Letters

IN OCTOBER last year, Nursing Children and Young People published a continuing professional development article on understanding clinical investigations in children’s endocrinology. The article is part of a series highlighting the work of nurses working in the specialism of endocrinology.

Here, readers Siba Prosad Paul and Anna Cannon comment on the article and provide their insights to aid practice. Authors and nurse specialists working in endocrinology Kate Davies and Jacqueline Collin respond.

Authoritative overview

We would like to congratulate Davies and Collin (2015) on writing such an authoritative overview of an extremely complex topic. Here we add a few practical aspects that will be helpful to readers.

- **Congenital hypothyroidism** The heel-prick test for congenital hypothyroidism in newborns may miss cases where there is associated hypopituitarism leading to delay in diagnosis. There will be inappropriately low levels of thyroid-stimulating hormone (TSH) due to absence of thyroid-releasing hormone, in response to which levels of TSH rise in hypothyroidism (Nebesio et al. 2010). It is important to do full work-up for hypopituitarism if suspicion arises.

- **Diabetes insipidus** Habitual polydipsia is relatively common in children and can create diagnostic dilemma. A history of nocturnal polydipsia and polyuria can help diagnosis because children with habitual polydipsia do not generally wake up in the middle of the night to drink. Sodium levels should be tested because they are associated with hyponatraemia. Treatment is fluid restriction and monitoring.

- **Congenital adrenal hyperplasia (CAH)** Hyperpigmentation of the scrotum detected in male children during physical examinations should raise suspicion of congenital adrenal hyperplasia (CAH) (Wilson 2015). Precocious puberty in males may also indicate CAH.

Siba Prosad Paul is ST8 in paediatrics and Anna Cannon is a paediatric matron, both at Yeovil District Hospital

### References


### Response

I would like to thank Paul and Cannon for their letter. In response to their specific comments we would like to make the following points:

- **Congenital hypothyroidism** Central hypothyroidism is an extremely rare cause of congenital hypothyroidism. It is important to consider its diagnosis because it is associated with false negative Guthrie tests. Central hypothyroidism is usually found in association with other pituitary defects and so it is essential to consider it as a diagnosis in infants with other symptoms and signs consistent with them.

- **Diabetes insipidus (DI)** Habitual polydipsia is an important differential diagnosis of DI. We agree that a history of nocturnal fluid intake and serum sodium levels are useful investigations to perform in this context.

- **Congenital adrenal hyperplasia (CAH)** Most male neonates with CAH have a normal external appearance, but as Paul and Cannon state, hyperpigmentation of the scrotum can be a recognised clinical sign. The sign can be subtle, however, and not easily recognised by clinicians. Scrotal hyperpigmentation is more often noted in infants with adrenal hypoplasia congenita, where adrenocorticotrophic levels are markedly raised (Achermann and Vilain 2001, Flint and Jacobson 2013). The presentation of CAH in childhood was comprehensively discussed in the previous article in this journal’s endocrine series (Moloney 2015).

Kate Davies is a senior lecturer in children’s nursing at London South Bank University, and a research nurse in the Centre for Endocrinology at Barts and the London School of Medicine and Dentistry. Jacqueline Collin is a lecturer at King’s College London

### References


### Are we ready for child refugees?

I wonder how many healthcare providers, and nurses caring for children and young people, are equipped to deal adequately with the continuing numbers of child refugees? The Royal College of Paediatrics and Child Health has published some guidance on this subject. It presents important issues for consideration, such as: language, communication and interpreting, gaining consent and maintaining confidentiality.

The guidance, entitled Refugee and Unaccompanied Asylum Seeking Children and Young People: Key Practice Considerations, is available at tinyurl.com/hyngryx

It would be interesting to hear from readers of Nursing Children and Young People what arrangements and resources are being put in place for these vulnerable individuals and families. Orla McAllinden is a disability assessor (child and adult) for Capita, Belfast