

# Paediatric Pearls

by Dr Julia Thomson, Paediatrician

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Bimonthly paediatric update newsletter for all health professionals working with children – put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk) where comments and requests are welcome!

## SHOULD MY CHILD GO TO SCHOOL / NURSERY TODAY?

In the UK's current viral soup, many of us are being asked this question in Primary Care and in the ED. I like Dorset and Hampshire's FAQs, available at <https://www.what0-18.nhs.uk/parentscarers/child-unwell-ok-go-nurseryschool>. It is based on UK government advice on managing infectious diseases in schools and nurseries: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>. There are some specific illnesses where children must be kept off school for a prescriptive amount of time eg. "4 days after the rash appeared" for measles. 'Flu A is knocking them for six at the moment and they seem to be taking up to 5 days to recover from it. In most other cases families should be encouraged to still send their children to school when they're a bit under the weather. Paracetamol and antibiotic doses can be given at school if necessary. Young children will have around 8 viral illnesses a year, most lasting a week and most being in the winter period. That's a lot of hours of school to make up if they have even one day off with each illness.

I had a patient recently who was overweight with abnormal LFTs and a "fatty liver" on ultrasound. The family completely changed their lifestyle, my 11 year old patient lost 8kgs, a significant percentage of his body weight. He felt great, had more energy, looked healthy and his LFTs had normalised. But the USS still showed a "fatty liver". How long does it take, I wondered, for the liver to regenerate sufficiently after a lifestyle change before the USS looks different?

**Non-Alcoholic Fatty Liver Disease (NAFLD)** with thanks to Dr Suzannah Johnson, paediatric registrar. <https://www.nice.org.uk/guidance/ng49/chapter/Recommendations>

**What is NAFLD?** Excess fat (triglyceride) accumulation in the liver (steatosis), in the absence of excessive alcohol consumption.

**Why is it relevant?** Commonest cause of liver disease in the UK. Reversible precursor to cirrhosis.

**What are the symptoms?** Asymptomatic or non-specific symptoms (fatigue, general malaise, abdominal pain)

**What are the Risk Factors?** Metabolic Syndrome:

**When Should I Suspect NAFLD?**

If risk factors are present

ALT > 3 times the upper limit of normal, and

exceed AST levels for > 3 months

Abdominal USS shows fatty liver changes

**If NAFLD is suspected what should I do?**

Blood tests to exclude co-existing liver disease and metabolic complications

Assess risk of advanced liver fibrosis using the *Enhanced Liver Fibrosis (ELF) test* (score >10.51 = advanced liver fibrosis) and assess the risk of cardiovascular disease

**Management of NAFLD:**

Lifestyle modification advice to achieve gradual sustained weight loss

Optimise management of associated conditions (hypertension, hyperlipidaemia, type 2 diabetes)

**Follow-up of a person with NAFLD in primary care:**

Offer a liver ultrasound to retest children and young people for NAFLD every 3 years if they: have a normal ultrasound AND have type 2 diabetes or metabolic syndrome AND do not misuse alcohol.

**Referral to a hepatology specialist should be considered if:** suspected NAFLD, high risk of advanced liver fibrosis or advanced liver disease or if there is uncertainty about the diagnosis.

Sources of information and support: British Liver Trust at <https://britishlivertrust.org.uk/information-and-support/living-with-a-liver-condition/liver-conditions/non-alcohol-related-fatty-liver-disease/>

NICE information for patients:

<https://www.nice.org.uk/guidance/ng49/ifp/chapter/Non-alcoholic-fatty-liver-disease-the-care-you-should-expect>

hypertension  
impaired glucose regulation/type 2 diabetes mellitus  
central obesity  
hyperlipidaemia

The letter from King's College Hospital hepatologists said that they hoped the liver USS would be starting to look better when they repeated it in **one year**. So, don't let your patients who are working hard in the new year to lose weight, lose heart!



Best wishes from the Paediatric Pearls team for Christmas and the New Decade. The next newsletter will be in February 2020 and bimonthly from then on.

"We've got a lot of children around at the moment with 'flu A infection. Aren't they supposed to have been immunised?"

2019/20 the following are eligible for flu vaccination:

- all children aged two to ten on 31 August 2019
- those aged 6 months to 64yrs in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- health care workers

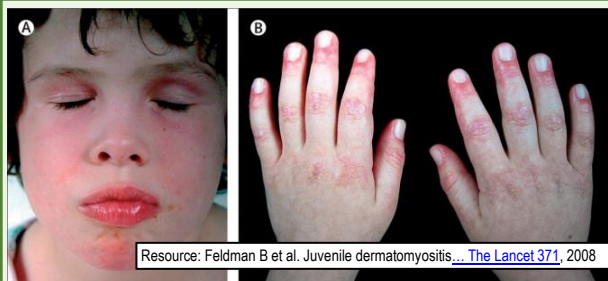
[source: <https://www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.pdf>]

The only data currently available for 'flu vaccine uptake in the UK's primary schools is [Sept-Oct 2019](#) and shows that a woeful 16.7% of eligible children had been vaccinated. City and Hackney came in above average at 20% but NHS England's target is 65% coverage.

Feeling uneducated about the current 'flu immunisation programme? CPD opportunity at <https://www.e-ifu.org.uk/programmes/flu-immunisation/>. And great information as usual on all aspects of the nasal flu vaccine from the Oxford vaccination project at <https://vk.ovg.ox.ac.uk/vk/nasal-flu-vaccine>.

Because of the recent increase in influenza cases in the community, the MHRA issued a notice at the beginning of this month about the [use of oseltamivir and zanamivir in primary care](#).

Hospital clinicians should already be prescribing it for adult and paediatric in-patients in accordance with [PHE guidance for the treatment of complicated influenza](#).



Resource: Feldman B et al. Juvenile dermatomyositis... [The Lancet](#) 371, 2008

## Dermatological manifestations of systemic disease: dermatomyositis

by Dr Anusuya Kawsar, dermatology registrar at Barts Health NHS Trust

### CUTANEOUS FEATURES

- Reddish or bluish-purple patches mostly affect sun-exposed areas.
- Violaceous rash may also affect cheeks, nose, shoulders, upper chest and elbows.
- Heliotrope rash (eyelids)
- Gottron papules (knuckles)
- Calcinosis

- A rare, inflammatory disease of the muscle, skin and blood vessels
- Presents with neck, shoulders and hip muscle weakness (as opposed to muscle pain) and a skin rash (see pictures of heliotrope eye rash)
- Most present age 5-10 (termed juvenile DM if < 18yrs) or age 40-50, F > M
- Amyopathic DM: typical skin rash develops without muscle involvement
- Investigations: CK, AST, LDH, ANA, Anti-Mi-2 Anti-Jo-1.
- Skin and/or muscle biopsy, MRI, EMG
- Goal of treatment is minimise inflammation, improve function and prevent disability. Steroids, physiotherapy, disease modifying drugs eg. methotrexate
- Associations include diabetes, coeliac disease, arthritis

Patient information at: <http://www.muscular dystrophyuk.org/wp-content/uploads/2015/02/Juvenile-Dermatomyositis-2015.pdf>