

# Paediatric Pearls

GP update March 2011

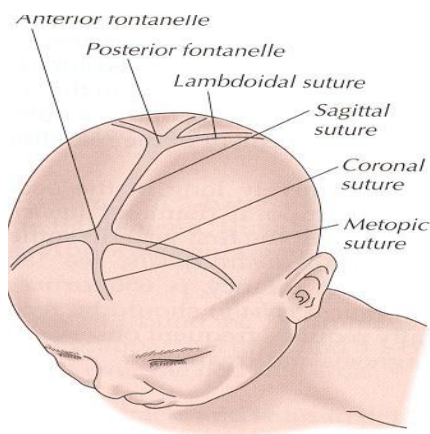
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Previous editions are now all available at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk)

## 6 week check series

### FONTANELLES AND HEAD CIRCUMFERENCE AT SIX WEEK CHECK (with thanks to Dr Harriet Clompus)

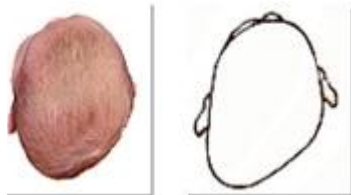
Assessment of fontanelles is an important part of the six week check. Large fontanelles may indicate a problem in bone ossification or hydrocephaly, while a fused anterior fontanelle can indicate craniosynostosis. These need to be referred to paediatric outpatients. *Anterior fontanelle size is very variable (1-4.7 cm in any direction) and always needs to be assessed in the context of baby's head circumference.*



(with thanks to <http://faculty.washington.edu/alexbert/MEDEX/>)

This is part of an article put together by Dr Harriet Clompus, one of our current paediatric registrars, and published in full along with some information on positional plagiocephaly at <http://www.paediatricpearls.co.uk/2011/03/fontanelles-and-head-circumference-at-six-week-check/>

Positional Plagiocephaly



### This month's featured NICE guideline:



Diagnosis and Assessment of Food Allergy in Children and Young People in Primary Care and Community Settings (Publ. February 2011)

Food allergy is an adverse immune response to a food. It is common and we all need to understand it a bit better – if only to keep up with the patients and their parents who are reading all sorts of good and not-so-good information about it on the Internet.

This guideline describes the **diagnosis of food allergy in the under 19 year old age group**. The Quick Reference Guide, available at <http://www.nice.org.uk/nicemedia/live/13348/53217/53217.pdf> is only 6 pages long! Print out pages 3 – 5 for a **graphic, all-encompassing algorithm on how to diagnose IgE and non-IgE mediated food** (including cows' milk protein (CMPA)) allergy.

The main take home points are:

- Take an allergy focussed history before doing any tests
- Pay attention to persistent symptoms involving >1 organ system
- Refer to secondary care if there is faltering growth with 1 or more GI symptoms, one or more acute systemic reactions (eg. confirmed IgE mediated allergy and asthma) or possible multiple food allergies
- Investigate suspected non-IgE mediated allergy with an elimination diet (and referral to a paediatric dietician if eg. CMPA in an infant)
- Investigate possible IgE mediated allergy with skin prick or specific IgE antibody tests

You can listen to Dr Adam Fox, paediatric allergist at the Evelina Hospital, talking on the subject of food allergy at: <http://www.nice.org.uk/newsroom/news/NICEWarnsAgainstTheUseOfAlternativeTesting.jsp> The parent/patient information leaflet is quite good but a bit technical. It is available at <http://www.nice.org.uk/nicemedia/live/13348/53219/53219.pdf>

The guideline talks about diagnosis and assessment but falls short of detailed advice on management of food allergy. There are European guidelines on the management of cows' milk protein allergy (CMPA) which GPs may find helpful. [Click here](#) for one I have adapted, along with a table of milks that should, or should not, be used in CMPA.



### Feeling like you need updating on allergy?

[www.allergyacademy.org](http://www.allergyacademy.org) has some great looking courses coming up for GPs, health visitors, nurses, pharmacists and ED physicians



### From the literature: Nasal Foreign Body: Kissing it better

A retrospective study of children attending with a nasal foreign body over a 15-month period. Of the 116 children with confirmed nasal foreign body, 84 were treated by the kissing technique with a success rate of 48.8%. There were lower rates of instrumentation and general anaesthesia. The average time saved per patient who had the kissing technique attempted in the paediatric emergency department was 30.6 min. *Emerg Med J*. 2010 Sep;27(9):712-3. <http://www.ncbi.nlm.nih.gov/pubmed/20581404>

What is the kissing technique? Unfortunately Youtube does not have a video on this but the method, also called positive air pressure, where the parent blows into the child's mouth with the non-affected nostril occluded is described at <http://emedicine.medscape.com/article/149299-treatment>.

Please ensure that you speak to the paediatric registrar when referring a child in to A and E (as well as sending a letter) otherwise they go on the "A and E patient pile" and get seen by people with a lot less experience than yourselves. Please let me know if there is a problem getting through to the paediatric registrar.