Paediatric Pearls

February 2018

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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.

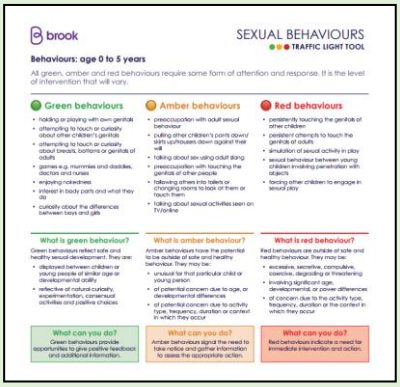
Common Parental Concerns:

"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.

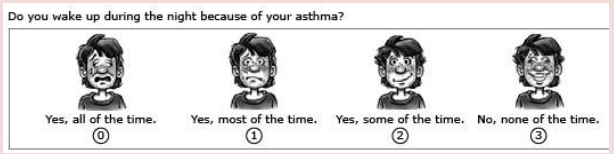


The tool uses a traffic light system to categorise the sexual behaviours of young people and is designed to help professionals:

- 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

Childhood Asthma Control Test

(click here for downloadable forms from Asthma UK)



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

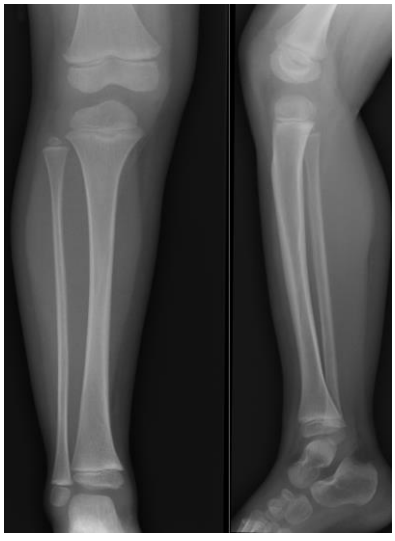


Fig. 2

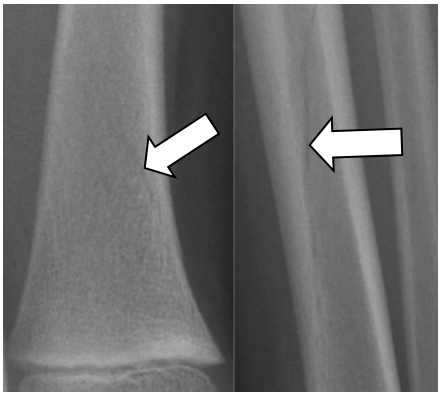
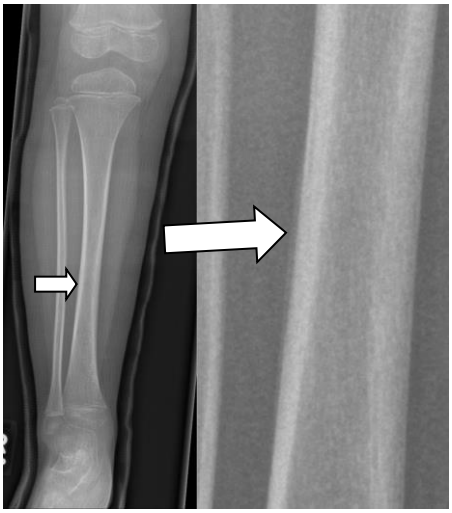


Fig. 3



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.