Methods We describe the clinical presentation, results of laboratory and radiological investigations, treatment and outcome to date.

A review of current available literature on this topic was also undertaken.

Results An 8 year old boy presented to the PED with severe nausea and vomiting with a cyclical pressure type right upper quadrant pain for 7 hours. On presentation the pain had reduced significantly. No symptoms of infection, no concerning vomit contents, diarrhoea or constipation.

This was the 10th similar episode in the previous 2 months. Previous investigations including blood panel, urine were normal and symptoms had resolved on attendance.

No abnormality was found on clinical exam.

Abdominal ultrasound demonstrated a large right sided hydrenephrosis secondary to PUJO confirmed by CT KUB. A renogram demonstrated a partial obstruction and surgical management was planned electively.

Conclusion Our patient had experienced multiple episodes of Dietl’s Crisis which had resolved independently. PUJO is not a common first time presentation in children of this age. We suggest that Paediatricians consider this diagnosis when the other more common differentials have been outruled while being mindful that clinical examinations, radiological and laboratory investigations may be normal in between episodes of Dietl’s crises.

Imaging investigations X-Ray Right knee reported florid callus formation surrounding the distal femoral metaphysis, representing an ossifying subperiosteal haematoma along with a bony fragment in relation to the anterolateral aspect of the distal metaphysis in keeping with an avulsion fracture.

Conclusion Based on antenatal, perinatal and postnatal history, revision of maternal case notes, and photographic evidence while being inpatient in the maternity ward, along with the presence of callus formation on X-Ray implied an injury older than 10 days. This suggests that the femoral fracture is most likely due to External Cephalic Version performed 6 days prior to delivery. A decision was made by the paediatric consultant to withhold any further safeguarding investigations as an aetiology for the child’s fracture was detected.

Introduction External Cephalic Version (ECV) is a procedure used to turn a foetus from a breech or transverse position into a cephalic position prior to the onset of labour. It is recommended by the UK national guidelines to enable vaginal delivery for breech presentation of a singleton pregnancy. ECV is considered a safe manoeuvre when dealing with breech presentation and fractured femur is a rare but recognised complication of this procedure, with only 3 cases reported in the speciality literature.

Case We herein report a 4 months old boy, born at 38+4/40 weeks gestational age by Kiwi extraction and episiotomy, with a birth weight of 4180 g, Apgar score 8 at 1 minute and 9 at 5 minutes of life, no active resuscitation was required. The pregnancy was carefully monitored due to the maternal nutritional controlled gestational diabetes and foeto-pelvic unstable lie. Was breech at 37+5 weeks and ECV manoeuvre performed, discharged home in stable condition afterwards. Postnatally paediatric team or parents did not raise any concern regarding pain or swelling of the knee. He was admitted to our Children’s Ward at 10 days of age by a community midwife with suspected non-accidental injury. Physical examination revealed right lower limb in a flexed, antalgic position, non-ecchymotic swelling of the right knee, with tenderness to touch. Full examination revealed no additional injuries. Retrospective review of pictures taken by parents in the first day of life revealed a swollen knee being held in a flexed position.