

CASE PRESENTATION

OEDEMA IN CHILDREN

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2ND YEAR PAEDIATRIC RESIDENT
MBALE RRH

Past Medical History

- OE, a 28 months old male who was well until 5 months ago when he developed lower limb swelling with poor appetite and frequent episodes of falling sick,
- admitted twice in ATUTUR HCIV ,
- No history of heart or renal disease
- Negative HIV serostatus

Present Complaint

- 1 week prior to admission developed loose watery stools, non blood stained and refusal to feed associated with bilateral non painful swelling of the lower limbs and skin hypopigmentation
- no history of vomiting abdominal distension or pain
- intermittent fever of low grade, not associated with seizures or loss of consciousness and occasional productive cough, with no DIB or drenching night sweating.
- Assessment :wt 8.1kgs, ht 80cm, Zscore -3SD
- He was admitted in Budaka HCIV and transfused once before referring to Mbale RRH for further management.

Airway	Breathing calm	
Breathing	RR-36cpm, SP02-98% RA Chest is symmetrical , moving on respirations, Resonant percussion note on all lung fields, vesicular breath sounds on auscultation	
Circulation	warm extremities mild pallor strong pulse, PR 102 b/min Capillary refill <2s Temperature 36.5°C	

Disability	GCS-E-4,V-5,M-6=15/15 Pupils: EARL soft neck normal power in both limbs , Intact sensations	
Exposure	Mild Facial Puffiness, bilateral pitting , non tender oedema on lower limbs , Skin hypopigmentation Chest posterior and anterior wall normal, no deformities Abdomen; normal fullness, loose skin, non tender, no palpable organ enlargement,	

S	Signs and symptoms	<ul style="list-style-type: none"> • Sick looking child with less interest, irritable • Sparsely distributed and silky hair easily pluckable • Facial puffiness, angular stomatitis • Bilateral non tender pitting oedema (grade 3) • Generalized skin hypopigmentation • Loose skin on the abdomen and reduced muscle bulk on the upper limbs
A	Allergies	No known allergies
M	Medications	none
P	Past medical history	No known chronic illness, HIV sero status not known, no history of surgery , 2 hospital admissions with related complaints of fever and loose stools.
L	Last meal	Last took F-75, 2 hours ago
E	Events	Mother separated with the father, the father took the child under his care at 18months, the mother went to pick the child 2moths ago having known the child was sick, 1week ago the child developed fever and loose stool and refused to feed.

Problem list

- SEVERE ACUTE MALNUTRITION
- SEPTICEMIA
- ? PULMONARY TUBERCULOSIS

Follow up

CBC: WBC-T(17.46), HB 10.0g/dl , neutrophilia.

HIV- negative

B/S for malaria parasites-negative

Gastric aspirate- gene expert for TB; negative

Repeat weight- 8.0kg

- I.V Ceftriaxone 400mg o.d x 5/7
- I.V Gentamycin 40mg o.d x5/7
- F-75

Clinical Course

- Child's feeding monitored by the amount of feeds he finishes
- Daily weight to monitor oedema
- Oral antibiotics.
- Child transferred to nutrition unit for catch up phase, stabilization and stimulation before discharge.
- Counselling of the mother on appropriate preparation of feeds balancing of diet.