Don't Forget The Bubbles

LOWER GI BLEEDING & IBD

Learners Guide

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PRE-READING FOR LEARNERS

Expectation is for the learners to have watched or read one of the basic pathophysiology links before the session.

PEM Playbook "GI Bleeding in Children"

https://dontforgetthebubbles.com/how-to-work-up-a-patient-with-bloody-diarrhoea/

IBD in Children - Podcast (39mins 54secs)
In My Shoes App - experience Crohn's and Colits (Apple store | Google play)

MAIN SESSION

CASE 1 (15 MINS): A NEW DIAGNOSIS OF CROHN'S DISEASE

An 8 year old boy presents to A&E with severe generalised abdominal pains. This has been going on for about 4 months. He also says he has "very runny poos and they are a bit sticky and sometimes have some blood!"

What other questions would be relevant?

What relevant investigations could you do now?

Do you think he needs admitting? How would you decide?

CASE 2 (15 MINS): JUVENILE POLYPOSIS SYNDROME

A 6 year old girl presents with painless fresh blood PR. She is otherwise completely well.

What could this be and what management options would you consider?

ADVANCED DISCUSSION (20 MINS PER CASE)

ADVANCED CASE 1: TOXIC MEGACOLON

A 12 year old girl is transferred from another smaller hospital with a year's history of abdominal pains and PR bleeding with weight loss. She had not previously been referred to tertiary services. She underwent a colonoscopy yesterday afternoon confirming ulcerative colitis. She looks sick with a distended abdomen and peripheral oedema.

How would you manage this patient?

What complication(s) do you think this girl may be suffering from?

What would you look for on an abdominal xray to confirm your diagnosis and how would this alter your management?

What could you do pre surgery to optimise this patient?

What do you understand by refeeding syndrome and what are the parameters you would want to correct urgently?

ADVANCED CASE 2: MECKELS DIVERTICULITIS

A one and a half year old boy presents to the paediatric ED.
His parents are very frightened and show you his last nappy that contained a large amount of dark black stool. The infant is alert and active but appears to be a little tired. His parents report he is usually a happy baby and has never really been unwell. He has had no vomiting and his parents do not report any concerns around possible abdominal pain. He has had previously normal stools.
During examination you notice he is floppy and weak and on opening his nappy you find a large amount of melaena.

What are the possible complications of Meckel's diverticulum?

Consider how you might manage shock and stabilise this patient?

QUIZ QUESTIONS: (10 MINUTES)

Question 1.

Juvenile polyposis syndrome is predominantly defined as:

A: Polyps in a child less than 10 years old.
B: More than one polyp in the colon.
C: Five or more JPs of the colon or rectum.
D: Blood with stools.

Question 2.

A 10 year old boy presents to the emergency department with a history of loose stools with mucus, intermittent blood, abdominal pains and anorexia. What would you do to objectively document the patient's symptoms?

A. Use the PUCAI as there is no histological diagnosis yet.
B. Use PCDAI as this is likely to be Crohn's disease.
C. Use his descriptions from the history.

Question 3.

What is a useful rule to remember the pathophysiology and epidemiology of Meckel's Diverticulitis in children?

A. Rule of 4.
B. Rule of 3.
C. Rule of 2.

Question 4.

What is the most common biochemical marker that would raise the possibility of a diagnosis of refeeding syndrome?

A. Hypokalaemia.
B. Hypophosphataemia.
C. Hypernatreamia.
D. Hypocalcaemia.

Question 5.

What are specific treatments for sickle cell disease?

A. Regular blood transfusions
B. Hydroxycarbamide
C. Bone marrow transplant
D. All of the above

Question 6.

In an outpatient sickle cell visit, what would you be a priority to assess?

A. Haemoglobin A1C level
B. Saturation of oxygen
C. Reflexes
D. Vaccination history

INFOGRAPHICS (2 minutes)

1 If you suspect IBD use the PUCAI score to give a reasonable objective idea about disease severity (even if the history suggests Crohn's).

2 Remember the "rule of 2" for Meckel's diverticulum - 2% of the population, within 2 feet of the ileocecal valve, 2 inches in length, 2 types of ectopic tissue involved and presentation is generally before the age of 2.

3 JPS is an autosomal dominant condition. Children who are at risk of JPS should be screened from the ages of 12 to 15 years although children who are symptomatic should undergo colonoscopy earlier.

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