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 clister showing a radiological aspect of Hirschsprung’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.
The results of the MBI further confirmed that 85% of physicians were facing moderate-high level burnout which declined after the roster change to 33%.

Burnout is a growing problem among physicians and can possibly lead to devastating consequences therefore requiring immediate interventions 1,2, 3,4, 5, 6, 7, 8. The results revealed that an uneven layout of shifts and breaks within the cycle contributed to high burnout levels which hugely declined after taking into account physicians preferences.

Obesity is a growing problem worldwide and is likely a major cause of the increased prevalence of high blood pressure in children. The aim of the screening program was to investigate the association of blood pressure levels and obesity, hypercholesterinaemia and increased body fluid in adolescents.

2202 children participated in the screening program. Blood pressure, heart rate, body composition, cholesterol and blood glucose level, bodyweight, height and BMI were assessed.

The participants’ range of age was between 14-18 years. The average systolic blood pressure (SBP) was 126.34+12.55 mmHg. Boys had higher SBP than girls (131.87+13.59 mmHg versus 117.49+5.69 mmHg, p<0,001). The average diastolic blood pressure (DBP) was 71.86+8.74 mmHg. DBP was also higher in boys than girls (72.61+9.17 mmHg versus 66.69+5.04 mmHg, p<0,001). High SBP (>percentile 95%) was detected in 307/1326 cases in girls, and in 403/876 cases in boys. High DBP occurred in 85 girls and in 90 boys. Overweight and obese were 18.994% of the girls and 15.26% of the boys. The percentage of high blood pressure was more frequent among boys and girls who were in the overweight group (38.6% and 18.6%). The pathologically high level of body fat percentage appeared to be 12.98% among girls and 5.9% among boys. In elevated BMI groups the frequency of high body fat was 66% among girls and 81% among boys. The mean cholesterol level was significantly higher (p<0,001) in the overweight (4.05mmol/l) and obese group (4.17mmol/l).

Prevalence rates of hypertension and overweight and obesity are high in school children in Budapest, and increased bodyweight is a significant risk factor for hypertension. The results of the study will help to design preventive programmes.

Introduction Trisomy 21 is still the most commonly encountered chromosomal abnormality in the world despite advances in prenatal diagnostic measures. As screening tests in the antenatal period have limitations(Kater-Kuipers, Bunnik, de Beaufort, & Galjaard, 2018), it is not uncommon to make new diagnoses of trisomy 21 postnatally.

Trisomy 21 is associated with multiple anomalies including congenital heart disease (65%) (Martin, 2018), and gastrointestinal tract anomalies 6% (Stoll, Dott, Alembik, & Roth, 2015). Some studies report infant mortality of about 6% in trisomy 21.(Martin et al., 2018)

Case Summary We report a case of 8-month-old, previously fit and healthy baby presenting to our assessment unit with cough, coryza and increasing breathlessness. On assessment, he was noted to have respiratory distress, oxygen requirement and a respiratory acidosis on blood gas analysis. He was diagnosed with RSV negative Bronchiolitis. He was admitted and commenced on humidified high flow nasal cannula with oxygen requirement up to 40%. Over the next 3 days, he was weaned to nasal cannula oxygen and started nasogastric feeds.

After discontinuation of humidified oxygen, he was noted to have facial dysmorphism, specifically slanted palpebral fissures, protruding tongue and single palmar creases. In view of a persistent oxygen requirement and a gurgling sound and crepitations on auscultation disproportionate to his symptoms, a chest x-ray was requested.

It was reported to be suspicious of left diaphragmatic hernia with associated mediastinal displacement to right side.

Further imaging with computed tomography confirmed a left sided Morgagni’s diaphragmatic hernia with multiple bowel loops and the left lobe of liver.

The patient was transferred to a tertiary Paediatric unit for surgical correction. He was operated successfully without any complications and discharged home. His genetic testing was later reported as confirmatory of non-dysjunctional trisomy 21.

Discussion Traditionally, trisomy 21 is described as a syndrome with the classic phenotype of slanted palpebral fissure, protruding tongue and single palmar creases. In view of a persistent oxygen requirement and a gurgling sound and crepitations on auscultation disproportionate to his symptoms, a chest x-ray was requested.

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Conclusion Delayed diagnosis of trisomy 21 although not the norm, is not unusual.

One should be proactive in offering genetic tests in suspected trisomy 21 and once diagnosed should be thoroughly screened to diagnose associated anomalies.