SKIN BRIDGING AS A RESULT OF UNTREATED ONYCHOCRYPTOSIS IN A TEN-YEAR-OLD BOY

Marko Bašković*, Ivan Petrašić. Children's Hospital Zagreb

A 10-year-old boy was examined for a problem with his right big toe that had been present for two years. In the family history there was no onychocryptosis. The child had not presented any worthy of note diseases in the past history. For two years he had presented a painful swelling of the lateral folds of the right big toe with repeated episodes of supplicative inflammation. The latter had always been treated with topical anti-inflammatory and antibiotic therapy. He had never undergone surgery for fear of the scalpel. Physical examination showed a distally dystrophic nail with blood crusts at the level of the lateral grooves. The periungual skin presented chronic inflammation and above all formed cutaneous bridge that passed over the nail. The child underwent radical removal of the nail and its matrix under local anaesthesia.

The ingrown toenail of the big toe is a non-exceptional condition in children. When not treated properly it can become chronic. As in our case, the fear of the needle and the scalpel, which is frequent in children, can contribute to the chronicity. When chronic onychocryptosis is not treated adequately, it can be responsible for fibrous lesions, skin bridges and keloids. Although few cases of supraungual skin bridges have been described so far, it is known that hypertrophic granulation tissue can give rise to fibrous tissue covered by epidermis and then to skin bridges that join the two lateral folds. Two pathogenetic mechanisms have been hypothesized for this condition as follows: fusion of the highly inflamed lateral folds and penetration of the nail plate into the distal nail groove.

QUALITATIVE ANALYSIS OF HOSPITAL MIDWIVES’ CHALLENGES IN PROVIDING BREASTFEEDING-SUPPORT: IMPLICATIONS FOR IMPROVING POLICIES-IMPLEMENTATION PROCESS

Jelena Dimnjaković*, Marija Švajda, Tamara Poljičar. Croatian Institute of Public Health

The goal of this research was to compare clinical signs, symptoms and laboratory findings in children diagnosed with Kawasaki disease and those with multisystem inflammatory syndrome in children (MIS-C) associated with coronavirus disease 2019 (COVID-19).

We reviewed medical records of children diagnosed with Kawasaki disease or MIS-C hospitalised in the University Hospital for Infectious Diseases “Dr. Fran Mihaljević” in the period from February 25th 2020 to February 24th 2021. We defined MIS-C using World Health Organisation criteria. There were 13 children diagnosed with Kawasaki disease and 23 children diagnosed with MIS-C hospitalised in this period. The average duration of hospitalisation was similar in both groups, approximately 8 days. Boys were overall more affected (66%) than girls. Children with MIS-C were older and more often gastrointestinal symptoms were present. When comparing laboratory results, children in the MIS-C group had higher C-reactive protein levels and lower platelet count. Also, they required intensive care treatment more frequently. The first therapy of choice for all children with Kawasaki disease and those with MIS-C was hospitalization. The first therapy of choice for all children with MIS-C was hospitalization. The first therapy of choice for all children with MIS-C was hospitalization.