

Paediatric Pearls

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

With thanks to Dr Jackie Driscoll for her series on vaccinations which continues this month with the PCV.

◆ PCV stands for pneumococcal conjugate vaccine and protects against 13 different types of pneumococcal bacteria that causes pneumonia, ear infection, meningitis and sepsis.

◆ It is given at 2, 4 and 12-13 months.

◆ Worldwide, pneumonia is the leading cause of death in children.

Importantly, the vaccine doesn't cover all known pneumococcal strains and as clinicians we have to maintain a high index of suspicion for pneumonia amongst our differential diagnoses even in this era of vaccinations.

Common Parental Concerns:

"I've heard the pneumonia vaccine contains aluminium and I'm very worried about putting dangerous chemicals into my young baby's body..."

PCV does contain a tiny amount of aluminium which strengthens and lengthens the immune response giving us a more effective vaccine. Aluminium is the most common occurring natural metal and is already in all the things we consume every day including breast and formula milk.

Read more here about how to allay this important concern at <http://vk.ovg.ox.ac.uk/vaccine-ingredients#aluminium>.

A parent is concerned because their 4 year old son always has his hands in his pants. Does this constitute **sexualised behaviour**?

Help is at hand for the concerned professional in the form of a **Sexual Behaviours Traffic Light Tool** which is published by Brook to help professionals working with children and young people to identify and respond appropriately to sexual behaviours. Brook has services across the UK providing free and confidential sexual health services to young people under 25.

The tool uses a traffic light system to categorise the sexual behaviours of young people and is designed to help professionals:

- Make decisions about safeguarding children and young people
- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from harmful behaviour

Sexual Behaviours Traffic Light Tool

behaviour: age 0 to 5 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

- Green behaviours**
 - holding or playing with own genital
 - attempting to touch or caress other child's genital
 - attempting to touch or caress other child's bottom or genital of other child
 - genital e.g. masturbation and discharge, erection and testes
 - engaging in masturbation
 - interest in body parts and what they do
 - curiosity about the differences between boys and girls
- Amber behaviours**
 - concealment with adult sexual behaviour
 - caressing other children's parts (over/with clothes) down together that will
 - talking about sex using cloth/drap
 - engagement with touching the genital of other child
 - touching other child's body or clothing (from back or front or behind)
 - asking about sexual activities seen on TV/mag
- Red behaviours**
 - persistently touching the genital of other children
 - persistently attempts to touch the genital of adults
 - imitation of sexual activity in play
 - sexual behaviour between young children involving penetrative with objects
 - sexual behaviour between young children involving penetrative with objects
 - forcing other children to engage in sexual play

What is green behaviour?
Green behaviours reflect the child's healthy sexual development. They are: • child's natural curiosity about the parts of their body and the parts of other people's bodies • reflection of natural curiosity, experimentation, conceptualisation and positive attitudes

What is amber behaviour?
Amber behaviours raise the possibility of abuse and healthy behaviour. They may be: • unusual for that particular child or young person • of parental concern due to age, or developmental differences • of parental concern due to safety, type, frequency, duration or context in which they occur

What is red behaviour?
Red behaviours are a sign of abuse and harmful behaviour. They may be: • involving genital, penetrative, coercive, degrading or humiliating involving significant age, developmental or power differences • of concern due to the safety, type, frequency, duration or the context in which they occur

What can you do?
Green behaviours provide opportunities to give positive feedback and support information.

What can you do?
Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

What can you do?
Red behaviours indicate a need for immediate intervention and action.

Childhood Asthma Control Test

([click here](#) for downloadable forms from Asthma UK)

Do you wake up during the night because of your asthma?

Yes, all of the time. (0) Yes, most of the time. (1) Yes, some of the time. (2) No, none of the time. (3)

This is the only validated tool for measuring asthma control in 4-11 year olds. It consists of 4 child reported and 3 parent/carer reported items on recent symptoms of asthma. A score of 19 or less suggests that asthma control could be better. Many parents are surprised to find that their child's control is worse than they thought.

With thanks to Dr Robert Stephenson, radiology registrar, for this article on the somewhat elusive **toddler fractures**:

A toddler fracture is a non-displaced or minimally displaced spiral/oblique fracture of the tibia. These fractures occur around the time a child starts to put weight through the tibia by standing and walking due to the increased loading of the bone. Clinical presentation can be with pain over the site of fracture, or the child refusing to weight bear on the affected leg. Toddler fractures can be very subtle, and both the AP and lateral views should be carefully interrogated for a lucent line. In cases of diagnostic uncertainty repeat imaging should be performed to look for any signs of a healing fracture or periosteal reaction. These fractures do not generally require intervention and they heal spontaneously.

In this example the initial radiograph at presentation (Fig. 1, zoomed and annotated in Fig. 2) shows a subtle lucent line on the AP film, with a more convincing fracture line on the lateral, highlighting the need for multiple views. A subsequent follow up radiograph after 4 weeks (Fig. 3) demonstrates a periosteal reaction (arrowed).

Fig. 1

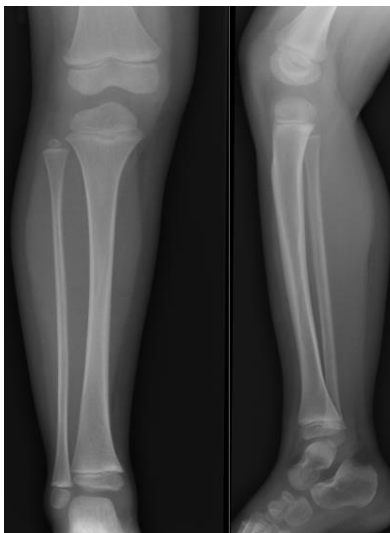


Fig. 2

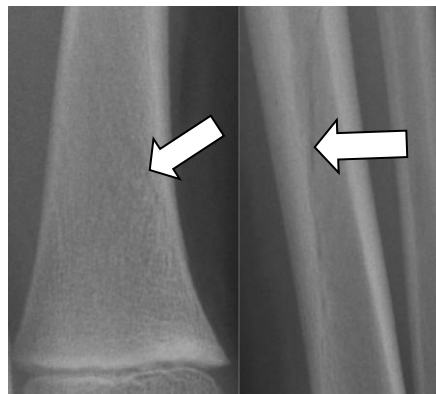
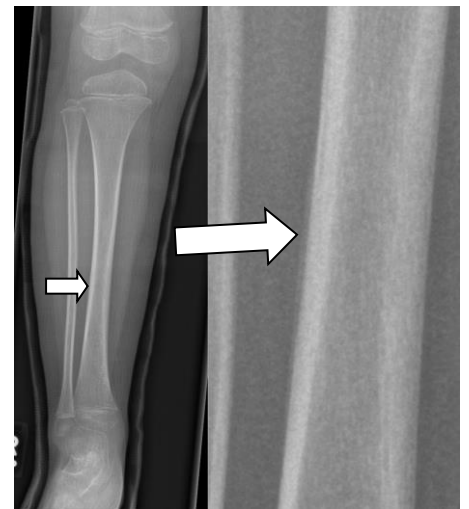


Fig. 3



The vast majority of toddler fractures are not indicative of non-accidental injury (NAI). [Click here](#) for NSPCC information on which fractures you should be more suspicious of.