Childhood arterial ischemic stroke is rare, with an incidence of 1.6 per 100,000.\(^1\) As demonstrated in our patient, early recognition is key for thrombolyis to be effective. The publication of the Stroke in Childhood: Clinical guideline for diagnosis, management and rehabilitation (2017)\(^2\) advocates the importance FAST (Face, Arms, Legs and Time) which has already proved to be successful for early diagnosis in adult patients. Effective collaboration with our adult counterparts is vital to share resources and implement guidance locally.

**REFERENCES**


**G314(P) A RARE NEUROLOGICAL CAUSE OF LIMPING AND HIP DYSPLASIA**

A Butt, G Sinha. Paediatric, Walsall Manor Hospital, Walsall, UK

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**Introduction**

Limping is a common presentation in children. It has many aetiologies, from trauma, infection, haematological conditions and malignancies. We would like to present a rare cause of limping. Syringomyelia describes a longitudinal fluid cavity of the spinal cord, whether a dilatation of the central canal or cavitation of the grey matter. There is a paucity of data, particularly of paediatric cases. Clinical manifestations depend on the location and size of the syrinx. They typically involve segmental signs, with wasting of the small muscles of the hand, sensory deficits and absence of tendon reflexes. It can also cause lower limb spasticity, and a loss of pain and temperature sensation.

**Case report**

A previously fit and well 18 month girl was referred with a 3 month history of dragging the left foot and limping. The mother’s pregnancy and child’s neonatal period was uneventful. Her growth was between the 9th-25th centile, and developmental milestones were appropriate. She was passing urine normally, and was constipated for 4 months. On initial assessment she was noted to have birth marks on her lumbar spine. She had normal tone, power and reflexes in both lower and upper limbs. She had no wasting of the small muscles of the hands, hands, and sensory deficits and absence of tendon reflexes. It can also cause lower limb spasticity, and a loss of pain and temperature sensation.

**Learning points/conclusion**

This case highlights the need for full examination, and appropriate investigation of the spine, hips, abdomen and lower limb from a musculoskeletal and neurological perspective.