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

Most common

Myositis more likely with influenza

Common differential diagnoses:

Toddler (0-4 years)	Child (5-10 years)	Adolescent (>10 years)
 Transient hip synovitis Acute myositis Toddler's fracture Developmental dysplasia of hip 	 Transient hip synovitis Acute myositis Developmental dysplasia of hip Perthes disease 	 Stress fractures & sprains Traction apophysitis (Osgood Schlatter tibial tuberosity, Severs – calcaneus) SUFE

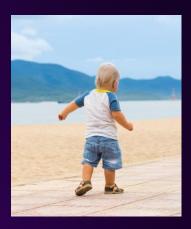
All ages:

- · 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



Examine the joint

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

INVESTIGATIONS

NONE if

0

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

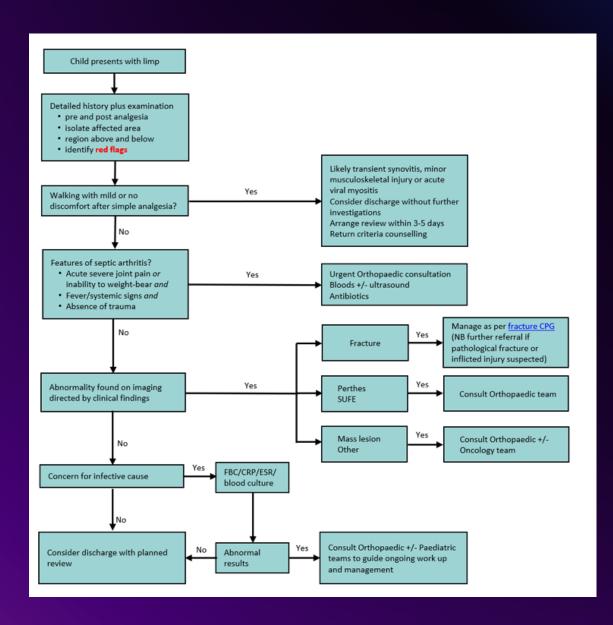
May also need targeted tests if thinking of other differential dx

- 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