants - always consider HSV (especially in the first three weeks of life)



https://dontforgetthebubbles.com/well-appearing-febrile-infants/

Haemorrhagic Oedema of Infancy



This month on PARU, we have had a child admitted with a worrying but unusual rash. Dermatology believe they may have Haemorrhagic Oedema of Infancy.
This was first decribed in 1913.
It is a rare type of small vessel vasculitis.
It consists of a triad of: Purpura, Oedema and Fever.

It is characterised by the sudden appearance of sharply demarcated, annular, purpuric lesion, normally on the face and limbs and often accompanied by oedema and low grade fever. The child remains in good general health.

The rash is characterised by rapid development over 24-48 hours of spontaneous bruises and purple spots of various sizes (ecchymoses, purpura, petechiae). Urticarial weals also occur. The rash is distributed on the extremities and face, especially the ears, eyelids, and cheeks and typically, trunk and mucous membranes are spared.
Lesions often have a target-like appearance.

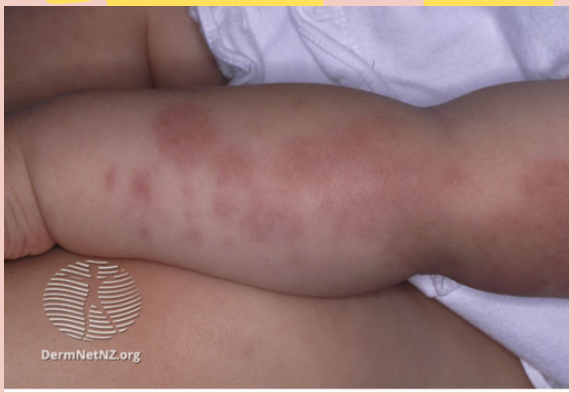
It is frequently preceded by a viral URTI but has also been linked to Staph or Strep infections, pneumonia, pulmonary TB, CMV and UTIs. It has also been associated with drug intake (commonly penicillins, cephalosporins or Co-trimoxazole), or vaccination.
It typically affects children between 4months and 2 years of age.

Systemic symptoms such as abdominal pain, gastrointestinal bleeding, arthritis, and nephritis are rarely reported.

Spontaneous and complete resolution occurs within one to three weeks although recurrences are not uncommon.

There is some uncertainty if this condition is a mild form of HSP or a distinct clinical entity. It is milder, occurs in a more restricted age range and has different skin lesions. The exact cause is unknown but it is likely an immune-mediated process, possibly an immune complex disorder.

No treatment for acute haemorrhagic of oedema of infancy is required as it resolves spontaneously. Systemic steroids and antihistamines do not alter the disease course. Acute haemorrhagic oedema of infancy usually resolves spontaneously over 1-3 weeks with complete recovery. Recurrence may occur but is uncommon, and usually occurs early.



Skin Deep

A reminder that Don't Forget the Bubbles have created a resource Skin deep: https://dftbskindeep.com/

This was created to educate clinicians about rashes in non-caucasian children as it is recognised that there it is more common for diagnosis and treatment to be delayed.

Skin Deep
A DFTB PROJECT

Learning from the RCPCH Conference

Did you know?
The NICE guidelines recommend the first line management of reflux in breastfed babies is getting their latch checked as symptoms of poor latch can mimic reflux!

Update on Resuscitation Guidance for Anaphylaxis

- Reminder that skin changes alone including swollen lips does not mean anaphylaxis.
- IM adrenaline should be used if there is a concern about airway, breathing or circulation.
- Up to 20% of children with anaphylaxis will have no skin changes and it should be considered in patients with sudden onset asthma.
- Biphasic reactions typically occur in 5% of patients with anaphylaxis and this may be due to further allergen absorption from residual food in the GI tract.
- Anti-histamines are no longer in the initial anaphylaxis management guidelines as they have no acute benefit but can be given after if there are ongoing skin symptoms.
- If a child requires more than 1 dose of IM adrenaline, give IV fluid boluses as this helps to distribute adrenaline better.

RCPCH Conference Updates from the General Surgeons

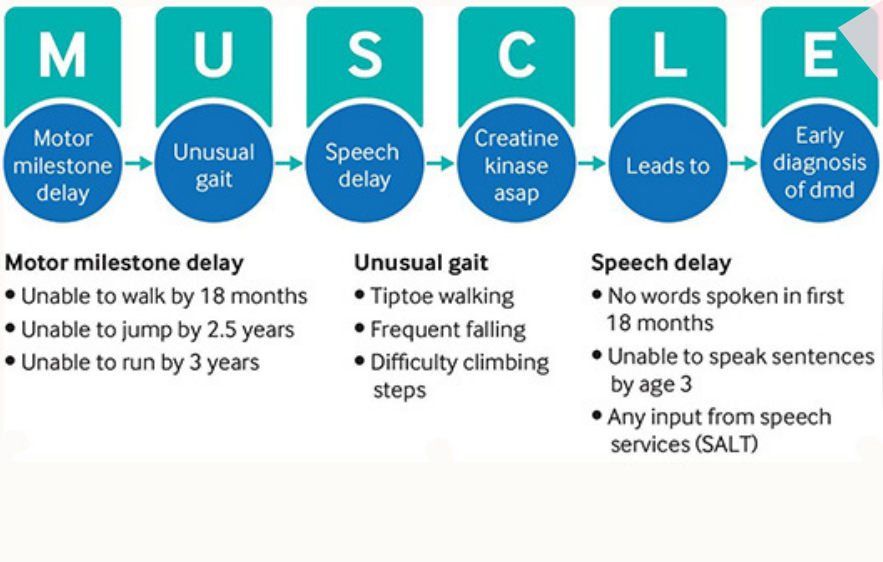
- At 2-5 years, appendicitis can be difficult to diagnose as it often mimics a D+V illness. They would recommend having a lower threshold for USS of abdomen and involving the surgical team in this age group.
- Would recommend discussing all bilious vomiting with the surgeons, as a malrotation needs to be ruled out.
- Consider referral to surgeons in patients with constipation that has worsened from the age of six months with poor response to laxatives.
- Always examine the bottom in patients with constipation to rule out anorectal malformations that have been missed.

Kindness MATTERS

Reminder...

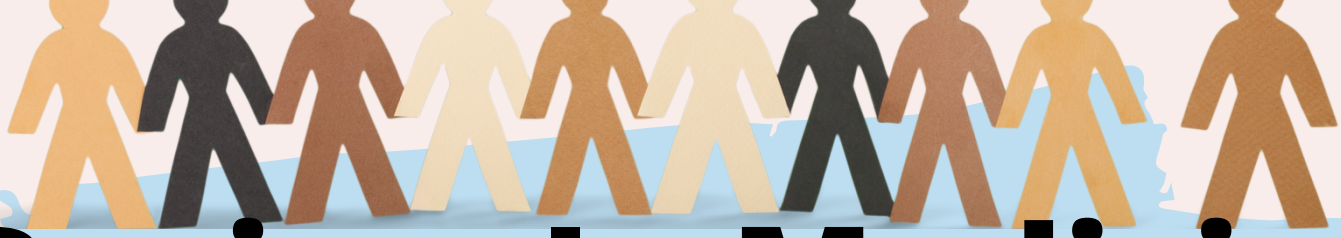
There is a direct link between staff well-being and the quality of patient care. A positive workplace and happy/ engaged staff have better clinical outcomes for patients.

KINDNESS GENERATES KINDNESS. Don't forget we can nominate members of the team for a GREATIX.



MUSCLE Acronym for Duchenne Muscular Dystrophy.

DMD is a progressive and disabling neuromuscular condition that is often diagnosed late.
It takes on average 1.6 years from first parental concern to diagnosis of DMD and in this time muscle function will already have declined. At the RCHPCH Conference, we were reminded of the acronym MUSCLE to encourage us to send a CK when we have concerns about motor function or speech delay, especially in males.



Racism In Medicine

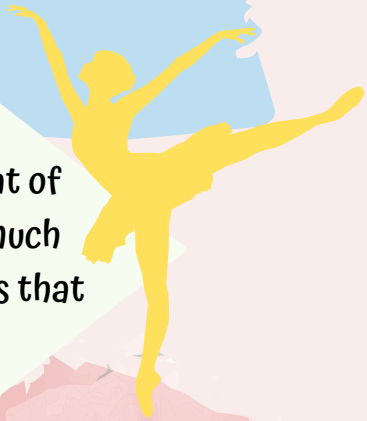
"Ignoring systemic racism hinders efforts to eliminate health inequalities in childhood". As well as thinking about racial inequalities that exist for our patients, a recent BMA report has also highlighted the importance of considering the experiences of our colleagues.

If you haven't had a chance already, please have a read of the recently published BMA report about racism in medicine:

https://www.bma.org.uk/media/5746/bma-racism-in-medicine-survey-report-15-june-2022.pdf

Kaylita has also authored a very important paper that we should all read!

It is not Black and White: A spotlight on racial diversity in paediatrics
https://doi.org/10.1111/jpc.16064



Have you heard of Dance's Sign?

Dance's sign is a feeling of emptiness on palpation of the right lower quadrant of the abdomen, which is thought to be characteristic of intussusception! It is much more common to note this on examination that the classic sausage shape mass that we are traditionally taught about!

There are still places available on the CHaT Virtual course taking place on Friday 23 September 2022. Please see the BPNA website for more information.

Thank you everyone for the learning points feedback that you have sent over the last couple of months!
Time for the new team to take over and Good luck to everyone starting new posts :)
Thank you - Jenny Hendry

Resource Update

Check out the website:

Breastfeedingfordoctors.com

This website has lots of links to resources that we can use to help us support new mothers trying to breastfeed on the postnatal wards and NNU as well as supporting breastfeeding on the paediatric wards!