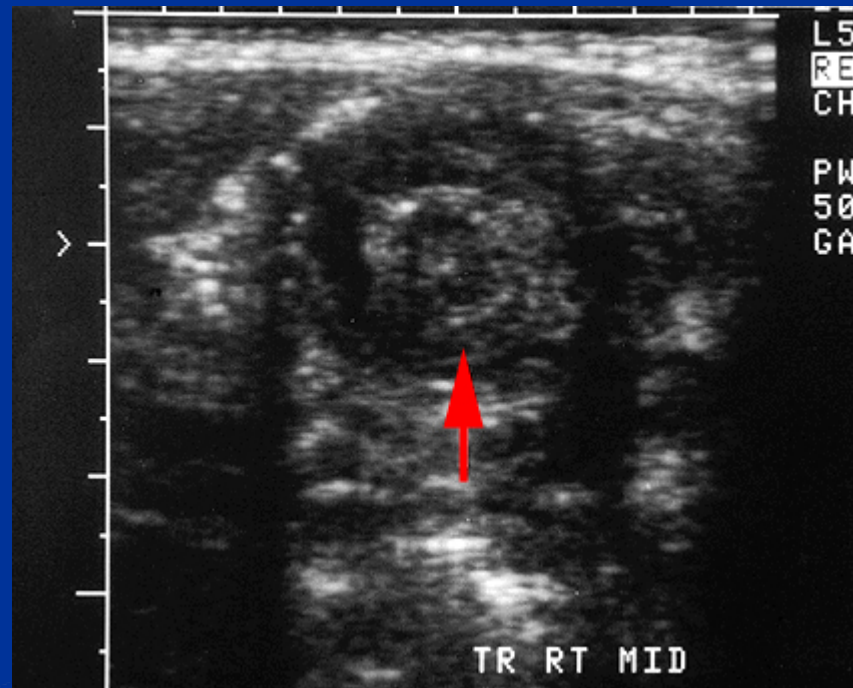
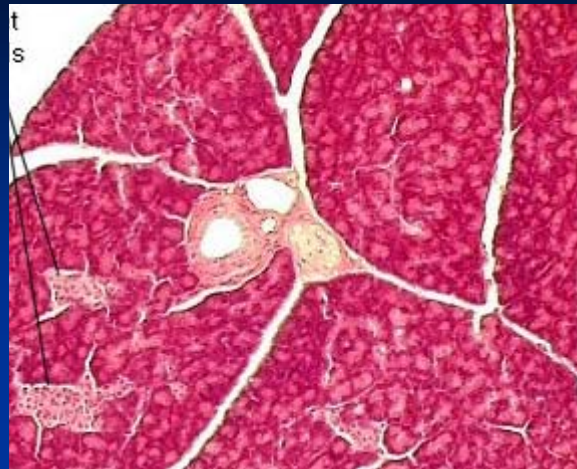


# Easily missed conditions in infancy and childhood

Alex Chan



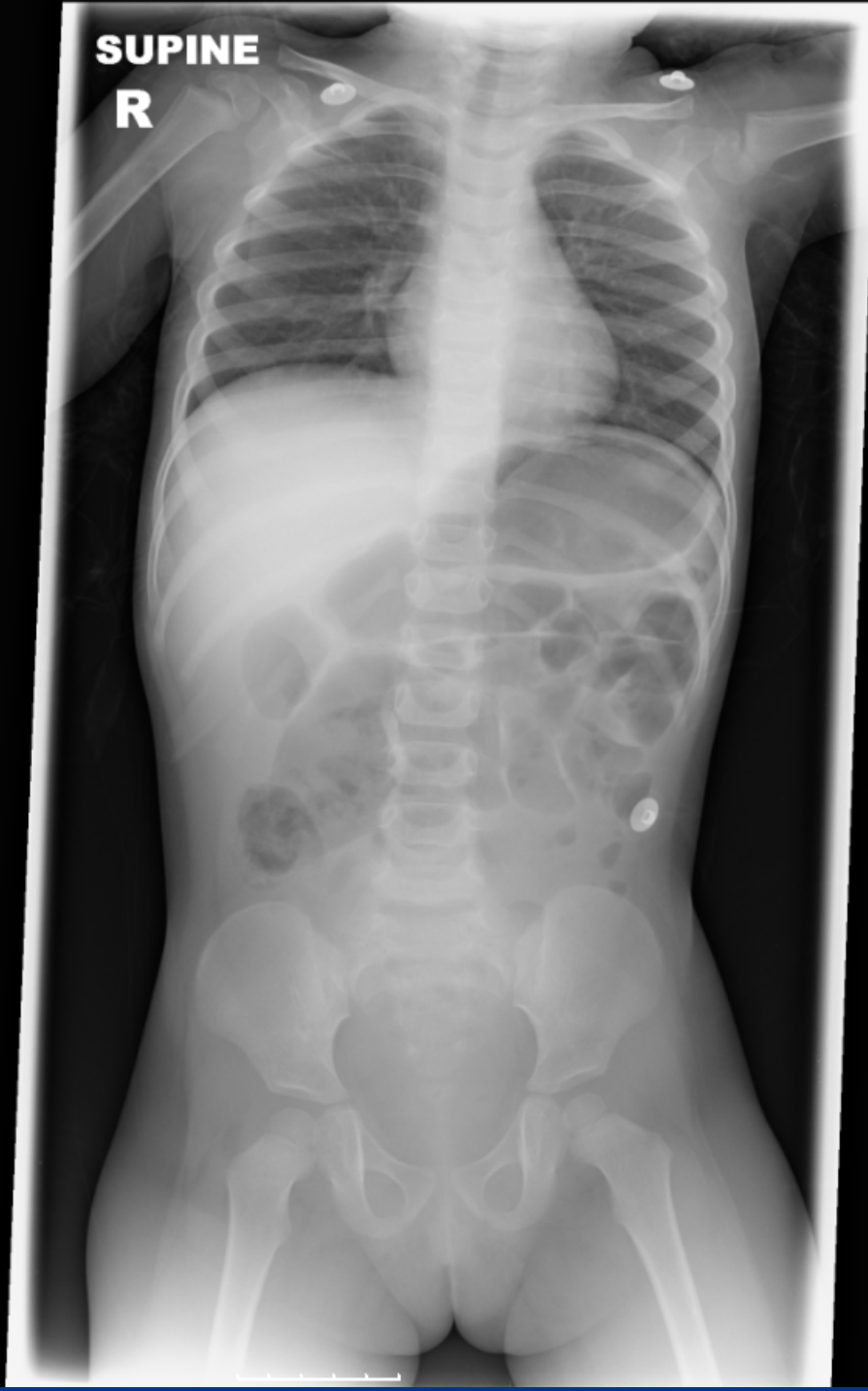
# Recent Case

- ❖ 2 years old girl
- ❖ Vomiting and low grade fever
- ❖ Clinically improved after 2 days
- ❖ Vomiting with lethargy
- ❖ A&E: Afebrile, HR 125-130, RR 25 Sats 99%
- ❖ Vomited twice
- ❖ Very quiet, lethargic
- ❖ Mildly tender abdomen with guarding

## ■ Differential Diagnoses?

**SUPINE**

**R**



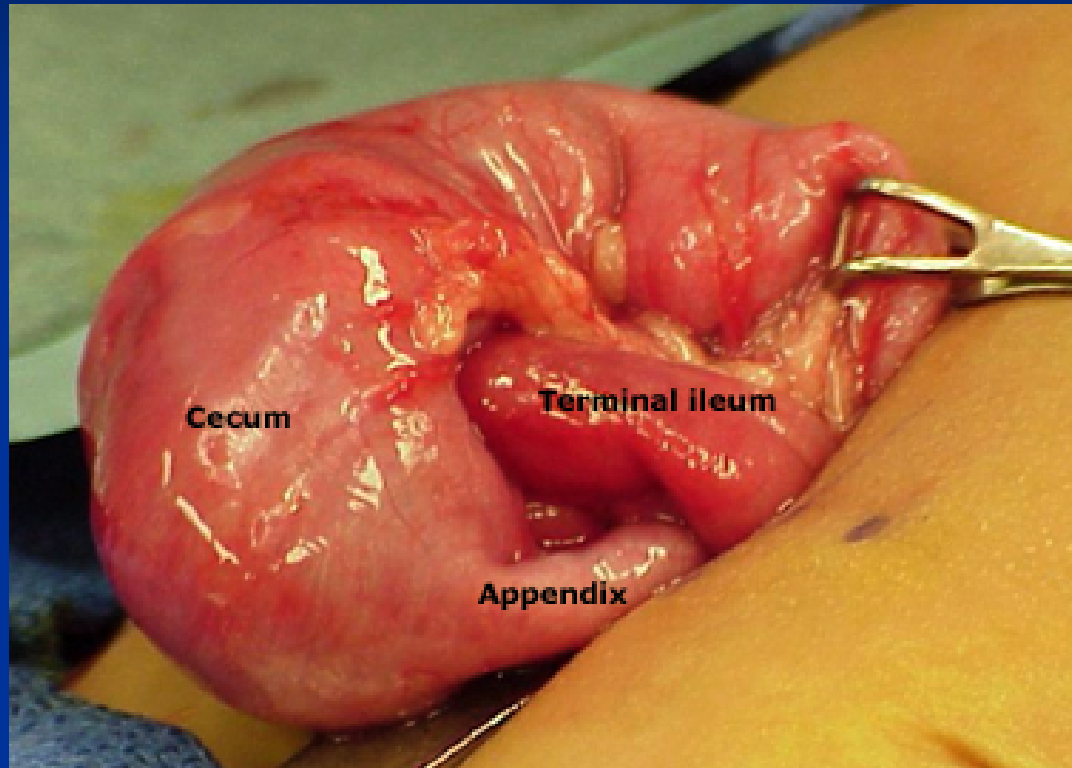
- Transferred to Chelsea and Westminster Hospital Paediatric Surgical Team
- Intussusception on Ultrasound
  - Reduced Radiologically with Enema

# Intussusception

## ■ Background

- It is the most common abdominal emergency in early childhood, particularly in children younger than two years of age
- It refers to the invagination of a part of the intestine into itself.

- Intussusception is the most common cause of intestinal obstruction in infants between 6 and 36 months of age.
- Intussusception is less common before three months and after six years of age.
- Most episodes occur in otherwise healthy and well-nourished children.



- Surgical view of an ileocolonic intussusception, the most common form of intussusception in infants and young children. The terminal ileum (intussusceptum) is seen extending in to the cecum (intussusciens).

- Approximately 75 percent of cases of intussusception in children are *idiopathic*
- Approximately 25 percent of cases, an underlying disease causes a pathological *lead point* for the intussusception

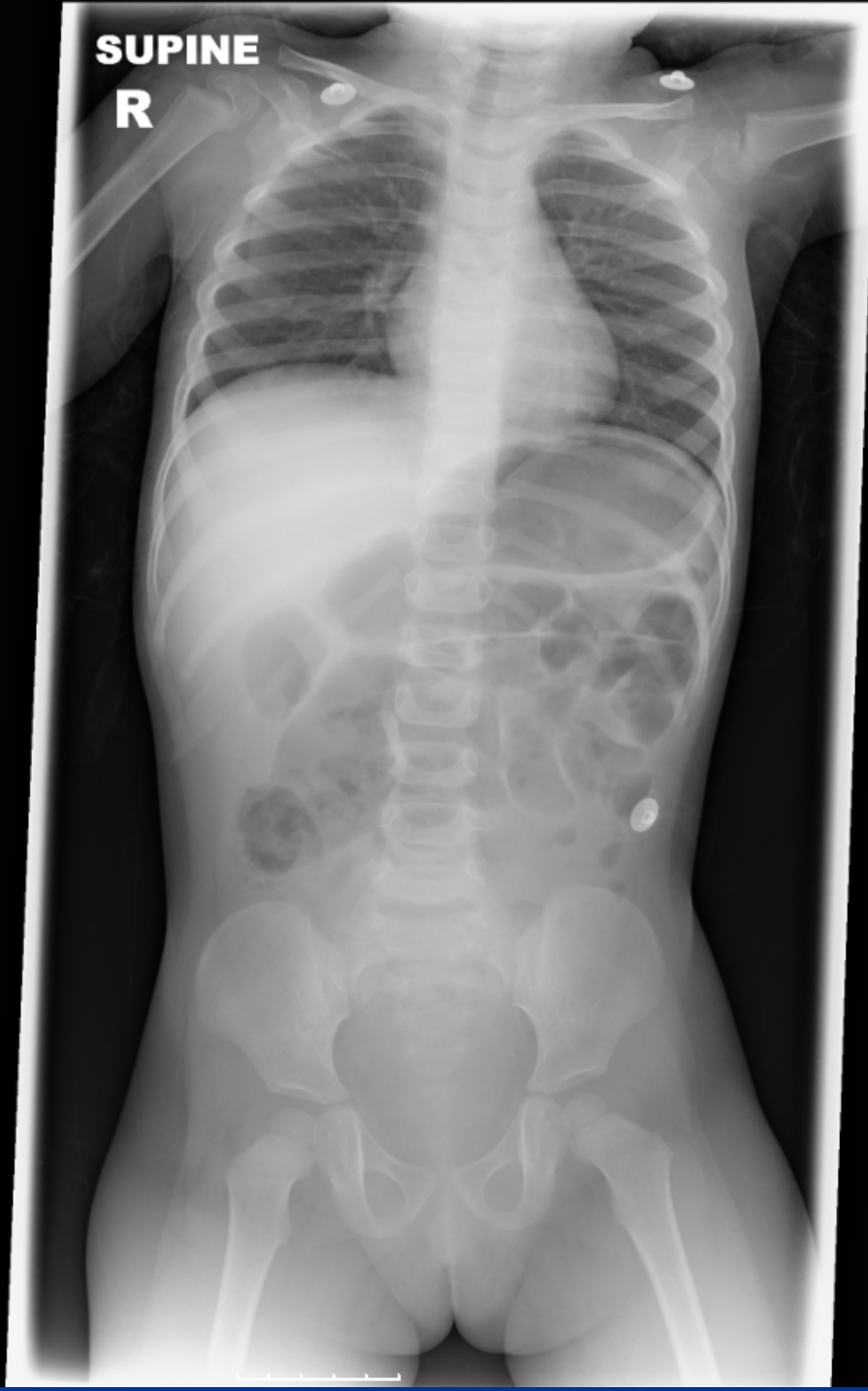
# Clinical Presentation

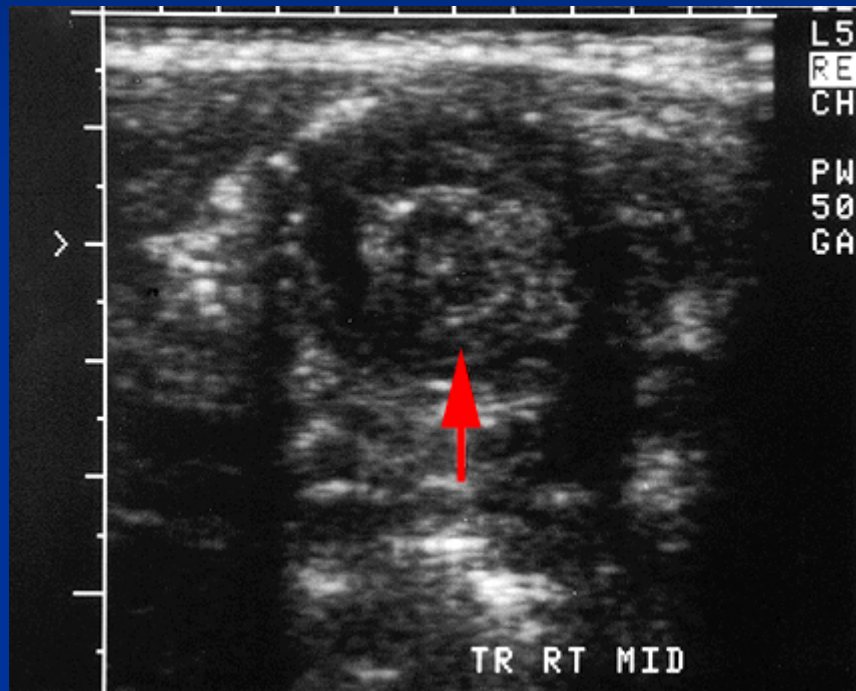
- Sudden onset of intermittent, severe, crampy, progressive abdominal pain, accompanied by inconsolable crying and drawing up of the legs toward the abdomen.
- The episodes usually occur at 15 to 20 minute intervals. They become more frequent and more severe over time.
- Vomiting may follow episodes of abdominal pain.
- Between the painful episodes, the child may behave relatively normal and be free of pain. As a result, initial symptoms can be confused with gastroenteritis. As symptoms progress, increasing lethargy develops, which can be mistaken for sepsis.

- The classically described triad of pain, a palpable sausage-shaped abdominal mass, and currant-jelly stool is seen in less than 15 percent of patients at the time of presentation
- Occasionally, the initial presenting sign is lethargy or altered consciousness alone, without pain, rectal bleeding, or other symptoms that suggest an intraabdominal process . This clinical presentation primarily occurs in infants and is often confused with sepsis.

**SUPINE**

**R**





- Treatment
  - Surgical Laparotomy
  - Barium Enema
  - Air Enema



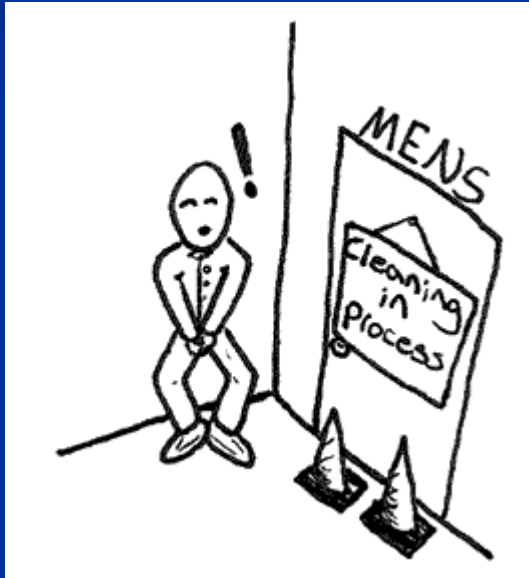


# Next Case

- 4 years old boy
- Nocturnal Enuresis
- ? Weight loss
  
- Differential Diagnoses?
  
- Polyuria, Polydipsia, Lethargy

- Type 1 diabetes mellitus, one of the most common chronic diseases in childhood, is caused by insulin deficiency following destruction of the insulin-producing pancreatic beta cells.
- The incidence of childhood type 1 disease is rising worldwide, with reported annual increases of 2 to 5 percent in Europe

- CLINICAL PRESENTATION — Childhood type 1 diabetes can present in several different ways:
  1. Classic new onset
  2. Diabetic ketoacidosis
  3. Silent (asymptomatic) incidental discovery



- Treatment:
- Not acidotic: Subcutaneous insulin
- DKA: require hospitalization, rehydration, and insulin replacement therapy.

