Dr Sophia Knoblanche

LEADING STEPS PAEDIATRIC CLINIC
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30/05/2025

Dr Christina Radon
Next Practice Burleigh Waters
Shop IB/2 Classic Way
BURLEIGH WATERS QLD 4220
(Provider no: 293865GY)

Dear Christina,

Re: David Lima Lins DOB 26/04/2023
Parent: Irene Ihl Mob: 0423751949 251/125 Hansford Road COOMBABAH QLD 4216

Issues
1. Abdominal pain

2. Reduced mobility and abnormal gait

3. Constipation

medications
Omeprazole 15mg daily

Osmolax

I had the pleasure of reviewing David Lima Lims with his mothers.

David presented with four to five weeks of reduced mobility and abnormal gait. Previously seen by Dr. Bradley at GCUH who thought this was post-viral myalgia. David was febrile in ED with elevated CK (640 on discharge). Celiac serology normal. Admitted to hospital for three days last week (19/05/2025). X-ray showed fecal loading in rectum. Mesenteric adenitis noted. Electrolytes fine though slightly dry on bloods. LFTs normal, LDH slightly elevated. Coags normal, CRP <5. Fecal PCR negative for bacteria and parasites. H. pylori negative. Urine normal.

David developed constipation approximately three months ago with no prior history of constipation issues. In March, experienced hard stools while consuming 800ml of milk daily. Parents attempted to reduce milk intake. Developed abdominal pain associated with constipation. Parents suspected worms and administered Combantrin, repeated one week later, but abdominal pain persisted. By April, noted decreased activity. Started Gaviscon baby as David pointed to abdomen when eating. Also commenced Osmolax. Visited GP who prescribed omeprazole as David pointed to upper abdomen. ED visit resulted in X-ray showing constipation. Stools had cloudy white colour, though subsequent bilirubin normal and colour now normal. Omeprazole possibly helping but pain in lower abdomen continued with difficulty bending over and discomfort with sudden movements. Pain exacerbated by car

speed bumps. David unable to bend normally, playing with cars while standing completely straight, avoiding running due to impact causing discomfort. Tried Infacol and panadol which helped somewhat. Second X-ray showed more fecal loading. Second ED visit occurred with concerns about possible back or hip pain. Received one dose of antibiotics in hospital after single temperature reading of 38°C. Discharged on regular Panadol and Osmolax.

Pain improved from 24/05/2025 to 26/05/2025, particularly upper abdominal pain after stopping pancakes and bread. Energy levels remain low though playing better. Noted reluctance to cough, possibly due to pain. Avoids sneezing forcefully. Started running inside house again two days ago but refuses to go to parks except one specific park. No vomiting or diarrhoea. Appetite initially decreased with constipation onset but now improving. Eats good variety including vegetables and fruits. Previously would not eat bread, pasta or rice but now accepting these foods.

David was born at 38 weeks via C-section (planned for 39 weeks but arrived one week early). Had jaundice requiring phototherapy. Generally healthy with all immunisations up to date. Started probiotics after significant illness around first birthday. No hospitalisations prior to recent admission. Toilet training was attempted but currently on hold. Dairy intake reduced to approximately 200ml daily. Communicates with words and phrases, speech development continuing appropriately during illness.

On examination, weight 11.4kg (slight decrease from previous 11.8kg). Height 89cm. Both measurements approximately 50th centile. Abdomen soft non tender nil masses nil organomegaly. Nil obvious pain to examination of limbs or spine

Investigations
Blood tests in hospital: CK elevated at 640, CRP <5, LFTs normal, LDH slightly elevated, coagulation studies normal. Stool tests: Negative for bacteria, parasites, H. pylori. Abdominal ultrasound: faecal loading, possible mesenteric adenitis. X-ray: Fecal loading in rectum.

Impression:
David is a 2 year old boy with reduced mobility, weight loss and abdominal pain. Examination shows slight weight loss. Investigations show elevated CK with normal inflammatory markers, fecal loading on X-ray. Unclear if unlucky with constipation while starting toilet training then viral and post viral myositis all resolving, with some possible gluten sensitivity, or if more serious underlying pathology.

Plan:
1. Repeat blood tests including CK and vitamin levels including vitamin D.

2. Consider X-ray of legs to investigate possible toddler's fracture.

3. Additional stool test- faecal calprotectin

4. Reduce omeprazole to 7.5mg daily for two weeks then cease. Continue Osmolax. Use Panadol as needed.

5. Review in one month to monitor progress and weight.

With kind regards
Yours sincerely

Dr Sophia Knoblanche
Consultant Paediatrician
(Provider no: 492749GK)

CC Parents via email