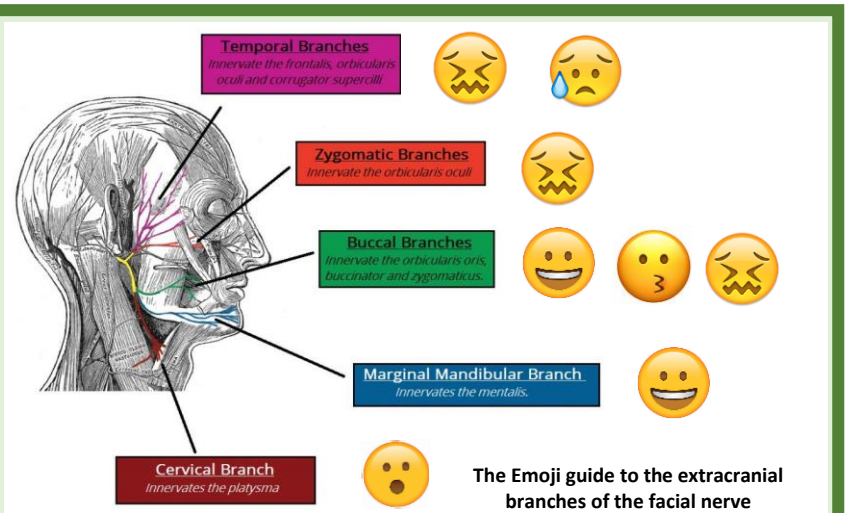
Paediatric Pearls

by Dr Julia Thomson, Paediatrician

December 2018

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!

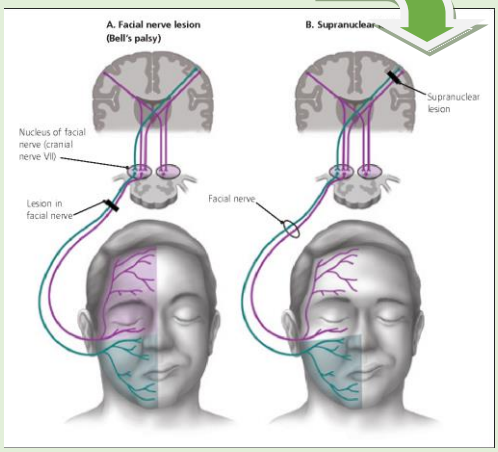


The Emoji guide to the extracranial branches of the facial nerve
with thanks to Dr Rhea Bisheswar

Bell's palsy has been covered in Paediatric Pearls before - see here for a discussion around whether or not to treat with oral steroids as in adults. Rhea produced this lovely diagram for her audience when she was presenting a case with VIIth nerve palsy recently. Bell's is a lower motor neurone problem so the temporal branches of the nerve and therefore the child's forehead will be affected.

If the child can still frown or look surprised then the facial weakness has an upper motor neurone cause and needs further investigation.

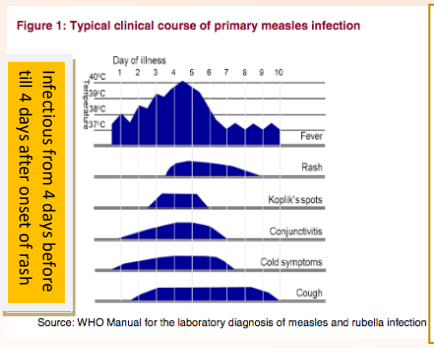
The Cochrane review of Bell's management was updated in 2016 but there have been no publications on the use of steroids in young children since 1999. Then, Unuvar et al reported a benefit in children aged 24-74 months from corticosteroids but wide CIs allowed for the possibility of both no effect and a large effect. (RR 0.14, 95% CI 0.01 to 2.61).



There is an on-going Australian RCT on steroids in children which should report in 2020. Watch this space!

Have you ever kept a sleep diary?

Download the "Teen Sleep Diary" for your patients from the National Sleep Foundation. But have a go at it yourself too. Most readers of Paediatric Pearls will probably consume an alarming amount of caffeine in a week, be on a computer within the hour before going to bed and never be able to make up their sleep debt. Maybe we should take a bit of our own medicine…



Measles outbreak:

Between Jan and Oct 2018 there were 913 confirmed cases of measles in England, 3x the number of cases in England in 2017. 30% required admission to hospital. 37 deaths across Europe. PHE estimates that **since the introduction of the measles vaccination in 1968, 20 million measles cases and 4,500 deaths have been avoided** (UK).

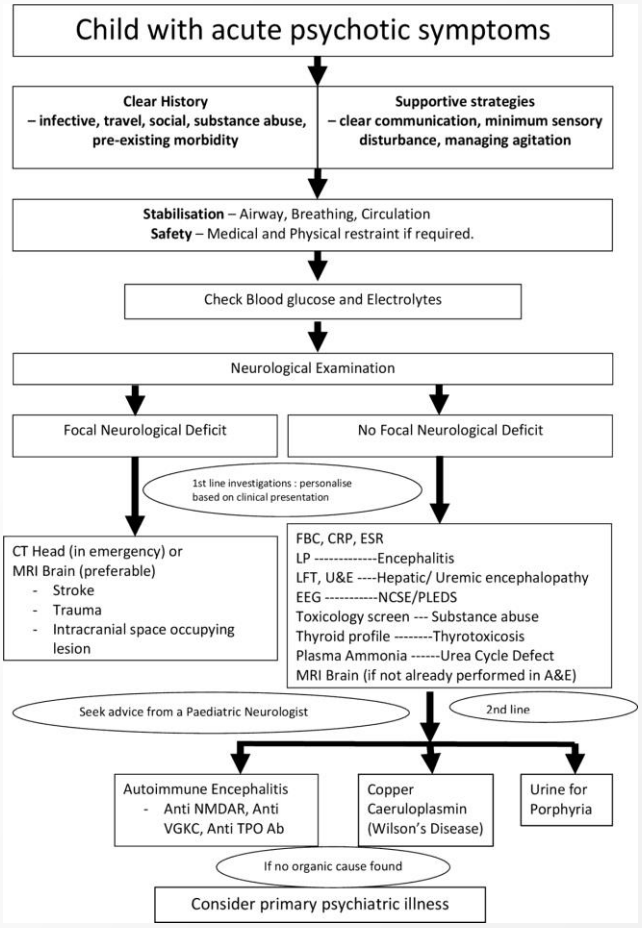
More on MEASLES next month….

LESSONS FROM THE FRONT LINE

MANAGEMENT OF ACUTE PSYCHOSIS IN THE ED with thanks to Dr Manal Hamed

A 4 year old was referred by her GP to the paediatric ED with an acute onset of a change in behaviour, agitation and hyperactivity. Behaviour was challenging at school. Careful history and examination elicited that she had not opened her bowels for 10 days and was faecally impacted. An enema cured the psychotic symptoms. There is nearly always an organic cause for apparent "disorganised thinking, accompanied by delusions or hallucinations" in young children and child psychiatrists are keen for us to rule our organic causes before accepting a referral.

☞ primary psychosis is rare in pre-pubertal children and is a diagnosis of exclusion (see algorithm below).
☞ involve senior paediatricians early; not many disorientated children have porphyria. Parents find changes in their children's behaviour very distressing.



Anil Vasudev Israni et al. *Arch Dis Child Educ Pract Ed* 2018;**103**:184-188

Seasonal trivia: Why is haemophilia type B called "Christmas Disease"?

After Stephen Christmas who was the first known patient with it. Researchers in Oxford looked at his blood when he was 5 and found, not the expected deficiency of clotting factor VIII (haemophilia A), but lack of factor IX. They named the disease after their patient. Stephen Christmas contracted AIDS as a result of all his transfusions and died in 1993 aged 46. In 2017, the NEJM reported on successful gene therapy for Haemophilia B.