Paediatric Pearls

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

NICE guideline: Diagnosis and management of headaches in young people and adults (www.guidance.nice.org.uk/cg150 Sept 2012)

Evidence-based advice on the diagnosis and management of tension-type headache, migraine, cluster headache and medication overuse headache in young people (aged 12 years and older) and adults. Click here for a list of the features you need to ask about in the history and a table to help with classification of the headache.

◊ Paracetamol or an NSAID, either alone or in combination on 15 days per month or more suggests medication overuse headache.
◊ Do not refer people diagnosed with tension-type headache, migraine, cluster headache or medication overuse headache for neuroimaging solely for reassurance.
◊ Consider using a headache diary to aid the diagnosis of primary headaches.
◊ Tension headaches can be treated with paracetamol and/or a NSAID (no aspirin under the age of 16). See the full guideline for management options as not all the recommended therapies are licensed for use in under 18s and clinicians need to take full responsibility if they want to prescribe them.

Patient information here. You now have to "select chapters" to get a printable handout for your patient.

Child Development

This development chart from the Birth to Five book is a useful reminder of important developmental milestones. If you are concerned about minor delay and unsure whether to refer, try getting the parents to print it off and tick off and date each stage as it is achieved.

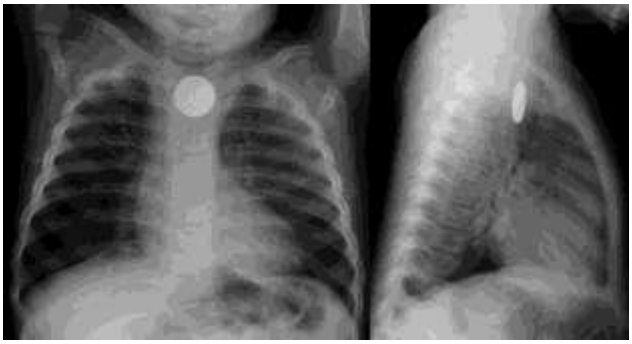
Above chart available to download from
http://www.locala.org.uk/fileadmin/Locala/documents/Other/Birth_to_Five.pdf
Interactive tool at http://www.nhs.uk/Tools/Pages/birthtofive.aspx

FROM THE LITERATURE: Food Protein Induced enterocolitis syndrome (FPIES)

FPIES to milk represents the acute, yet still non-IgE mediated, end of the spectrum of milk allergy in the gut and is an uncommon disorder, usually presenting with repeated projectile vomiting, hypotonia, pallor, and sometimes diarrhoea 1 to 3 hours after ingestion of cow's milk protein. Katz et al, writing in Journal of Allergy and Clinical Immunology in 2011 found a 0.34% cumulative incidence of FPIES in their cohort of 13,019 newborns. Interestingly none of them reacted to soya. Their diagnostic criteria for cows milk protein (CMP)-induced FPIES was: <9/12 old, recurrent vomiting and lethargy after exposure to CMP in the absence of IgE mediated symptoms such as rash, urticaria or respiratory symptoms. 25% had diarrhoea as well and 4.5% had bloody diarrhoea. All 44 patients had developed FPIES by 6/12 of age and 90% had recovered by 3 years of age. 8 of them subsequently developed IgE mediated CMPA.

NB: in the UK, **soya formulas are not recommended for babies less than 6 months old because of the phytoestrogens they contain.** Please use extensively hydrolysed formulas for the younger CMP allergic infants. Cross-reactivity between CMP and soya in the regular CMP allergic infants (as opposed to the FPIES subgroup) is currently taken to be between 17% and 47%. If you have the energy, take a look at http://www.worldallergy.org/publications/WAO_DRACMA_guidelines.pdf for a very comprehensive 105 page review (2010) of cows' milk protein allergy.

Foreign body ingestion



Ingested foreign bodies (from UptoDate.com article, August 2012)

Approximately two-thirds of ingested coins are in the stomach by the time of x-ray but those that lodge in the oesophagus for 24 hours after ingestion may need to be removed endoscopically as only 20-30% of these will pass into the stomach on their own. Most ingested foreign bodies can be managed expectantly and they pass within a couple of days. Intervention is required:

- When the object is sharp, long, or consists of magnets
- When the object is a button battery in the oesophagus
- If airway compromise, such as tracheal compression, is present
- If there is evidence of oesophageal obstruction (eg. the patient is unable to swallow secretions)
- If there are (later) signs or symptoms suggesting inflammation or intestinal obstruction (fever, abdominal pain, or vomiting)
- If the object is in the oesophagus and the suspected ingestion occurred 24 or more hours prior to the evaluation, or if the time of ingestion is unknown

More on button batteries, coins and magnets at http://www.paediatricpearls.co.uk/2012/10/foreign-body-ingestion/

Cows' milk protein allergy (CMPA) resources

I have been looking for parent information leaflets on dairy free weaning – without a huge amount of success, especially for stage 1 weaning (Click here for the Leicester dieticians' very clear guide to the stages of weaning). Here are some useful resources so far. Do leave a comment on the blog if you want to recommend others:

http://www.allergyuk.org/downloads/news-and-media/cows-milk-protein-resources/Aptamil_Recipe_Booklet.pdf but any hydrolysed or soya milk will work in the recipes and, once made, parents can puree the dish for the younger child.

Neocate spoon is an early weaning thickening food which has been available for use in the cows' milk allergic infant since 2011. Guidance and recipes for CMP free weaning Stages 1-4 at http://nutricia.co.uk/files/uploads/documents/RecipeSpoonDocument.pdf. The health professional prescribing advice on Neocate Spoon (product information) and a video on how to make it up are at http://nutricia.co.uk/neocate/spoon.

Many infants with delayed or non-IgE mediated CMPA can undergo a food challenge at home. You can find the Royal London Hospital's guide for home challenge here. There is a very small risk of delayed allergy progressing to IgE-mediated CMPA; if in doubt, refer to a paediatric dietician or paediatrician.

Up to 1 in 20 infants may be affected by CMPA (http://www.cowsmilkallergy.co.uk/). If you are unsure how to diagnose and manage it, please see links from http://www.paediatricpearls.co.uk/wp-content/uploads/GP-March-2011.pdf.