Paediatric Pearls

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Previous editions are all available at www.paediatricpearls.co.uk

ADAS (West Essex Alcohol & Drug Service)

Free of charge for residents of Harlow, Epping Forest or Uttlesford.

Tel: **01279 641347 / 01279 438716**
Email: admin@adasuk.org
Website: http://www.adasuk.org/

ADAS aims to work in partnership to support individuals and families affected by alcohol and drug misuse to enable them to make positive lasting changes which improve the quality of their lives. Based in Harlow, opening times on their website. Runs some specific services including:

Child & Family
Community Alcohol Service
Counselling

Similar service in other boroughs:
https://www.walthamforest.gov.uk/documents/ph-drug-alc-dir2013.pdf
"Fusion" team in Redbridge:
https://www2.redbridge.gov.uk/cms/children_and_schools/redbridge_youth/advice_and_help/young_people_crime_and_safety/fusion_-_drugs_and_alcohol.aspx

Let's not get complacent but there is some good news from www.hscic.gov.uk (Health and Social Care information centre) in their 2013 survey on drinking, smoking and drugs in school years 7-11 children (mostly aged 11 to 15 years):

☺ The prevalence of illegal drug use in 2013 was at similar levels to 2011 and 2012, though considerably lower than in 2001, when the current method of measurement was first used. 16% of pupils had ever taken drugs, 11% had taken them in the last year and 6% in the last month.

☺ In 2013, less than a quarter of pupils said that they had smoked at least once. At 22%, this was the lowest level recorded since the survey began in 1982, and continues the decline since 2003, when 42% of pupils had tried smoking.

☺ 3% of pupils in 2013 said they smoked at least 1 cigarette a week compared to 9% in 2003.

☺ In 2013, around two-fifths of pupils (39%) had drunk alcohol at least once. Boys and girls were equally likely to have done so. The proportion of pupils who have had an alcoholic drink increased with age from 6% of 11 year olds to 72% of 15 year olds.

☺ In 2013, 9% of pupils had drunk alcohol in the last week, compared to 25% in 2003.

Paediatric drooling with thanks to Mr Sunil Sharma, ENT registrar

- problem in babies, usually settles by age 2
- Persistent, chronic drooling usually due to failure of co-ordination of muscles involved in the first stage of swallowing
- Persistent drooling can cause bullying, soiling of clothing, excoriation of skin
- Ask about age of onset, chronicity, precipitating factors, severity, developmental history, medication, family history, etc.
- Causes include:
  - Physiological (e.g. teething)
  - CNS and muscular disorders (e.g. cerebral palsy, facial nerve palsy)
  - GORD
  - Lesions in the upper aero-digestive tract
  - Neurodevelopmental delay
  - Medication and chemicals (e.g. morphine, mercury)
  - Genetic conditions (e.g Wilson's disease, Riley-Day syndrome)
- Management:
  - Speech therapy in all cases (please refer to local Child Development Centre)
  - Surgery only considered above the age of 5-6 years after at least 6 months of conservative management (refer to ENT at this stage)
  - Surgical options include adenotonsillectomy, bilateral submandibular duct transposition, submandibular gland excision, botox injections into salivary glands, tracheostomy, and even laryngectomy

Useful paper summarising paediatric drooling (available free on PubMed): Leung AK, Kao CP. Drooling in children. *Paediatr Child Health* 1999 Sep;**4**(6):406-11.

Australian patient information leaflet:
http://www.rch.org.au/uploadedFiles/Main/Content/plastic/salivabook.pdf

Paediatric chest pain

Ask specifically about PALPITATIONS as the terms are sometimes used synonymously. Chest pain is the presenting complaint in 10-15% of cases of supraventricular tachycardia.

If referring to secondary care, PAEDIATRICS is usually more appropriate than CARDIOLOGY b/c of the wide differential and low likelihood of a cardiac cause.

RED flags

Exercise induced pain +/- palpitations
Syncope
PMH of Kawasaki disease or congenital heart disease
Shortness of breath
Pain disturbing sleep / daily activities
Abnormal clinical examination
Positive family history of sudden death
Substance abuse

Click here for how to read a paediatric ECG

With thanks to Dr Tarak Desai, consultant paediatric cardiologist at Birmingham Children's Hospital, for permission to adapt his slides on this topic.

Investigations which may be of use:
12 lead ECG
Chest x-ray
24 hour tape or event recorder
Echocardiogram
Baseline bloods to incl. TFTs and Hb

Common cause for worry, referral and cessation of physical activity yet only 0.6 - 1% of chest pain in children is cardiac:
Musculoskeletal 25-55%
Respiratory 7-20%
Idiopathic 15-52%
Psychogenic 1-9%
Gastrointestinal 3-6%

ADC Educ Pract Ed 2014;99:122-126

Differentials:
- Chest wall pain (trauma, costochondritis)
- Pulmonary (asthma, pneumonia, pneumothorax, pleurisy, PE)
- Gastroesophageal reflux
- Psychogenic (bereavement)
- Social (child abuse)

NICE guideline: Suspected cancer, recognition and referral.

Publ June 2015. https://www.nice.org.uk/guidance/ng12

☞ Covers recognition of early signs of cancer in children and adults in an attempt to improve survival.
☞ Unfortunately lists early signs by site of cancer so purely paediatric practitioners need to trawl through a lot of information on adults to find relevant information. A more useful "childhood cancers infographic" which summarises worrying signs and symptoms in children was put together for the BMJ and is available from http://www.bmj.com/content/350/bmj.h3036.

Leukaemia: refer immediately for unexplained petechiae or hepatosplenomegaly. Do FBC within 48 hours for unexplained pallor, persistent bone pain, fatigue, bruising or bleeding.
Neuroblastoma: referral within 48 hours for child with an unexplained abdominal mass or enlarged abdominal organ
Wilms tumour: as above and for those with unexplained visible haematuria
Osteosarcoma: x-ray within 48 hours for children with unexplained bone swelling or pain
Brain tumour: immediate referral for children with abnormal cerebellar or other neurological function
Retinoblastoma: referral within 2 weeks to ophthalmology for babies with an absent red reflex
Soft tissue sarcoma: ultrasound within 48 hours of unexplained lump that is increasing in size
Lymphoma: refer within 48 hours for unexplained lymphadenopathy or splenomegaly. Take note of any night sweats, pruritus, weight loss, fever, shortness of breath.

☞ Take into account the insight and knowledge of parents and consider referral where there are persistent signs or concerns even if the likely cause of their child's symptoms is benign.