

PAEDIATRIC QUICK HITS

LIMPING CHILD



By Val Astle

ASSESSMENT



Ask about:

Duration

Fever

Trauma

Preceding infections

Rashes



Lasting >7 days

Severe localised joint pain

Altered bowel/bladder

Nocturnal pain

Weight loss

Nights sweats

History suggestive of NAI

DIFFERENTIALS

Common differential diagnoses:

Toddler (0-4 years)	Child (5-10 years)	Adolescent (>10 years)
<ul style="list-style-type: none">• Transient hip synovitis• Acute myositis• <u>Toddler's fracture</u>• Developmental dysplasia of hip	<ul style="list-style-type: none">• Transient hip synovitis• Acute myositis• Developmental dysplasia of hip• Perthes disease	<ul style="list-style-type: none">• Stress fractures & sprains• Traction apophysitis (Osgood Schlatter – tibial tuberosity, Severs – calcaneus)• SUFE

Most common

Myositis more likely with influenza

All ages:

- Infections: osteomyelitis/septic arthritis, bursitis, discitis, epidural collection
- Trauma (see Fractures)
- Non accidental or inflicted injury
- Malignancy: haematological, bone, soft tissue
- Rheumatological/immunological disorders: reactive arthritis, autoimmune arthritis, Henoch Schonlein Purpura, vasculitis, serum sickness, post infectious arthritis, Guillain-Barre syndrome
- Intra-abdominal pathology or genitourinary conditions eg appendicitis, ovarian or testicular torsion
- Haematological: vaso-occlusive crisis (sickle cell), haemophilia
- Functional limp

EXAMINATION



Check observations
?Fever
?Septic



Can they walk?
If so- assess their gait



Check whole of LEG
and SPINE
?referred pain



Examine rest of body
Include abdomen and
groin

Look

Feel

Move

Examine the joint

Swelling, bruising, heat,
tenderness, ROM passive
and active, neurovascular
status, rashes

INVESTIGATIONS

NONE if

- No red flags
- Walking with mild/no pain after simple analgesia
- Limp < 3 days

May also need targeted tests if thinking of other differential dx

- E.g. USS testes for ?torsion
- Resp PCR for myositis

If fever and/or severe pain

- Bloods- FBC, EUC, CRP, ESR, Blood culture
 - ?septic arthritis
 - Consider **Kocher criteria**
 - If ESR raised then 8 x more likely to have infection or autoimmune process
 - If fever and raised ESR then 90% of cases due to infection or autoimmune process
 - CK (for myositis) rarely changes management as long as they can drink
- XR hip and pelvis
 - Frog leg view if considering SUFE
- USS hip
 - Assess for effusion
- May need MRI

MANAGEMENT

Most children can be discharged home without any investigations

Manage transient synovitis with regular NSAIDs and review in 2-5 days if no better, or sooner if fever/unwell

