AN UNLIKELY LIMP

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Introduction Limp is a common complaint in childhood and could have many causes including traumatic, infectious, tumoral and inflammatory diseases. Beyond lower extremity pathology, limp can also be caused by abnormalities of the abdomen, urinary tract, back and nervous system. Case-Report 13 years old boy, living in France since his 4 years old, but with a short term stay in Portugal of nine months, was admitted to the hospital with abdominal, hip and thigh pain, with consequent limping gait. He had these recurring complaints for over 1 year. For the abdominal pain, he had an x-ray that showed marked fecal impaction, with a megacolon, so he was admitted to our ward for deimpactation. Orthopedic surgeons observed the patient and hip examination was normal. Lumbosacral Magnetic Resonance (MRI) was also normal and blood tests showed a normal hemogram, renal function and immunologic study was negative. After 1 month, he returned with the same symptoms. He had past history of constipation since he was a child, not valued by the family. At the objective examination, there was a palpable fecaloma in the ampulla and palpable stool at digital rectal examination, so he was hospitalized again for deimpactation. Then, he performed double-contrast opaque cluster showing a radiological aspect of Hirschspung’s disease. A rheumatologist opinion was requested and a MRI of abdominal, pelvic and hip was performed, that revealed a sigmoid colon with a maximum caliber of 95 mm filled with feces, and consequent anterior bladder deviation and compression of the psoas iliacus muscle. After eating habit modification and regular treatment with laxatives, the symptoms disappeared. Rectal biopsy wasn’t performed, because he was lost to follow up.

Discussion This may possibly be a result of an undiagnosed Hirschsprung in a male with recurrent episodes of constipation since infancy, but never followed by the same doctor. The first symptom – pain in the hip and thigh – was due to the compression of the psoas iliacus by the megacolon.

48 OUR ROSTER, OUR CHOICE: IMPACT OF A SHIFT WORK ROSTER’S LAYOUT ON EMOTIONAL WELL-BEING AND BURNOUT LEVELS

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To determine the impact of a change in the layout of a rolling shift work roster according to non-consultant hospital doctors (NCHDs) preferences on emotional well-being and burnout levels in a Paediatric Emergency Department (PED).

Our roster consists of 15 NCHDs. It contains two and a half cycles, spanning ten weeks each over six months.

An online survey was designed to analyse the first cycle of the roster.

Five factors of emotional well-being (happiness, motivation, tiredness, irritability and sleep quality) were highlighted and the survey was circulated to all NCHDs at the end of their shift each week for 10 weeks.

Answer options were framed using a Likert-scale ranging from 1-79. The results were then compiled into a multi-line graph.

The Maslach Burnout Inventory (MBI) was also distributed after the first cycle of to determine the level of burnout for physicians3.

After analysing the results the roster was changed whilst taking into account physicians preferences and burnout for NCHDs was determined once again at the end of the next cycle.

The multi-line graph showed that NCHDs ended the weekday nights with mild-moderate negative emotions. After the annual leave break, positive emotions were at their peak where NCHDs felt very happy, energetic and motivated. Over the next few weeks, their emotions remained neutral as they still had enough breaks and shorter shifts. However, from the first twilight shift (Week 5), negative emotions dominated until NCHDs were emotionally drained at the end of the Week 9 shift. After the change in the roster, NCHDs emotions picked up during Weeks 5 – 9 moving towards neutral and slightly positive.