Five patients (3 boys and 2 girls) were diagnosed central precocious puberty confirmed by LHRH stimulation test. Four had SV CAH whereas one had SW CAH. All were treated with GnRH analogue to control their premature pubertal development. Other complications are listed in figure 3.

7 girls (58%) received corrective genital surgery. All operations were performed by one stage. All except one had surgery undertaken at or before her second birthday (median age of operation 21 months).

Conclusions We highlighted the trend of more frequent and lower total daily dose of hydrocortisone (or equivalent) replacement, with the goal to achieve a normal rate of growth and puberty development and attenuate the CAH-associated complications.

Objectives

To determine how many additional (occult) fractures detected from skeletal surveys. The included SSs were performed with the intent of excluding NAI demonstrated additional fractures. This encompasses a series of x-rays of the whole body with the objective of identifying bony injuries suggestive of non-accidental injury (NAI). The essential purpose of the investigation is to discover additional, occult injuries identifying a need for further treatment and crucially providing additional evidence for inflicted injury. It is unclear how many occult fractures are detected on skeletal surveys; we therefore question whether they are always necessary for children. Although the literature suggests that skeletal surveys are positive in up to 30% or more of cases, this is at great variance with our experience.

When presented with a skeletal survey, radiologists are faced with the conundrum of deciding where there is any suggestion of NAI being a possibility and at most, a likelihood. The Royal College of Radiologists and Royal College of Paediatrics and Child Health have set guidelines to establish when a SS should be performed and there is a 72-hour window to report these - ideally they should be reported within 24 hours. Furthermore, all SSs must be double reported by two paediatric radiologists.

Objectives To determine how many additional (occult) fractures were detected in the last 5 years on SS. To compare how Watford General Hospital (WGH) is using and reporting SSs to the standards set by local and national guidelines.

Methods This retrospective audit encompasses the last five years of data to establish how many cases of NAI were faced with the conundrum of deciding where there is any suggestion of NAI being a possibility and at most, a likelihood. The Royal College of Radiologists and Royal College of Paediatrics and Child Health have set guidelines to establish when a SS should be performed and there is a 72-hour window to report these - ideally they should be reported within 24 hours. Furthermore, all SSs must be double reported by two paediatric radiologists.

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