A STONE TO LEAVE UNTURNED

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Aim The author describes a case of cholelithiasis occurring in an 18 month old female who was exposed to intravenous ceftriaxone for 5 days. Four weeks after ceftriaxone therapy, all but one stone had resolved.

Case report An 18 month old female presented to the emergency department with high grade pyrexia and rigors. Physical examination and investigations did not reveal a focus for infection. Bloods: White Cell Count 46.6, Neutrophils 41.7 CRP 120. The patient was commenced on ceftriaxone as empirical treatment. Intermittent high grade pyrexia continued for 5 days. On day 5 an abdominal ultrasound was performed which demonstrated multiple gallbladder calculi within a normal thickness gallbladder. The appearance of the common bile duct was normal. The patient was discharged on day 7 having been apyreal for 48 hours and clinically well. The patient re-presented 4 weeks later with high grade pyrexia. The patient was commenced on IV augmentin at presentation; gentamicin was added on day 3. A repeat ultrasound was performed and demonstrated resolution of all but one echogenic focus in the gallbladder. Ultrasound of the abdomen at 8 weeks demonstrated complete resolution of the calculi.

Discussion Cholelithiasis and choledocholithiasis were considered to be uncommon in infants and children but have been increasingly diagnosed in recent years due to the wide spread use of ultrasonography.

Ceftriaxone induced pseudolithiasis is an uncommon but recognized side effect of therapy and tends to resolve with cessation of therapy. In the paediatric population, where gallstones are uncommon, paediatricians and radiologists need to be aware of this association in order to avoid unnecessary intervention.

REFERENCES

FOREIGN BODY IN HARD PALATE: A CASE REPORT

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Background 6 month old baby, known case of Trisomy 21 with poor feeding.

Case report A 6 month old baby girl was brought to emergency department by the mother as she was not feeding well for last few hours. Baby was born at term with an antenatal diagnosis of trisomy 21. She was exclusively breast fed since birth. Mom noticed an unusual appearance of a hard palate that she had not observed before. Her first impression was probably a cleft palate.

On examination in emergency department baby was well looking, alert with features of trisomy 21. Local examination of the palate revealed a piece of hazelnut that was stuck inside the hard palate. It was removed with the help of a spatula under direct visualisation in left lateral position. Baby was then discharged home as she was taking her feeds well.

Discussion Foreign bodies of hard palate are rare. Most cases occur in infants. It can present in a variety of ways and most common is usual appearance mimicking oral pathology with poor feeding. Sometimes the diagnosis is challenging and there is always a choking hazard if there is delay in diagnosis.