Measles!

**Symptoms:** Flu-like prodrome, Koplik spots, maculopapular rash, conjunctivitis, cough

**Complications:** Bacterial pneumonia (most common cause of death), diarrhoea, acute otitis media, laryngitis, croup, encephalitis, myocarditis

**If child well enough to go home ensure:**
- ISOLATE until 4 days post-onset of rash.
- Give advice sheet e.g. [http://www.patient.co.uk/health/Measles.htm](http://www.patient.co.uk/health/Measles.htm)
- Maintain hydration and comfort (simple analgesia)
- Ensure up-to-date contact number for parents

**Inform HPA (020722205000) within 24 hours.** They will send 1stG saliva testing kit to parents and organise prophylaxis for contacts.

**References and resources:** HPA measles guideline 2008. [http://www.hpa.org.uk/Aubt/PA/Advises/HPAWeb_C227908852987](http://www.hpa.org.uk/Aubt/PA/Advises/HPAWeb_C227908852987)

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**The limping child:** Common differential diagnosis of limp by age:

<table>
<thead>
<tr>
<th>0-3 years</th>
<th>3-10 years</th>
<th>10-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic arthritis or osteomyelitis</td>
<td>Transient synovitis (Irritable hip)</td>
<td>Slipped Upper Femoral epiphysis (SUFE)</td>
</tr>
<tr>
<td>Developmental dysplasia of hip (usually does not present with pain)</td>
<td>Septic arthritis or osteomyelitis</td>
<td>Septic arthritis or osteomyelitis</td>
</tr>
<tr>
<td>Fracture or soft tissue injury (toddler fractures or non accidental injury)</td>
<td>Perthes’ disease (often no pain initially)</td>
<td>Perthes’ disease</td>
</tr>
<tr>
<td>Also consider at all ages:</td>
<td>Fracture or soft tissue injury</td>
<td>Fracture or soft tissue injury</td>
</tr>
</tbody>
</table>

Neoplasms, neurological/neuromuscular causes, rheumatological disease such as juvenile idiopathic arthritis

**Distinguishing between transient synovitis and septic arthritis:**

Check for Kocher’s risk factors:

- Not weight bearing
- History of fever (> 38.5°C)
- WCC >12x 10^9 cells/L
- ESR >40

Probability of having septic arthritis was 3% with one predictor, 40% with two predictors, 93.1% with three and 99.6% with all four predictors. If none of the criteria was positive, the probability of septic arthritis was less than 0.2%. (Kocher, M.S., D. Zurakowski, and J.R. Kasser. Differentiating between septic arthritis and transient synovitis of the hip in children: an evidence-based clinical prediction algorithm. J Bone Joint Surg Am, 1999. 81(12): p. 1662-70.

**INGUINAL HERNIAS — Dr Jemma Say**

Surgery is indicated for all paediatric patients with inguinal hernia. The risks of not performing surgery include bowel, testicular or ovarian incarceration or necrosis. This risk is greatest in early infancy; premature infants have an incarceration risk of up to 30%. Children >1 yr can be referred to Mr Brearley at Whips Cross Hospital. <1yr olds (and any age child if irreducible (a surgical emergency)) should be referred to the Royal London Hospital.

Dr Jemma Say has put together a concise summary on this topic at [http://www.paediatricpearls.co.uk/2013/05/inguinal-hernias/](http://www.paediatricpearls.co.uk/2013/05/inguinal-hernias/) — includes links to other relevant sites (patient information, surgical videos).