

## EDITOR'S CHOICE

## The sick child

Trish Groves *deputy editor, BMJ*

"One night seemed to roll into another. As parents we felt out of our depth," writes the mother of an 8 year old with severe eczema in this week's Clinical Review by M A McAleer and colleagues (doi:10.1136/bmj.e4770). "Our other children felt neglected as all of our time was consumed by Aoife's skin and creams, baths, and bandages, as well as washing clothes and sheets because they were soiled with blood. It was stressful watching her scratch herself to pieces and nothing we did or said could stop her." Aoife's epilogue is, I'm glad to say, optimistic: "Now my skin is better I don't have to worry about people laughing at me. I don't have to wear gloves at night to stop me scratching. Now I feel just like everybody else."

Severe eczema can seriously impair children's and families' quality of life—as much as diabetes or asthma. It affects around 2% of children with eczema and, for those not responding to topical anti-inflammatory drugs or ultraviolet light treatment, systemic immunomodulatory drugs may be needed. Patients taking these powerful drugs need close monitoring, both for disease severity and response to treatment, but only three of 20 available severity scores have been adequately tested. Their evaluation must be added to the "more research is needed" list, along with more basic research, patient and family centred randomised controlled trials, and studies on quality of life.

R G Nijman and colleagues report on another measure of illness severity in paediatrics: the respiratory rate in a feverish child (doi:10.1136/bmj.e4224). In their prospective observational study they derived and validated centile charts for respiratory rate (incorporating age and body temperature) and showed that they predicted lower respiratory tract infection more reliably than simple scores. Editorialist Anna Kilonbach sees this as a stimulus for further research, particularly in low and middle

income countries, but isn't sure that the centile charts will be widely usable in clinical practice until they're incorporated into a computer program or app (doi:10.1136/bmj.e4249).

A R Gatrad and Aziz Sheikh suggest how to make the best of 10 minutes in primary care with a mother and a 7 month old who has a blood stained nappy (doi:10.1136/bmj.e3496). The commonest explanation is constipation, even without an anal fissure, but a careful history and examination should also consider surgical, infectious, and abusive causes. Asking about feeding, family history of atopy, and the baby's history of eczema may lead to a suspicion of cows' milk allergy. If so, a test to determine specific IgE against cows' milk protein is worth ordering but, as no good diagnostic test exists for non-IgE mediated food allergy, completely avoiding cows' milk for a few weeks might both solve the mystery and cure the problem.

I can't finish without mentioning the London 2012 Summer Olympics. So far it's slowed our journeys to work and made BMA House a bit more crowded, but it does also seem to have made the sun shine in London. And the BMJ Group's Olympics portal is, I must say, a triumph. Until the Paralympic Games end on 9 September our portal will give free access to a wide range of original research, comment, education, and multimedia about the games and sports medicine, and is well worth visiting even if sport's not your thing (bmj.com/olympics).

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