

Self-assessment

Questions

Case 1

A 15 years old girl was referred to CAMHS (child and adolescent mental health service) with a history of weight loss, poor nutritional intake, concerns about body image and history of dizzy spells on standing. Her weight was 35 kg and apparently had lost 4 kg in the last 2 months. She was 155 cm tall with BMI of 14.5 kg/m². CAMHS felt that the girl fulfilled the ICD 10¹ criteria for Anorexia Nervosa (AN) and due to her symptoms admitted her on the children's ward jointly with paediatricians. On your paediatric assessment it was found that she had taken very little food for the last 10 days and had been actively exercising in order to lose weight.

On examination she had dry sallow skin, cold extremities, but no icterus, pallor, lymphadenopathy, or cyanosis. Central temperature was 35.1°C; heart rate of 48/minute, which was regular; regular breathing; blood pressure 90/60 mm Hg, orthostatic systolic blood pressure drop of 15 mm Hg. She appeared withdrawn. Systemic examination otherwise were non contributory.

Question 1

In ICD 10 diagnosis of Anorexia Nervosa (AN) is characterised by: (select one best answer).

- Weight is two standard deviations below 0.4th centile in a patient actively trying to lose weight.
- BMI (body mass index) less than 15 kg/m² in a patient actively trying to lose weight.
- Body weight of at least 15% below the normal or expected weight for age and height or percentage weight for height (WFH).
- BMI less than 17.5 kg/m² in a patient actively trying to lose weight.

Case continued: She did not agree with you that her weight was low and felt she needed to lose more weight and also disagreed with this admission, but on further discussion reluctantly agreed. You have discussed with her the need for nutritional rehabilitation. Certain bloods and ECG were performed. Multi disciplinary team is involved as per departmental policy, but all struggle to get even 10 Cal/kg/day orally. As she continues to lose weight despite absolute bed rest and is observed secretly exercising a discussion

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around naso-gastric tube (NGT) feeds begins for feeding her. She refuses to give consent for NGT feeds. You seek advice from senior members of your team.

Question 2

The most appropriate advice would be: (select one best answer).

- Seek medico-legal advice straight away as she is in danger of dying.
- Need to assess her competence and then decide what is in her best interest.
- She is not 16 so just go ahead and put an NG tube.

Case continued: The initial blood results were:

Haemoglobin (Hb): 101 g/Litres,

U&E: all normal except urea: 9.0

CRP and ESR: normal

LFT: Bilirubin 34 µmol/Litres, ALT: 35 IU/Litres, Albumin: 37 g/Litres, Glucose: 4.3 mmol/Litres.

Ca²⁺: 2.45 mmol/Litres, PO₄³⁻: 0.64 mmol/Litres, Alkaline phosphatase: 120 IU/Litres

CK: normal, ECG: normal except sinus bradycardia, normal QTc

The patient was on bed rest, supervised through the day. Initially when feeding was started it was done very gradually only about 400–500 Cal/day and going up very slowly. She was not ready to take it orally so after NGT was inserted, a continuous feed was started. The feeds were very gradually increased. Daily bloods were planned.

Question 3

- What are you worried about that can happen after the introduction of feed?
 - Which signs and bloods could show the potential problem?
- Drop in Hb, very high glucose, abnormal temperature
- Low K⁺, low PO₄³⁻, low Mg²⁺
- Raised PO₄³⁻, rising CRP and rising ESR
- Abnormal coagulation, hepatic failure and acidosis

Case continued: if this patient, on admission had looked very unwell, pale and in a lot of distress at the time of admission. She was complaining of severe and inconsolable pain in her abdomen. She had swollen jaws as well, but were non tender. She did not allow abdominal examination due to pain. Rest of her systemic examination showed heart rate of 88/minute, low blood pressure, low temperature and weakness of muscle strength. She was lying still as movement was causing severe abdominal pain.

Question 4

Which single investigation will be most appropriate for making the diagnosis of abdominal pain?

- Abdominal X ray for intestinal perforation with peritonitis.

- b) Echocardiography for congestive cardiac failure with tender liver.
- c) X ray spine AP and lateral for compression fracture of vertebral bodies due to low calcium intake.
- d) Serum amylase and lipase for acute pancreatitis with peritoneal irritation.

Case 2

A 14 years old girl was brought to your paediatric clinic due to history of repeated dizzy spells and history of falls. This had been happening for the last 4 months or so. Her mother gives a history of a very strong willed teenager who is running 5 km every day. Mother tells you that she is very tired most of the time and has poor appetite and she feels child has epilepsy. There is also history of her becoming increasingly choosy about what to eat. In passing mother tells you that she started her periods 10 months ago, but has not had periods for the last 3 months. During episodes of dizziness and falls, she is very pale, sweaty and clammy. It takes her 30 seconds to recover. These events happen mainly when she stands up, but after a while could recover and then could go for her runs.

On your assessment the BMI is 15.6 kg/m² and percentage weight for height is 25% below the normal. She has pallor present and mild jaundice. She also has mild peripheral oedema, resting heart rate 40/minute, blood pressure is 86/45 mm of Hg. A detailed neurological examination is normal. You do not think she has epilepsy and instead think she has AN. Mother is now very concerned as one of her friends many years ago died due to anorexia.

Question 1

Which investigations will be useful? (More than one is correct).

- a) Electro encephalography (EEG)
- b) Full blood count
- c) Kidney functions
- d) Electro cardiography (ECG)
- e) Thyroid function tests
- f) Wood's UV light
- g) Lying and standing blood pressure

Question 2

Which statements are true? (More than one is correct).

- a) Prevalence of AN is 100 times common in females in comparison to males
- b) Prevalence of AN in females is about 7/1000 women
- c) Peak age of presentation of AN is 15–18 years of age
- d) Depression is present in less than half patients of AN
- e) Bulimia nervosa is five times more common than AN

Question 3

Which endocrine defects usually happen in AN? (multiple answers).

- a) Excess of thyroid hormone secretion
- b) Hypothalamic hypergonadism
- c) Increased osteoporotic activity

- d) Growth hormone resistance
- e) Reduced insulin secretion
- f) Low cortisol production

Question 4

Mother asks you why would you not like to perform an EEG as she felt this could be epilepsy? (one correct answer).

- a) Possibility of epilepsy is very rare with the diagnosis of AN.
- b) EEG findings will be difficult to interpret due to AN which could have electrolyte abnormality.
- c) EEGs are done only to support the diagnosis of epilepsy and in her case epilepsy is unlikely due to her clinical presentation.
- d) EEG will cause more psychological stress to her and management of AN will be difficult.

Case 3

A young 17 years old boy presented with weight loss, very poor and selective appetite, poor energy levels, excess tiredness and dizzy spells on standing for the last 6 months. His weight was 50 kg with height of 180 cm. His BMI was 15.4 kg/m². Percentage WFH was 25% below expected weight for age and gender. You consider AN as a possibility. Patient informs you that he is extremely worried due to weight loss and is very worried due to his dizzy spells. He tells you that he also has some abdominal pains with frequent diarrhoea and occasional blood. He tells you that he is not exercising and has lost about 5 kg in the last 6 months.

On examination patient is pale, no icterus, no oedema, no lymphadenopathy and no cyanosis. Abdomen is slightly bloated, non tender and without any masses. Heart rate is 60/minute and blood pressure is low. He shows some muscle weakness with loss of muscle bulk. Rest of systemic examination is normal.

Hb: 90 g/Litres, platelet 565×10^9 /Litres; U&E: both K⁺ and Na⁺ on lower end of normal; LFT: bilirubin 30 μ mol/Litres, albumin 33 g/Litres, total protein 70 g/Litres, ALT 67 IU/Litres; ECG: sinus bradycardia, normal QTc.

Question 1

Which investigations are missing and you would like it to be done based on this presentation. (multiple answers).

- a) C reactive protein (CRP)
- b) Bone profile
- c) ESR (erythrocyte sedimentation rate)
- d) X ray abdomen
- e) USS abdomen
- f) Anti TTG antibody
- g) Thyroid function test

Question 2

If above patient presented with same history and examination, but bloods showed total protein of 54 g/Litres with same albumin along with normal platelet, normal CRP and ESR. Rest bloods were same. What possibilities would you consider? (one answer).

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