Monthly paediatric update newsletter for all health professionals working with children - put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at www.paediatricpearls.co.uk where comments and requests are welcome!

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 both seem to break down the adhesions but there is a risk of recurrence.

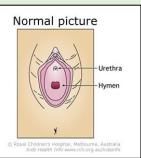
This Canadian article suggests that treatment is worth trying: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3555651/pdf/05 90037.pdf

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/.

# Typical picture of labial fusion

RETINOBLASTOMA





# With thanks to medical student Emily O'Connor for her mnemonic on retinoblastoma (click here for A4 size) and to Dr Bob Phillips, paediatric oncologist in York, for checking Paediatric Pearls' cancer content.

NB: smart phone photos without flash don't show leukocoria!

- retinoblastoma is a rare form of cancer developing from the immature cells of the retina in children
- one case is diagnosed per week in the UK, accounting for 3% of childhood cancers
- there is a 95% survival rate and a chance of visual preservation if it is picked up early enough.
- leukocoria (white pupillary reflex) is the commonest and best known sign and strabismus needs early referral to ophthalmology as another possible presenting sign
- other symptoms include a painful red eye and visual deterioration
- 45% are inherited (often bilateral). Unilateral cases are normally sporadic.

# "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

### LESSONS 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)

- Given at 2, 3 and 4 months
- > OK to give at same time as Men C, rotavirus, pneumococcal vaccines
- Babies can have it if they have a cold but best to wait until any fever has gone

## 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/combinationvaccines-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.



For babies born after 01/07/16, families can download a personalised UK vaccination planner from https://www.nhs.uk/Conditions/vaccinations /Pages/6-in-1-infant-vaccine.aspx

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For more information visit www.nhs.uk/vaccination	