Benign Acute Childhood Myositis (BACM) is a rare but self-limiting illness of mid childhood. It tends to present following a viral infection (most often influenza). Predominant clinical features include difficulty walking, and muscle pain. Unfamiliarity with the condition can lead to admission to hospital for costly and invasive investigations.

We present the case of a 5 year old boy who attended a mixed emergency department with apparent inability to walk following a coryzal illness. The initial consultation with his general practitioner led to an urgent transfer to hospital via emergency ambulance due to concern regarding an acute neurological event. However, history and clinical exam coupled with a significantly elevated creatinine kinase serum level allowed an accurate diagnosis of BACM to be made. Appropriate analgesia and advice regarding the natural history of the illness was provided to the parents and he was safely discharged back to the care of his GP.

This case report aims to highlight the clinical features of BACM, and more importantly those features which are not consistent with the illness, such as absent reflexes and sub acute onset. This case highlights this common presentation of an uncommon illness; the investigations required for diagnosis, and the appropriate disposition of the patient.

Awareness of this diagnosis can prevent unnecessary admission and diagnostics.
accepted in clinical practice is practically excluded. At the same time, it is necessary to take into account the anatomical and physiological characteristics of the child’s body and the psycho-emotional state of the children.

To assess the severity of the child’s condition prior to the development of classic clinical signs, damage qualitymetry is recommended, which is essentially a quantitative characteristic of the injury shockness. The scoring of polytrauma is defined as the sum of points of private injury. The real threat of traumatic shock arises when the severity of damage exceeds 6 points.

The standard for providing therapeutic measures in children with traumatic shock includes: Pain relief; Venous access; Infusion therapy; Transport immobilization; Medical correction; Oxygen therapy.

The system of rendering psychological and psychiatric assistance to children and adolescents allows rendering differentiated psychiatric and psychological assistance, as well as carrying out rehabilitation activities in a more remote period. The training of pediatricians in the field of disaster psychiatry should be considered the most important condition for the further improvement of the entire system of assistance to victims and those affected by emergencies.

**Conclusions** Genetic testing may be a useful aid in the diagnosis of inherited cranial diabetes insipidus. Since these patients have progressive loss of AVP, they may initially respond normally to water deprivation testing. If the index of suspicion remains high, genetic testing is recommended to guide treatment.