

Common Childhood Concerns

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Concerned Parents and Symptomatic Children

- Present to primary care
- Mostly managed in primary care
- Clinical Problem Solving
- Situational Judgement
- Variable knowledge and experience
- ? Refer to Paediatrician

Factors leading to Paediatric Referral

- Advised by GP..
- Support appropriate management
- Further clinical assessment
- More time
- Investigation
- Parent/family driven

Approaches to diagnosis

- Probability
- Generalist – likely diagnosis (after excluding urgent, serious, treatable), pragmatic, balanced, information shared?
- Specialist – confirms a diagnosis or makes a diagnosis by exclusion, investigative approach, scientific method
- Outcomes for common problems
- UK General paediatrician – do both and link

The Normal Child

- Illingworth's textbook
- 'Lack of thorough knowledge of the normal is harmful to the child, parents and family'

Normal Child 2

- It results in failure to reassure and allay anxieties
- It may cause worry and distress
- It frequently leads to unnecessary investigations
- It leads to unnecessary treatment
- It leads to unnecessary suffering and often tragedy if a child's symptoms are thought to be normal when they are not

Common Symptoms of Disease in Children

- Illingworth again
- FTT, Short Stature, Weight Loss, Obesity, Fever, Lassitude, Sweating, Enlarged lymph node, Pallor, Purpura, Nausea, Vomiting, Constipation, Diarrhoea, Stools, Pain, Headache, Abdo Pain, Abdo distension, Jaundice, Cyanosis, Respiratory problems, Wheezing, Stridor, Hoarseness, Chest Pain, Haemoptysis, Nose, Mouth, Eye, Ear, Face, Gait, Movement, Behaviour, Fits, Joints, Head shape, Crying, Sleeping, Learning, GU symptoms, Puberty, Recurrent infections, Skin, Side effects of drugs.

Feeding problems in young infants

- Colic
- Gastro-oesophageal reflux
- (partial) Lactose intolerance
- Cow's milk protein intolerance

Case Report 1

- 14 year old female
- 3 episodes of central abdominal pain and vomiting in 2 months, 2 with periods, third 2 days ago with headache
- Mother concerned not well – can't put finger on it – seen GP and wants further opinion.
- Direct questioning –lost weight (size 10 to 8), sleeps well, eats well, drinks a lot, regular bowels, no urinary symptoms, no headaches.
- Examination – Well, NAD

Case Report 1

- Urinalysis – GLUCOSE +++, KETONES +++
- Diagnosis – Type 1 diabetes, Non-specific abdominal pain
- 40% of new diagnoses in children present in diabetic ketoacidosis in the UK – unchanged despite initiatives

Case study 2

- 11 year old girl
- 11 days - Vomiting, ? Fever, Headache worse in Daytime.
- GP – Amoxicillin,
- Hospital assessment previous day – bloods, booked routine scan
- Flu like illness 3 months ago
- Headaches since School trip 1 month ago
- FH migraine
- O/E Positive findings. Not well, Nystagmus – worse on left gaze, Unsteady gait

Case 2 continued

- Urgent scan (CT) – large cyst in posterior fossa causing obstruction and hydrocephalus
- Neurosurgery referral
- Pilocytic astrocytoma
- Surgery – good outcome
- <https://www.headsmart.org.uk/>
- General advice for common headaches

Other topics

- Child Health Surveillance and Hips
- Plagiocephaly
- Frequent infections
- Recurrent wheeze in pre-school child -
?asthma
- Vitamin D
- Sepsis - presentation
- Chronic fatigue