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Even the children could be seriously ill!

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Background & Aims: The most general practitioners (GP) responsible for the children's health are confronted with acute, minor, mostly self-limited conditions, and rarely with serious illnesses. The aim of this presentation is to point out a role of GP in the recognition and in the continuity of care for a child suffering from serious illness.

Case Description: It was 9-years old boy, well known to the GP from his early childhood, because of difficulties in psycho-motor development and long lasting constipation; no organic reasons were found. One day, the boy and his mother, appeared at the surgery, because of ten-day frequent defecations (2-3 times a day); stools were soft and with blood. Last two-days, increased body temperature (38°C) are recorded. Several facts were unusual for GP; frequent defecation, blood in the stool and seriously-ill looking boy's, with no other pathology in physical examination. Blood tests were performed and the signs of anaemia and liver-lesion were found. The boy was referred to hospital for further investigations.

During the hospitalisation, two serious diseases were diagnosed: primary sclerosing cholangitis and ulcerative colitis, both in rather advanced stages. Very soon after the introduction of pharmacotherapy with azathioprim, mesalasin, ursodeoxycholic-acid and corticosteroids, the boy subjectively felt much better. He was discharged in a good condition, with the significant improvement in all lab-tests.

Conclusions: This child is challenging for the GP for several reasons. Firstly, he and especially his parents need support in facing and accepting such serious diagnoses. They also need support in keeping on with the medication as well as in life-styles changes. But, the most important for GP, who knows them the best, is to prepare on possible outcomes; it is well known, that primary sclerosing cholangitis, usually finishing with liver-transplantations within 10-16 years after diagnosis.