Paediatric Pearls

November 2018

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

The last in Dr Emma Parish's series on adolescent health: Sexual health

You see a 15 year old boy with a 1 week history of purulent urethral discharge. He has had sexual contact (vaginal penetration) with one female partner. He is otherwise well. What would be your investigations of choice and what would be the most appropriate management?

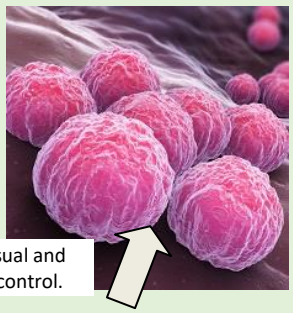
The most likely diagnosis in this case is gonorrhoea. There are rising levels of this infection in the UK, most commonly affecting young men and women under 25 years old. It is possible to have discharge with chlamydia, but not usually purulent. Trichomonas has a much lower incidence in this age group and does not usually present with discharge. There is no history of itch or rash so candida and herpes are not likely.

The most appropriate investigation to confirm diagnosis is a urethral swab for microscopy as recommended in BASHH guidelines (https://www.bashh.org/guidelines). Nucleic Acid Amplification Test (NAAT) is also used, but if discharge is present always swab and view on microscopy to identify gonorrhoea directly. In 30% of cases with gonorrhoea there is concomitant chlamydial infection so treat for both infections. The most appropriate treatment in this case would be ceftriaxone 500mg im as a single dose with azithromycin 1 g oral as a single dose.

Top tips on what to do with discharge?

Emma trained with Eva Jungmann who gave her a simple (3 questions) way to think about vaginal discharge in women of reproductive age:

- **Is she at risk of STI or an upper reproductive tract infection?**
- **Does it itch?**
- **Does it smell?**



You *must* check that sex is consensual and also not related to gang violence/control.

High risk of STI? – examine and investigate for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*

Low risk STI? – empirical treatment but investigate more fully if not responding

Itchy = vaginitis – candida --> antifungal

No itch = vaginosis – bacterial vaginosis –> metronidazole

The British Association for Sexual Health and HIV website houses all sorts of useful information, guidelines and patient information leaflets for professionals and patients (see https://www.bashh.org/guidelines).

LESSONS FROM THE FRONT LINE

With thanks to Dr David Gardiner, paediatric FY2, for this month's case. A 6-year-old boy was brought to the ED soon after returning from Turkey with severe diarrhoea and abdominal pain and occasional blood in the stool.

NICE tells us in their recently reviewed (and unchanged) 2009 guideline (https://www.nice.org.uk/guidance/cg84) that gastroenteritis with bloody diarrhoea needs investigation. Vital signs were normal, as were ultrasound (intussusception was in the differential) and blood tests. The child tolerated his oral fluid challenge and went home with a diagnosis of likely infective gastroenteritis and a safety net plan to return to the ED if not settling. **He returned the following day with worsening symptoms.** Blood tests were repeated and in one day his platelets had dropped from 243 to 56, Hb from 129 to 115, urea had climbed from 3.5 to 25.1 and creatinine from 33 to 243. His stool grew *E.Coli O157:H7* (VTEC – Verocytotoxin-producing) and he was transferred to the tertiary centre for dialysis. That is how fast Haemolytic Uraemic Syndrome (HUS) can present – and how important it is to have a **safety net** for acutely unwell children. Our patient made a full recovery, as do at least 75% of those affected. Click here for more information from David on HUS.

Why the cow picture? Because contaminated dairy and meat products are some of the main culprits for harbouring HUS-causing pathogens.

Safeguarding CPD – When a sexually abused or exploited young person has something to tell, they need to be Seen and Heard. https://www.seenandheard.org.uk/ is a 60-minute e-learning module, built around the real experiences of young people. It is a short film about a teenage boy being sexually abused by his older step-brother. He eventually tells a radiographer what is going on in a desperate attempt to protect his younger brother. That health professional made time to notice and to listen and we could all, in the midst of our busy days, learn from her.

Try the module. One hour of your time could make the difference.

We have an obesity epidemic in the UK currently, but the North East London Eating Disorders Team has seen a rise in referrals since the Department of Health asked us as health professionals to talk about weight with families. I asked Dr Erica Cini, Consultant child psychiatrist and lead for the Eating Disorder Team in Hackney, how we can get the balance right?

- ☞ Conversations around food and physical activity should focus on health, fitness and fun, rather than weight
- ☞ Encourage regular eating, ideally 3 meals and 1-2 snacks per day
- ☞ Provide meals based on the main food groups in Eatwell plate: fruits and vegetables; starchy carbohydrates; protein foods; and dairy foods
- ☞ Don't cut out any foods completely, but stick to sensible portion sizes and aim to choose the lower fat alternatives (e.g. grilled chicken instead of southern-fried chicken) most of the time
- ☞ Don't label foods as "bad" or "unhealthy" – refer to foods higher in fat and/or sugar as treats or occasional foods
- ☞ Avoid using food in reward or punishment systems; instead offer fun experiences or real objects such as a trip to the park, stickers or a small toy
- ☞ Avoid using food to make your child feel better; give your chid your time with talking and cuddles
- ☞ If your child says they are hungry when they've already eaten, ask them if they are bored and suggest doing an activity together so they can begin to learn the difference between hunger and craving
- ☞ Try to be a healthy role model for your children by sticking to a regular, balanced diet yourself; avoid linking food with emotions, avoid commenting on your own or other's weight or shape in a negative manner
- ☞ Eating together as a family can help to demonstrate healthy eating behaviours
- ☞ Help your children to draw self-esteem from their positive qualities, not only from the way they look

www.themix.org.uk/mental-health/eating-disorders houses a range of articles on both Eating Disorders and more general mental health topics.

www.b-eat.co.uk is a UK Eating Disorder Charity which offers support to families. www.nhs.uk/conditions/eating-disorders houses further information about Eating Disorders.

The Paediatric Pearls handout entitled "***Towards a healthy lifestyle…***" is available under the Primary Care tab of the website or click here. There is a very good Australian FAQ sheet for parents about promoting a positive body image available as a linked PDF from https://www.eatingdisorders.org.au/eating-disorders/eating-disorders-children-teens-and-older-adults.