One of our registrars, Dr Dilshad Marikar, recently presented a reminder to us all of the prevalences of different childhood cancers and advice from NICE and SIGN on possible presentations. Did you know that you should refer a child with “repeat presentations (3 or more times) of any physical symptoms which do not appear to be resolving or following a normal pattern, taking into account parental and patient concern?” The card below was developed by the Grace Kelly Ladybird Trust based on advice from The Scottish Cancer Referral Guidelines (available here).

### Regional Red Flags for Childhood Cancer

### Eyes
- Leukocoria (white glow to pupil), visual disturbance, new squint

### Brain
- Headaches, early morning vomiting, change in behaviour, abnormal movements

### Palpable Mass
- Of any location - soft tissue, bony or lymphadenopathy

### Abdomen
- Distention, organomegaly, refractory constipation, nausea

### Systemic
- Recurrent viral illnesses, weight loss, night sweats

### Bone
- Back pain, new limp or persistent pain of any location

### Don’t Forget:

- Concern anorexia no. of attendances (3) complexity exhaustion recurrent pyrexia

### Teenage and Young Adult (TYA) Cancers...

- Around 2,200 15 to 24-year-olds are diagnosed with cancer every year in the UK.
- Lymphoma is the most common (20%), then CA cervix, bowel, ovary, thyroid.
- Bone tumours are twice as common in TYA than in 0-14 yr olds; beware the teenager with a persistently painful knee. Is it "only a sprain"?
- >80% 5-year survival in this age group but this is lower than younger children for ALL and AML. Bone tumours only have 56% 5-year survival. See: [here](https://www.childrenwithcancer.org.uk/childhood-cancer/info/teenage-young-adult-cancers/)

### The NICE guideline on UTIs in the < 16 year olds was updated in September 2017.

- The main message is that we can now trust the dipstick in the 3 month to 3 year age group as well as in >3yrs:
  - If leucocyte esterase or nitrite, or both are positive: start antibiotic treatment; send a urine sample for culture. [2017]
  - If both leucocyte esterase and nitrite are negative: no antibiotics unless certain exclusion criteria apply.

See: [here](https://www.childrenwithcancer.org.uk/childhood-cancer/info/teenage-young-adult-cancers/)

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“My baby strains and goes red in the face when trying to poo. She can appear quite distressed with this for up to 20 minutes a day. When the poo does come out, it’s quite soft so I don’t know why she’s having such trouble with it. My friend suggested we ask you for advice from NICE and SIGN on possible presentations. Did you know that you should refer a child with “repeat presentations (3 or more times) of any physical symptoms which do not appear to be resolving or following a normal pattern, taking into account parental and patient concern?” The card below was developed by the Grace Kelly Ladybird Trust based on advice from The Scottish Cancer Referral Guidelines (available here).

A presentation like this represents infant dyschezia, a functional gastrointestinal disorder thought to occur in 0.9 - 5% of infants under 6 months old. The recently revised criteria for this diagnosis (the Rome IV criteria – (2)) describes this as being due to poor co-ordination of pelvic floor muscles with increased intra-abdominal pressure generated during stooling. It is now recognised as occurring in babies up to 9 months of age, with straining and crying occurring both with and without successfully passing stool. Studies have reported symptoms of discomfort around passing normal stool can occur in up to 18% of babies, although not all of these children will strictly meet the diagnostic criteria for dyschezia (3).

Differentiating this condition from true constipation or anything more sinister will require a thorough clinical history and a normal clinical examination, with the key difference being that the stool the baby passes is not hard in dyschezia. Parents can be reassured that this is not causing their baby any harm, does not require medication (or any form of rectal stimulation) and can be expected to resolve spontaneously.


With thanks to Dr Marilyn Emedo for her long running series on baby poo.