

The Limping Child

Background

- in **toddlers** think transient synovitis
- In **adolescents** (obese) think SUFE
- **Across all ages** think septic arthritis and osteomyelitis

History

- ? History of trauma
- painful or painless
- length of symptoms
- history of fever/toxicity
- ? Arthralgia ie joint pain or arthritis ie pain + swelling+ increased temperature of the joint

Background

Joint hyper mobility can cause joint pains
Reactive arthritis is due to a host of bacterial/viral illnesses
Juvenile rheumatoid arthritis is very rare

Examination

- centiles
- HR/ RR / temperature
- joint examination
- eye exam ? Uveitis (requires slit lamp exam)
- skin exam ? Rash
- Pallor and hepatosplenomegaly?

Red Flags

- Fever + toxicity and joint pain
- Joint pain in an adolescent
- Child will not move the joint
- Very high ESR and abnormal FBC
- Big liver and spleen

Investigations

Xray joints affected
FBC CRP ESR
Blood culture
u/s joint +/- aspiration
bone scan or MRI

Perthes Disease

- Avascular necrosis of femoral head
- Boys 3-10 yo
- Gradual onset of pain and limp
- Early diagnosis by MRI
- Bed rest /pain relief and traction
- Most recover

Treatment

Ibuprofen
rest
depends on diagnosis
orthopaedic intervention if SUFE / septic arthritis or Perthes

Summary

In primary or emergency care setting do **not** discharge the child unless limp has disappeared or a cause has been found. Consider malignant conditions if no other cause found

References

- European Mastercourse in Paediatrics
Tenore and Levene 2011

TAKE HOME MESSAGES

The limping child requires a diagnosis to be made

Ask whether painful or not

Refer to hospital if red flags

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.

Amendments following suggestions of the QIP committee of ICGP . Secondary care denoted in pink

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