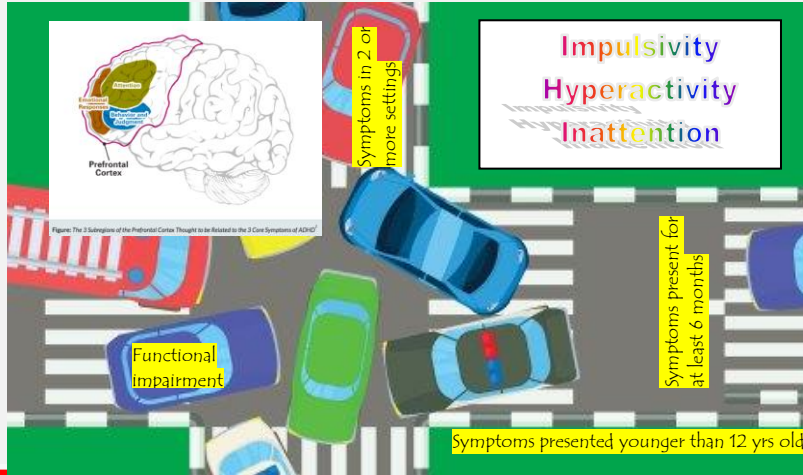


Paediatric Pearls

by Dr Julia Thomson, Paediatrician

October 2020

Monthly 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 where comments and requests are welcome!



We published an article on Attention Deficit Hyperactivity Disorder (ADHD) in the [February 2020](#) newsletter, emphasizing the importance of early pick-up and referral of possible ADHD and **consideration of treatment from the age of 5 years**. Many such children and their parents have had a difficult lockdown and, for some, this period might have unmasked their diagnosis.

Dalrymple et al published a helpful, [full text](#) review of NICE's 2018 guideline update in this month's Archives of Disease in Childhood.

What should I continue/start to do?

- Refer to specialist ADHD services and not start medication or make diagnoses myself
- Refer to ADHD-focused group parent-training programme (local CAMHS run or voluntary groups)
- Review patients on ADHD medication at least once per year incl. height and weight
- Continue to use non-pharmacological treatments as first line in children < 5 years.

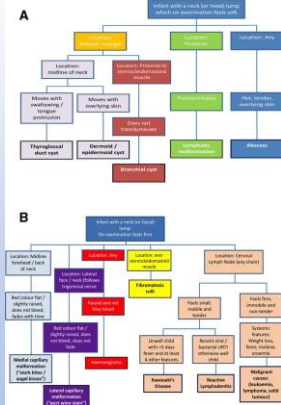
What should I stop doing?

- Do not advise elimination of artificial colouring and additives from diet
- Stop using the terms mild, moderate and severe ADHD. Categorisation refers to the level of impairment in different domains of everyday life.
- Do not advise fatty acid supplementation
- Do not delay in referring a 5-year-old with signs of ADHD to specialist services (usually CAMHS or borough-based child development centre).

From the Literature: Good round up of **causes of lumps in babies' necks** from a paediatric and ENT team published this month: Reynolds S, Yap D, Marikar D, et al Fifteen-minute consultation: The infant with a neck lump. *Archives of Disease in Childhood - Education and Practice* 2020;**105**:258-261.

Their diagnostic flow charts begin with whether the lump is soft or hard. Anatomical position of the lump within the neck is also presented as diagnostically helpful but good luck differentiating anterior and posterior triangles in a baby! Here is a selection of learning points:

- 1) although concerning to parents, infants' neck lumps are rarely problematic
- 2) reactive lymphadenitis is extremely common in under 2s and can usually be diagnosed clinically. Suspected bacterial lymphadenitis warrants blood tests and USS.
- 3) characteristics of malignant lymphadenopathy: multiple, firm, non-tender / non-mobile nodes and systemic signs
- 4) refer fibromatosis colli (benign sternocleidomastoid "tumour") for USS and physiotherapy
- 5) midline neck lump that moves with tongue = thyroglossal cyst (common). Midline neck lump that moves with skin = dermoid or epidermoid cyst (rare). Refer ENT.



Children being started on **methylphenidate for their ADHD** require an ECG to rule out prolonged QT syndrome. They shouldn't have to wait for a paediatric cardiology appointment before starting their medication. The Royal College of Psychiatrists has two **e-learning modules on ECGs** which are primarily adult based (which I hope explains my poor performance in the pre-module tests!) but does cover measurement of QTc. Each module takes an hour to go through but you can jump around a bit if you are looking for specific information (QTc measurement is in module 2). You have to register at <https://elearning.rcpsych.ac.uk/>. These modules are then free to do and are excellent all round ECG CPD for GP and ED refresher training as well as CAMHS psychiatrists.

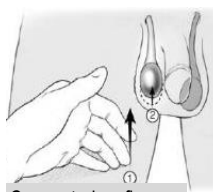
A shorter option is available at <https://portal.e-lfh.org.uk/Component/Details/528929>, **Interpretation of ECGs for Child Psychiatrists**, and the half hour module has a helpful link to <https://www.minded.org.uk/Component/Details/525075> entitled **Psychoactive Medications - Managing the Risk**. This covers medications used in ADHD and eating disorders. If you register with e-lfh, you can tot up CPD points on these modules too.

Testicular torsion or epididymo-orchitis?

14-year-old boy with severe testicular pain on waking this morning. He has had several episodes of similar pain that resolved spontaneously in the past, but this time the pain is persisting.

**** Testicular torsion is a surgical emergency ****

- Testicular torsion accounts for about 1/3 of paediatric scrotal disease
- Most common age group affected is 12-25 years

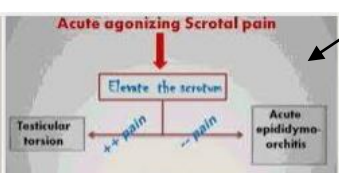


Cremasteric reflex: stroke inner thigh and ipsilateral testis should be retracted.

- Typically presents with severe, unilateral, scrotal pain of sudden onset but there may have been previous self-limiting episodes
- Associated symptoms: nausea, vomiting (26-60%), fever (up to 40%, due to infarction), abdominal pain (5-25%)
- ** examine external genitalia in male patients presenting with abdo pain ****
- The affected testis often appears swollen and will be extremely tender
- Special tests: absent cremasteric reflex (40-100%) and a negative Prehn's sign (not so reliable).

**** "Time is Testicle" – refer all cases of scrotal pain urgently to a surgeon ****

- Prehn's sign: lift the scrotum
More pain = testicular torsion
Less pain = epididymo-orchitis
- Doppler US is more reliable but don't delay exploration for the sake of an ultrasound
- Salvage rate is 90-100% if operated on < 6 hours since pain started. 0-10% if over 24 hrs.



I saw a 12-year-old lad in clinic earlier this month, referred for breathing issues which had resolved by the time he got to our recently opened up general paediatric clinics but what he really wanted to ask me about was a lump in his scrotum which worried him because his friend's dad had just been diagnosed with testicular cancer. It got me thinking about **suitable, age appropriate and safe health information on the net**. Here is the list the Paediatric Pearls editorial board and one of our CAMHS specialist nurses have come up with:

<https://www.healthforteens.co.uk/about/> for young people aged 11-19 to learn about their health. This website is a previous winner of the Association for Healthcare Communications and Marketing (AHCM) 'Best Website' award.

www.healthforkids.co.uk is the version for slightly younger children.

<https://youngminds.org.uk/> covers everything from anxiety to sleep, to medications you might be prescribed as a young person with a mental health diagnosis. It is young person facing and they have a family and young person helpline which are both useful.

<https://www.tiktok.com/@who?lang=en> On TikTok the WHO has its own young person's health information about public health and covid 19.

www.yphysig.org.uk and www.ayph.org.uk both house suggested resources for health professionals to point people to.

Lambeth and Southwark school nurses run Health Chat where young people can text health questions and get a response directly to their phone - a school nurse referral in your region could be very helpful.

Many thanks to Ruth Woolhouse, East London CAMHS Crisis Service Team Manager, for sharing a list of resources her team have recently put together and checked. [Click here!](#)

With thanks to Dr Claire Mulvihenna, paediatric ST2 and <https://eponed.com/emergency-medicine/testicular-torsion/>