

Paediatric Pearls

GP update October 2010

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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!

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.

This month's featured NICE guideline: *Recognition and assessment of coeliac disease (publ. May 2009)* www.nice.org.uk/CG86

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
- ☞ type 1 diabetes mellitus
- ☞ affected 1st degree relative
- ☞ irritable bowel syndrome

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>

GP clinical question

Could you explain which infant formulas are partially or extensively hydrolysed and which I should prescribe when?

FORMULA	COST	COMMENTS
Hydrolysates Casein based: Nutramigen 1 Nutramigen 2 (from 6/12) Pregestimil Whey based: Aptamil Pepti Pepti-Junior	400g tin £8.95 400g tin £8.95 400g tin £9.81 400g tin £8.62 450g tin £10.68 (Prices taken from BNFc 2010-2011)	All based on <i>extensively hydrolysed</i> (broken down into very small fragments) proteins therefore hypoallergenic. None of them taste very nice. A few drops of vanilla essence or milkshake flavouring in the bottle can improve palatability. Hydrolysates are the first choice for cows' milk protein allergy (CMPA) unless the child is very atopic or has developed CMPA from traces of cows' milk in breastmilk. These children might be better started on an amino acid formula. Nutramigen is lactose-free as well which may help initially in children with CMPA whose gut is a bit inflamed leading to a temporary secondary lactose intolerance. NICE recommends a 6-8 week trial of an extensively hydrolysed formula in bottle fed infants less than 6/12 of age who have, appropriately treated but poorly controlled, moderate to severe eczema.
Amino acid formulas Neocate LCP Nutramigen AA	400g tin £23.83 400g tin £22.05	The proteins have been completely broken down into their component amino acids rendering them suitable for children with multiple food intolerance or those requiring an elemental feed. They taste bitter and are significantly more expensive than the hydrolysates so are used second line in CMPA usually.

The proteins in **partially hydrolysed formulas** are too big and so do not meet the criteria for hypoallergenicity and are not used in CMPA.

References: du Toit G et al. *Arch Dis Child Educ Pract Ed* 2010;95:134-144 BNF for children 2010-2011 Great Ormond Street dietetic department handout from 2010 Practical Paediatric Gastroenterology course