Last month I dealt with 2 cases of labial adhesions before the age of 2 years. I looked up the evidence because one family wanted treatment and my recollection was of spontaneous resolution with puberty. On reflection, 10 years seemed quite a long time to wait.

Because of the lack of oestrogen in prepubertal girls, and exacerbated by the constant mild irritation of nappy wearing, 2% of girls (peak incidence in 2nd year of life) have labial fusion. As per the diagrams below, the vaginal orifice is often obscured with just a tiny hole to let urine out. 80% resolve spontaneously within a year of diagnosis (so presumably before puberty after all). Oestrogen cream or 0.05% betamethasone twice a day for a few weeks breaks down the adhesions but there is a risk of recurrence.

This Canadian article suggests that treatment is worth trying: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3555651/pdf/0590037.pdf

Australian physicians take a different view. The diagrams below and a very sensible factsheet for parents are available from https://www.rch.org.au/kidsinfo/fact_sheets/Labial_fusion/.

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**LESIONS FROM THE FRONT LINE**

Infantile spasms (IS) are an epileptic disorder of infancy and young childhood. > 90% present < 1 year of age and the average age of onset is between 3 and 7 months. There’s a very good video of them and summary of the prognosis and management at https://pedclerk.bsd.uchicago.edu/page/infantile-spasms.

If you think you’ve got a case, refer urgently – the babies regress developmentally but early treatment improves the prognosis.

**The 5 in 1 immunisation became the 6 in 1 in August 2017 in the UK but can you remember what the new addition is or indeed what the other 5 are?** Dr Jackie Driscoll, paediatric registrar at Homerton University Hospital has come to our aid with a series on vaccinations. First off – the 6 in 1.

- Diphtheria
- Tetanus
- Polio
- Pertussis
- Haemophilus influenzae B
- Hepatitis B (new)

**Common parental concerns:**

*How can a baby’s immune system handle so many vaccines at once? Can I “spread the load” and space them out a bit?*

Preferably not. This would leave the baby unprotected for longer. Try explaining that babies currently encounter many millions of viruses and bacteria every day and their immune systems deal with this very well. In comparison, the challenge posed by vaccines is minimal. See http://vk.ovg.ox.ac.uk/combo-nh/combination-vaccines-and-multiple-vaccinations for more on how to answer this common question.

**Pertussis** is a disease still seen by paediatricians yearly. There was an outbreak in the UK in 2012 with 9,300 cases reported and 14 deaths in infants less than 3 months. It is important to correct misconceptions that these are diseases we don’t see anymore. http://vk.ovg.ox.ac.uk/pertussis whooping-cough has more info.

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**RETNOMLASTOMA**

**Symptoms:**

- Most cases present in childhood (usually 0-4 years) and are usually detected on a routine eye examination.
- Strabismus is usually present but may be undetected on examination.
- Leukocoria (white pupil) may be present in those over 4 months of age.
- Occasionally, leukocoria may be present in those under 4 months of age.
- Leukocoria may be absent in infants under 3 months of age.
- Retinal detachment or retinal detachment may be present.
- Visual impairment.
- Abnormal appearance of the iris.

**Treatment:**

- Surgery to correct strabismus.
- Laser therapy to destroy the tumour.
- Chemotherapy to destroy the tumour.
- Radiation therapy to destroy the tumour.
- Observation.

**Prognosis:**

- The prognosis is variable and depends on the stage of the disease at presentation.
- 95% of children with stage 1 retinoblastoma are cured.
- 50% of children with stage 2 retinoblastoma are cured.
- 10% of children with stage 3 retinoblastoma are cured.
- 5% of children with stage 4 retinoblastoma are cured.

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**Resource:**

https://www.allergyuk.org/health-professionals/mapguideline

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**“Why are the “Milk Ladder” recipes all so sugary?”** (for the reintroduction of dairy into the diet of a cows milk protein allergic child)

...asked the discerning parents of one of my cows milk protein allergic patients (if only we all cared so much about the amount of sugar in our children’s diet...). I was a bit embarrassed so went away to find some healthier options. It transpires that the MAP (Milk Allergy in Primary Care) guideline was updated in 2017 to conform to WHO guidelines on salt and sugar content of foods. Have a look at: iMAP guideline from Allergy UK to be used along with a recipe book, iMAP recipes (savoury as well as sweet) from Allergy UK.

Resource: https://www.allergyuk.org/health-professionals/mapguideline