

Paediatric Pearls

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

Eczema herpeticum



- Punched out lesions. May be vesicular or pustular
- Caused by herpes simplex virus (usually type 1)
- Can be localised infection or disseminated, rarely may progress to herpetic encephalitis. 6-10% mortality, immunocompromised at highest risk
- www.nice.org.uk/CG57 suggest treating early with oral or intravenous acyclovir. We use intravenous acyclovir to start with which may reflect the severity once the child gets to us. Usually get antibiotics too as impetigo may co-exist or complicate the picture. Continue topical steroids.

FROM THE LITERATURE:

True emergencies due to unstable arrhythmias in children are rare, as most rhythm disturbances in this age group are well-tolerated. In the ED, doctors should evaluate the patient, including symptoms of fatigue, breathing difficulties and a family history and interpret the ECG appropriately. Hanash et al explain the basics and the diseases that are risk factors. Full text and illustrative ECGs at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938490/?tool=pubmed>

Hanash C & Crossant J. Emergency diagnosis and management of pediatric arrhythmias. *J Emerg Trauma Shock* 2010; **3**(3): 251-260.

There were concerns raised last month that I had suggested that all referrals to specialty teams from ED SHOs had to be discussed with ED middle grades or consultants first. I have been asked to make it clear that children who you are concerned may need admission can be discussed directly with the specialty team.

A and E clinical question

I find elbow x-rays very difficult to interpret. What is the CRITOL rule?

This is not my area of expertise AT ALL! All trauma and injury questions do have to go through your own A and E seniors or the orthopaedic surgeons - unless there is a safeguarding issue which you must of course also discuss with a paediatric registrar or consultant (we will do the social work referral).

I have however looked up the CRITOL rule for you. It lists the order of appearance of the elbow ossification centres and is beautifully described at <http://www.wikiradiography.com/page/The+Paediatric+Elbow> which I suspect has lots of other good information about x-ray interpretation too.

One of your former colleagues recommended a radiology course, run at Northwick Park, aimed at A and E juniors. Take a look at <http://www.radiology-courses.com/>

If you have a moment, please visit my new website at www.paediatricpearls.co.uk. We will continue to produce this PDF at the end of every month but the site invites interaction and feedback too. Please do add comments, ask questions or make suggestions – it is very much a project in progress!

This month's featured NICE guideline: Recognition and assessment of coeliac disease (publ. May 2009) www.nice.org.uk/CG36

Coeliac disease is thought to be present in 1% of the population but never diagnosed in the majority of those cases. Many sufferers have non-specific chronic problems, gastrointestinal symptoms, lethargy or other manifestations of anaemia and a positive diagnosis of coeliac disease might go some way to relieve the health economic burden of this condition.

This guideline suggests **when we should suspect coeliac disease and what investigations** we should do.

The list of presentations when we should offer to test for it encompasses rather a lot of primary care and paediatric consults:

- ☞ chronic or intermittent diarrhoea
- ☞ unexplained GI symptoms
- ☞ recurrent abdominal pain/distension
- ☞ unexplained anaemia
- ☞ faltering growth
- ☞ "tired all the time"
- ☞ unexpected weight loss

Patients with the following conditions are at high risk of having coeliac disease:

- ☞ autoimmune thyroid disease
- ☞ dermatitis herpetiformis
- ☞ irritable bowel syndrome
- ☞ type 1 diabetes mellitus
- ☞ affected 1st degree relative

On investigations:

- ◆ do not test a baby who has never eaten any gluten
- ◆ child must remain on a gluten containing diet during investigations
- ◆ self testing kits not endorsed by NICE as the patient needs to see a health professional, whatever the result of the test
- ◆ request IgA tissue transglutaminase (tTGA) and total IgA blood tests

An easy to follow care pathway is downloadable from <http://www.nice.org.uk/nicemedia/live/12166/44355/44355.pdf>



<http://pediatriccardiology.uchicago.edu/M/P/ECG/ECG2.htm>

Follow this link to a useful paper from Dr Abdulla of Chicago University on how to read a paediatric ECG.