TOXIC EPIDERMAL NECROLYSIS IN A 4 YEAR OLD GIRL IN THE UAE

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Learning objectives Present a case of toxic epidermal necrolysis in the UAE who was found to have mycoplasma pneumoniae respiratory infection.

Case summary A 4-year-old girl, previously healthy, presented with fever of 3 days with a rash for 1 day. The rash was erythematous, sand paper like involving her chest, back, upper and lower extremities. She was found to have streptococcal pharyngitis, treated as a case of scarlet fever and discharged home on Amoxicillin-Clavulanate acid and ibuprofen.

The next day, she presented again with fever and increasing rash that is now involving the eyes and mouth (lips an oral mucosa). The rash was evolving to erosions and sloughing of the skin on the chest and back.

Considering that her skin involvement was tremendous (> 30%), she was diagnosed as toxic epidermal necrolysis (TEN). She was admitted to the pediatrics intensive care unit (PICU).

When looking for the underlying cause, the triggering factor was suspected to be either drug related or infection related. She was tested for mycoplasma infection that turned out to be positive, and she was managed with azithromycin. Related. She was tested for mycoplasma infection that turned out to be positive, and she was managed with azithromycin. 

Throughout her illness she was hemodynamically stable, on the 4th day of illness she started to improve in sense of settling fever and tachycardia, Her inflammatory markers were decreasing as well.

She continued her medical care in the hospital for 20 days and discharged home with follow-ups.

Methods Case report and literature review

Discussion We believe as clinicians that in the UAE we rarely encounter such critical cases that warrant a multidisciplinary approach, aiming to deliver the best care and maintain the well being of the patient. In reviewing the literature there was no reported case in the UAE. Moreover, etiological underlying factors are clearly known in the medical history. We believe that three factors were implied in this case; Amoxicillin use, mycoplasma pneumoniae respiratory infection and the possibility of genetic predisposition.

Conclusion SJS/TEN is a challenging diagnosis, that merits prompt recognition and management hoping to prevent its sequelae. Many factors contribute to the development of these unpleasant and eventful diagnoses. Pediatricians need to be alert regarding this diagnosis and the available management modalities.

CONSTRUCTIVE PERICARDITIS: A RARE AND CHALLENGING DIAGNOSIS

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We report a very interesting case of Scimitar syndrome with tracheal ring in a 5 month old thriving baby with chronic stridor.

Stridor is caused by upper airway obstruction and laryngomalacia being the most common cause of chronic stridor in children, followed by croup, which is an acute presentation. Scimitar syndrome on the other hand is a rare congenital cardiopulmonary anomaly with incidence of 2 per 100,000 live births with 2:1 female predominance, consists of partial anomalous pulmonary venous connection of right lung to inferior vena cava, right lung hypoplasia, dextrocardia and anomalous systemic arterial supply to right lung.
Our patient presented with worsening stridor over time and required intubation due to respiratory failure. Echocardiogram, CT angiogram and MRI revealed Scimitar syndrome with PAPVD (Partial anomalous pulmonary venous drainage) and tracheal ring. MAPCAs (Major aortopulmonary collateral arteries) ligation, PAPVD repair, laryngeal repair and slide tracheoplasty was successfully done and baby showed significant clinical improvement.

**Background**

Henoch-Schonlein purpura is a common vasculitic condition in paediatric age group. The hallmark of this syndrome is vasculitic skin rash, arthralgia and abdominal pain. Acute scrotal pain and swelling is not a common presentation of this disease. We would like to present a six and half year-old boy who presented with pain and left testicular swelling. We suspected epididymitis and torsion of testes clinically. Torsion was ruled out by doing doppler ultrasound. He was successfully managed conservatively by oral steroids and analgesia. Epididymitis is more common than torsion in HSP.

**Conclusion**

Epididymitis in Henoch-Schonlein Purpura, an unusual presentation of a common vasculitic condition in children.

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**Background**

Glaucoma is one of the most common causes of blindness in adults. In children, while it is much less common it is even more challenging to diagnose, monitor and treat.

**Case**

A 6 year old boy presented with pain and left testicular swelling. Routine blood investigations performed including FBC, coagulation profile, U & E, blood culture. The results turned out to be normal. A diagnosis of epididymitis was made after doing US doppler of scrotum. The patient was managed conservatively by oral steroids and analgesia. Epididymitis is more common than torsion in HSP.

**Conclusion**

Epididymitis in Henoch-Schonlein Purpura can cause immune mediated epididymitis and painful scrotum. Patient can be managed conservatively if US scrotal region is normal and surgical exploration can be avoided.