

# Dr Sophia Knoblanche

## LEADING STEPS PAEDIATRIC CLINIC

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17/06/2025

Dr Christina Radon

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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 and constipation
2. Reduced mobility- now resolving
3. Low ferritin

I had the pleasure of reviewing David Lima Lins, a two-year-old boy who attended with his mothers.

Previously presented with abdominal pain, constipation and reduced mobility. Has been seen by chiropractor twice with improvement in posture, standing and walking. Chiropractor noted decreased muscle tone in left leg which has now normalised after adjustment.

General health improving with better energy levels. No longer lying down every two hours. No fevers reported.

Feeding history: Breakfast consists mainly of fruits. Eating beef and steak. Milk intake less than 500ml/24hrs. Weight previously decreased but now improving.

Developmental assessment: Making sounds, babbling, talking, singing and dancing. Still reluctant to go to playground but starting to have fun when taken out. Avoids slides, possibly due to impact discomfort.

Constipation issues persisted from Friday until yesterday when had good bowel movement. Previously passing small "goaty" or "rabbit" stools twice daily. Osmolax trial on Sunday resulted in improved bowel movement on Monday. Reports Osmolax aggravates abdominal discomfort. Difficulty administering Osmolax due to taste/consistency issues - only accepts natural flavour.

Discontinued Omeprazole on Friday with no complaints since stopping.

Mother reports one foot (right) sometimes cold while other warm, but this varies throughout day.

**Recent investigations** show normal chemistry, electrolytes, full blood count (mildly dry with Hb 151), vitamin D, and faecal calprotectin. Ferritin slightly low at 21. CK decreased from 640 to 94 (normal).

**Physical examination:** Weight 11.7kg (previously 11.4kg). Abdomen examination attempted but limited by muscle tensing - no palpable faecal masses. Back examination normal. Foreskin previously tight, now normal after cream application. Heart sounds dual nil added chest clear.

**Impression:**

David is a 2-year-old boy who presented last month with concerning features on history including abdominal pain, lethargy and reduced mobility with raised CK. The CK has now normalised, and pleasingly David seems much more comfortable whilst maybe not returned to normal is definitely improving each day, gaining weight, improved appetite, improved mobility, singing and dancing. He may have been unlucky with constipation and a viral myositis making him miserable, and I have raised the idea of a possible toddler's fracture. It is reassuring that he is improving and systemically well, which makes a more sinister cause less likely.

**Plan**

1. Consider X-ray of legs including feet to investigate possible toddler fracture, though this may not change management.
2. Continue dietary management with iron-rich foods to improve ferritin levels. Avoid iron supplements due to constipation risk.
3. Continue with Osmolax at reduced dose (half or quarter sachet) as tolerated to maintain soft regular bowel movements.
4. Discontinue foreskin cream as improvement noted.
5. Telehealth follow-up to discuss X-ray results if obtained.
6. Face-to-face review in a few months to assess growth and constipation management.

With kind regards

Yours sincerely

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

CC Parents via email

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