WINTER 2015

The Wesley HOSPITAL
Caring for you for life

Medical Professionals direct link
to programs and services at the Wesley

Medilink

Medical marvel

Highly skilled teamwork: Wesley doctors remove rare intravenous leiomyomatosis

Articles in this issue:

Welcome

Dr Luis Prado

Director of Medical Services

Welcome to the latest edition of Medilink, where we shine the spotlight on one of the most complex operations ever performed at the Wesley. The emergency procedure involved the removal of an extremely large, rare, yet benign, tumour which had spread from the patient's uterus into her heart.

A team comprising a cardiologist, radiologists and three surgeons performed a combined operation involving cardiac bypass and an incision from pubis to the sternal notch to remove the mass. It was an achievement, not just by the specialists involved, but also our Intensive Care Unit, Coronary Care Unit, nursing staff and the paramedics who brought her to hospital.

Our hospital is exceptionally well-placed to deal with such complex, life-threatening events. With 19 beds, the Wesley Hospital has the largest private ICU in Queensland. Under the leadership of Dr Ranald Pascoe it has achieved and maintained the highest level of accreditation and service for 21 years. Dr Pascoe has recently stepped down as Director, but will continue to work in our ICU. Congratulations to Professor Bala Venkatesh who has taken on the Director's role.

Congratulations also to Breast and Endocrine surgeon Dr Ian Gough who has received a Member of the Order of Australia (AM) for his significant service to medicine. Dr Gough recently performed his last surgery at the Wesley before his well-deserved retirement. His daughter Dr Jenny Gough, also a Breast and Endocrine Surgeon, will carry on the family tradition.

This issue we continue our focus on Paediatrics. Our team is going from strength to strength with several new specialists joining our team this year. With the opening of our new Paediatric Sessional Suites we have even more specialised children's doctors on site, offering even more services, including an insulin pump service, oral food challenges and sleep studies. I am very confident in saying we are now the leading provider of paediatric services on Brisbane's northside. ■

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Dr Ranald Pascoe and his team celebrate his retirement after 21 years at the Wesley.

Professor Ian Gough AM and daughter Dr Jenny Gough, who is a Wesley Breast and Endocrine Surgeon.

Front cover:

Outstanding team of specialists

L-R: Vascular Surgeon Dr Nicholas Boyne, Gynaecological-Oncologist Dr Jim Nicklin, Cardiothoracic Surgeon Dr Graeme Hart, and Cardiologist Dr Andrew Rainbird with the patient who had the rare intravenous leiomyoma removed.

GP Networking and Education

Thanks to the tremendous support of GPs, The Wesley Hospital has completed a very successful first six months of its CPD program. This year the program has been extended to offer two CPD evenings per month, in addition to our popular Saturday ALM program. It was great to see more than 75 GPs taking a hands-on approach to emergency care training as part of the Emergency Medicine ALM on Saturday 23 May 2015.

The focus on practical skills continues with our annual CPR training day on 17 October 2015. The day will consist of theory, assessment and skill stations making the CPR course very interactive. Included in the CPR program will be a workshop, run by our new Director of Intensive Care Dr Bala Venkatesh, on interpreting results e.g. radiology, pathology and ECGs. Numbers are capped so look out for your invitation in the mail. A list of our remaining events for 2015 is detailed on the back page of this publication.

The Wesley's series of networking events for GPs and specialists is well underway. Our first annual Wesley Men in Medicine rugby function at Suncorp Stadium on 15 May was very successful. This was a great opportunity to catch up with friends and put faces to names as GPs met new Wesley specialists in person for the first time. Our next networking event is the Wesley Women in Medicine High Tea to be held on Saturday 24 October at Drysllwyn House, Auchenflower. Please look out for your invitation.

For further information on any of our upcoming events please email wesley.bdm@uchealth.com.au or call 3232 7222.

If you would like a new specialist to visit your practice please contact Vicki Goss at vicki.goss@uchealth.com.au or 0419 020 156.■

Wendy Zernike
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1. Doctors enjoying the Reds rugby match at Suncorp Stadium
2. Dr Graham McNally and Dr Robert Taylor
3. Dr Simon Chong and Dr Han Aung
4. Dr Thomas Mylne and Dr Deepak Arumugum (Cardiologist)
5. Dr Stephen Cook (Obstetrician and Gynaecologist) and Dr Oreste Theodoratos
6. Dr Graham McNally and Dr Petar Vujovic (Breast and Endocrine Surgeon)

Meet our new Visiting Medical Practitioners

Dr Craig McBride

Paediatric Surgeon

Dr Craig McBride joined the Wesley's growing team of paediatric specialists in 2015, adding his extensive experience as a Paediatric Surgeon and medical educator. Dr McBride's interests lie in thoracic and minimal access surgery, hepatobiliary, burns, as well as the full range of common paediatric surgical conditions.

As well as working at the Wesley, he is a Senior Staff Specialist Paediatric Surgeon at the Lady Cilento Children's Hospital with outreach clinics and theatre lists at Redcliffe Hospital. He is a Visiting Medical Professional at the Mater Mothers', Mater Children's Private and St Andrew's War Memorial hospitals. He also works as a Paediatric Burns Surgeon at the Pegg Leditschke Paediatric Burns Centre, in Brisbane.

Dr McBride graduated from the University of Auckland, Faculty of Medicine and Health Sciences in 1994 with a Bachelor of Medicine, Bachelor of Surgery. He obtained his Fellowship of the Royal Australasian College of Surgeons (Paediatric Surgery) in 2007.

Due to his interest in teaching, Dr McBride has appointments at three universities and plays a major role in teaching at all levels - medical students, nurses, junior doctors, colleagues, surgical trainees. He is a senior lecturer at the University of Queensland and Adjunct Fellow at Griffith University, along with an academic role at the University of Edinburgh. In addition, he has been awarded for teaching at every hospital he has worked at since graduating from medical school in 1994.

His current research interests lie in burns, new technologies and the ethics of research in children's health.

Dr McBride is a member of both the adult and paediatric surgical Boards of Training, as well as being a member of both the Section of Academic Surgery (RACS) and Academy of Surgical Educators (RACS).

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Dr Kate Sinclair

Paediatric Neurologist

Dr Kate Sinclair is the newest addition to the Wesley's extensive team of visiting medical specialists.

Since 2005, Dr Sinclair has worked as a full time specialist at the Royal Children's Hospital in Brisbane, now Lady Cilento Children's Hospital, where she covers the breadth of child neurology including epilepsy, cerebral palsy, movement disorders and headache.

Dr Sinclair trained in Medicine at Oxford University in the UK, and completed her child neurology training in Cambridge, UK, and Brisbane. A keen interest in clinical research led her to set up a national clinic for a rare disorder, Ataxia Telangiectasia. Working with families and researchers, she facilitated research in MRI tractography and stem cell basic science. As a fellow of The Royal Australian College of Physicians, she won the FRACP Blackwell New Investigator award for research. Dr Sinclair was also the recipient of the Epilepsy Queensland Health Award in 2012.

Dr Sinclair is also a member of The Royal College of Physicians, UK; The Australian and New Zealand Child Neurology Society and The International Child Neurology Association.

Dr Sinclair looks forward to working in close collaboration with GPs to provide multidisciplinary care and ensure the best outcome for patients.

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Dr Morgan Pokorny

Urologist and Robotic Surgeon

Dr Morgan Pokorny has returned to private practice at The Wesley Hospital this year, bringing broad experience in all areas of urology and particular skills and interests in prostate cancer, robotic and laparoscopic surgery of urologic cancers and benign conditions, prostate MRI and MRI-targeted biopsy and general urology, including stone disease and BPH.

After completing his training in New Zealand, Dr Pokorny moved to Brisbane in 2009 and began a combined clinical and research fellowship at the Princess Alexandra Hospital over four years. He completed a PhD in the molecular biology of prostate cancer while undertaking fellowship training in laparoscopic and general urology. Dr Pokorny has worked with Dr Les Thompson since 2010 and together have completed the first Australasian study using prostate MRI and MRI-targeted biopsy in the diagnosis of prostate cancer at The Wesley Hospital. This study, published in European Urology in 2014, has set a new benchmark in prostate cancer assessment and diagnosis and established Dr Thompson and The Wesley Hospital as a prostate MRI centre of excellence.

In 2014 Dr Pokorny spent a year working in Belgium with Prof Alex Mottrie, Chair of the European Robotic Urology Section, completing a clinical fellowship in robotic surgery during which time he gained full competence in robotic prostatectomy and robotic renal surgery, as well as female pelvic organ prolapse repair and treatment of large BPH adenomas with robot-assisted enucleation.

Besides performing prostate MRI diagnostics and MRI targeted biopsy with Dr Thompson, Dr Pokorny will be the Primary Investigator in a new trial spearheaded by Dr Thompson, The Wesley-St Andrews Research Institute and Prof Jelle Barentsz, a world expert on prostate MRI in the Netherlands.

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Dr Luke Garske

Thoracic and Sleep Physician

A warm welcome to Dr Luke Garske, who has commenced a sub-specialty consultative service which focuses on patients with pleural effusion, mediastinal lymphadenopathy and lung lesions. He offers a range of procedures for the diagnosis and management of patients with pleural effusion. These include thoracoscopy, pleurodesis, tunneled pleural catheters, and real-time ultrasound-guided drainage. Dr Gaske has a major interest in the diagnosis and staging of suspected lung cancer, mediastinal lymphadenopathy and lung lesions. He offers advanced linear and radial endobronchial ultrasound for this.

Dr Garske trained at Royal Brisbane & Women's Hospital, The Prince Charles Hospital and Belfast City Hospital. Before joining the Wesley in June 2015, he worked for 13 years full time in public thoracic and sleep medicine at Princess Alexandra Hospital. He has a focus on interventional pulmonology, particularly pleural intervention and endobronchial ultrasound.

His recent research has been in the area of physiologic mechanisms of dyspnea with pleural effusion. He is completing the final study for his PhD which is a randomised controlled trial of inspiratory muscle training after pleurodesis for malignant pleural effusion. He has written three textbook chapters on pleural disease and published on a broad range of thoracic medicine topics.

Dr Garske is a member of the Thoracic Society of Australia and New Zealand, the Royal Australasian College of Physicians and Lung Foundation Australia.

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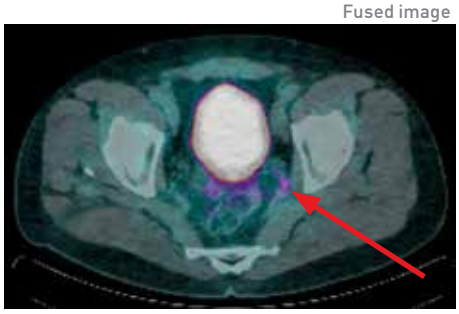
Advanced imaging for prostate cancer

Wesley Medical Imaging (WMI) has gained a reputation as Australia's premier site for prostate cancer imaging.

The cornerstone of its high standing is WMI's lead role in a world-first prostate MRI trial, which validated the use of multiparametric 3T prostate MRI for imaging of prostate cancer. Following on from this trial in 2013, WMI has performed over 8000 diagnostic prostate MRI scans and 700 MRI-guided prostate biopsies, placing it at the forefront of the industry in Australia.

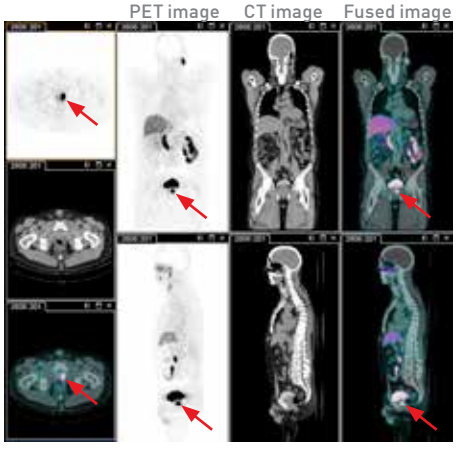
Fused image



Ga68 PSMA PET/CT: 5mm metastatic lymph node (red arrow)

WMI was the first centre in Australia to offer Ga68 PSMA (Prostate Specific Membrane Antigen) PET/CT scans to patients in July 2014. PSMA has a unique ability to detect the malignant spread of prostate cancer, including metastases measuring as little as 5mm. WMI is the industry leader in PSMA scanning, performing more of these scans than any other site in the southern hemisphere and scanning hundreds of patients from around Australia and overseas.

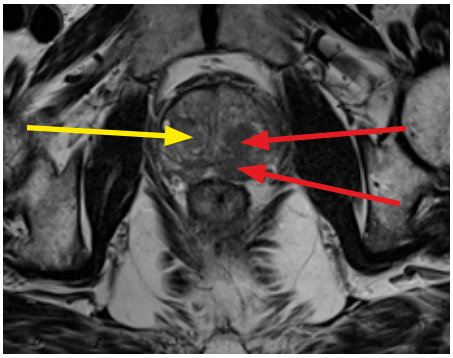
PET image CT image Fused image



Ga68 PSMA PET/CT: Prostate lesions (red arrows)

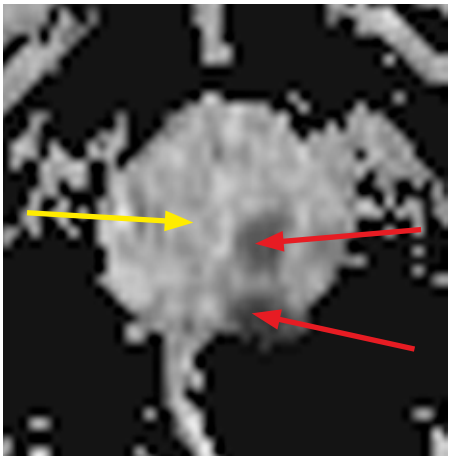
Combined 3T MRI and PSMA scans on a patient with primary prostate cancer lesions and lymphatic spread.

T2 weighted image



Multiparametric 3T MRI: Normal prostate gland tissue (yellow arrow). Prostate cancer lesion (red arrows).

ADC image



Multiparametric 3T MRI: Normal prostate gland tissue (yellow arrow). Prostate cancer lesion (red arrows).

The combined use of multiparametric 3T MRI and Ga68 PSMA PET/CT at WMI has produced a paradigm shift in the diagnosis and treatment pathway for men with prostate cancer. The advanced imaging techniques performed at WMI and ongoing collaboration between the radiologists, urologists, medical oncologists and radiation oncologists at The Wesley Hospital has led to great improvements in the detection, treatment and management of prostate cancer. ■

For more about our prostate imaging service, please contact Julie Eastgate at Wesley Medical Imaging on (07) 3371 9588 or 0407 963 029.

3D mammograms introduced at Wesley Breast Clinic

Digitial breast tomosynthesis, also known as 3D mammography, has been available at The Wesley Breast Clinic since early this year.

Breast Clinic medical officers, radiologists and radiographers have been busy learning how to use and interpret the new 3D technology so it can be most effectively incorporated into the Wesley Breast Clinic imaging protocols.

Wesley Breast Clinic Director Dr Lisa Erzetich said software upgrades have been installed onto several of its mammography units and the advanced imaging technology was being used in conjunction with conventional 2D mammograms.

Breast tomosynthesis produces a 3D image of the breast by creating multiple images or "slices" that allow doctors to examine breast tissue one layer at a time to detect abnormalities.

"Trials have shown that 3D mammograms can be particularly beneficial when used in conjunction with 2D mammograms for women with dense breasts or women with difficult to palpate breasts. Women with post-surgical scar tissue can also benefit from a 3D mammogram referral," Dr Erzetich said.

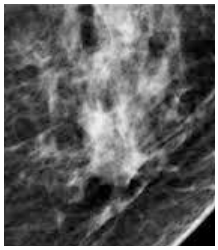
> "Treatment advances, including new drugs, are important but the other side of the coin is early detection."
> Dr Lisa Erzetich

"The Hologic technology will enhance the clinic's mammographic service by offering another method for early detection."

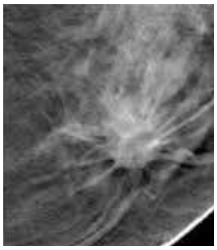
During a recent tour of the Clinic with Federal Health Minister Sussan Ley, Dr Erzetich explained some of the technologically advanced approaches to the diagnosis and treatment of breast disease.

"Treatment advances, including new drugs, are important but the other side of the coin is early detection," Dr Erzetich said.

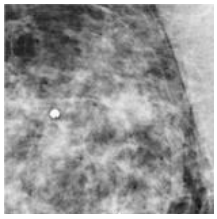
"Finding the breast cancer when it is small and confined to the breast significantly impacts the quality of life people have after treatment for breast cancer."



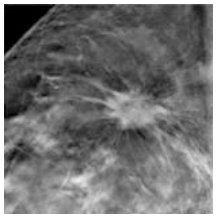
2D standard mammogram



3D tomosynthesis



2D standard mammogram



3D tomosynthesis

Wesley Director of Medical Services Dr Luis Prado said demand for the hospital's services is growing with some 2,000 women choosing to come to the Wesley for breast cancer treatment in 2014, and more than 23,000 women attending the Wesley Breast Clinic for screening and diagnostic assessment each year.

"The Wesley Hospital has been the leader in Queensland in the provision of seamless care for people with breast cancer from diagnosis through to treatment for more than 32 years," he said. ■

To make a referral call our Doctor hotline 07 3232 7085 or fax 07 3217 8840 for urgent appointments or email: wesleybreastclinic@uchealth.com.au www.wesley.com.au/breastclinic

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Dr Michaela Lee
Dr Melinda Heywood
Dr Namrata Bajra
Dr Sile DeBhal
Dr Gino Pecoraro
Dr Eva Kretowicz
Dr Andy Stamatiou

Wesley Paediatricians

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Massive effort to remove rare tumour

A team of Wesley doctors have performed life-saving surgery to remove a rare intravenous leiomyoma extending from uterus to right ventricle.

A 41-year-old Goondiwindi mother has had life-saving surgery at The Wesley Hospital to remove a rare tumour which had spread from her uterus into her heart.

The patient, who had experienced vague chest pains while driving, was admitted first to the Goondiwindi Hospital and later to the Toowoomba Hospital, and by that stage was experiencing irregular heartbeat and blackouts. Tests in Toowoomba detected a mass in the right atrium and right ventricle, she was then transferred to The Wesley Hospital.

Echocardiograms and a transesophageal echocardiogram, conducted under the direction of Wesley cardiologist Dr Andrew Rainbird, showed the mass was coming up from the inferior vena cava (the IVC vein that carries blood from the lower body to the heart).

Further studies to determine the extent of the mass included a coronary angiogram, a venogram, a cardiac MRI and PET scan. The results showed the mass was coming out of the right ovarian vein, up the IVC into the heart.

Dr Nicholas Boyne and Dr Graeme Hart during the four-hour operation to remove the tumour.

By then, a team of specialists had assembled to perform surgery on the patient, made up of cardiothoracic surgeon Dr Graeme Hart, vascular surgeon Dr Nicholas Boyne and gynaecologic-oncologist Dr James Nicklin.

Dr Hart said the patient was admitted on a Friday and by early the following week the specialist team had completed the plan for the highly unusual surgery.

"We worked as a team to plan the operation. We weren't certain what we were going to find. We planned for the worst and thankfully it didn't come to that. We were able to remove the entire tumour, and the patient is making a very good recovery," Dr Hart said.

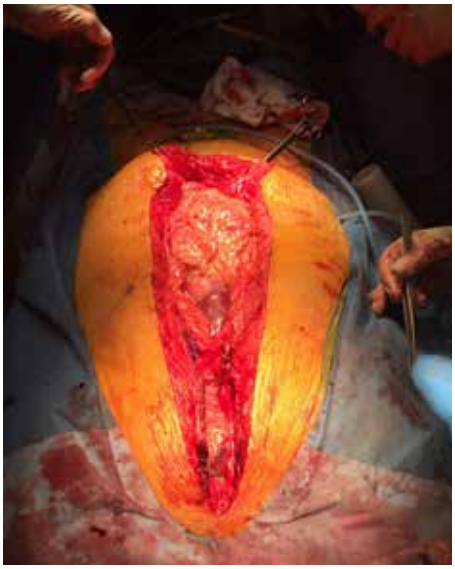
> "The successful completion of the surgery is a testament to the excellent collaboration amongst the different specialty groups."
> Dr Graeme Hart

The benign tumour - intravenous leiomyomatosis - is a rare condition seen in women in which benign smooth muscle tumours grow in veins, usually in the uterus. The masses can spread throughout the venous system, leaving the uterus and even causing death when growing into the heart from the IVC.

"We weren't certain what we were going to find. We planned for the worst and thankfully it didn't come to that."

Dr Graeme Hart

Operative specimen showing enlarged uterus containing leiomyoma with cord-like projection seen extending up ovarian vein and retrieved from IVC and right heart.



The surgical wound extended from sternum to pubis

"We started by opening the sternum and abdomen in one complete incision, from the top of the neck, through the breast bone, to the pubic bone. Then we exposed the heart and I assisted Dr Boyne to expose the IVC."

The patient was placed on heart bypass while surgeons removed the tumour growing within the veins and heart ventricle on the right side of her body.

"After the surgery was completed to remove the mass from her heart, the patient was taken off bypass and Dr Nicklin carried out a hysterectomy.

"The whole operation lasted about four hours, but we weren't rushing it, we were being cautious as we went so that we didn't miss anything, but it was as straightforward as one could hope for. It certainly could have been much more complicated, for example if the mass had adhered to the IVC."

Dr Hart said intravenous leiomyomatosis was "quite rare, and very uncommon in clinical practice".

"It's also very unusual for the mass to come right from the uterus up through the IVC into the right side of the heart so dramatically.

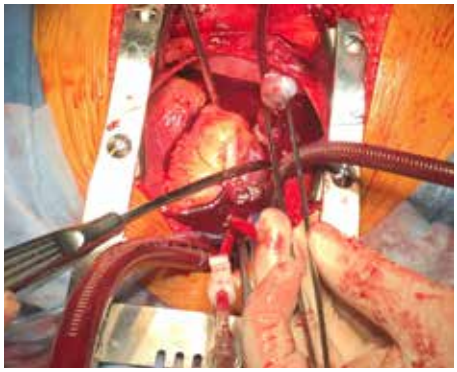
"It was an illustration of how important it was to take the time to get the correct information from the cardiologist and also the radiologists, to know exactly where this mass was.

"It was a combination of work between the cardiologist, radiologists, and the three of us who performed the surgery.

"The successful completion of the surgery is a testament to the excellent collaboration amongst the different specialty groups. Our scrub nurse, Jenni White, who specialises in cardiac surgery, was there for the entire operation. She coped tremendously well and deserves special mention," Dr Hart said.

Dr Hart said the tumour had "probably been growing many months, or a year or two, it's hard to know how quickly these things grow".

The patient, who has nine-year-old twins, was discharged from the Wesley in early May and is recovering rapidly. "The patient was seen at a six-week post operative review and has made an excellent recovery," Dr Nicklin said. "She reports that she has not felt so well in a very long time." ■



The heart was placed on bypass during surgery. Cord-like intravenous leiomyoma is being extracted.

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Dr James Nicklin, Gynaecologic-Oncologist:
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Dr Andrew Rainbird, Cardiologist:
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Growth spurt for kids' services

The opening of the Paediatrics Sessional Suites at the Wesley has been a boon for families seeking services for children on Brisbane's inner-city, west and northside.

Nine doctors are already utilising the refurbished space, providing paediatric services ranging from respiratory medicine and diagnostic sleep studies to allergy testing and oncology. The Wesley's surgical services for children are also expanding, with speciality offerings ranging from orthopaedics and ENT to paediatric neurosurgery.

The new suites are located on Level 2 in close proximity to the Wesley's 13-bed children's ward, and occupy the facility formerly used by Monash IVF, which has relocated to Level B2 of Moorlands Wing.

Medical Director of Paediatrics Dr David Coman said the new kid-friendly space had enabled more doctors to offer their services for one or more days a week, catering to a growing demand for private paediatric services.

"The arrival of three new paediatric surgeons shows how quickly our service has expanded from a year ago, " he said. "Our paediatric service is going ahead leaps and bounds.

"Since the relocation and merger of the Royal Children's Hospital into the Lady Cilento Children's Hospital, we are now the largest provider of paediatric services on Brisbane's north side."

The Wesley Paediatric Sessional Suites can be contacted on (07) 3232 7759

Dr Helen Buntain	Paediatric Respiratory Physician	Monday, Thursday
Dr Kim Robertson	Paediatric Allergy and Clinical Immunology Physician	Wednesday, alternate Fridays
Dr Wen-Yi Chew-Lai	Developmental Paediatrician	Monday
Dr Kate Russell	Consultant Paediatrician	Thursday
Dr Nigel Dore	Respiratory Paediatrician	Monday, Thursday
Dr Romi Das Gupta	Paediatric Surgeon	Tuesday (alternate)
Dr Bhavesh Patel	Paediatric Surgeon	Tuesday (alternate)
Dr Kate Sinclair	Paediatric Neurologist	Friday (am)
Dr Craig McBride	Paediatric Surgeon	To be advised

Patient Jake arrives for his specialist appointment at the Paediatric Sessional Suites reception.

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Lower limb pains or gait difficulties in the young

Gait disturbances in children are one of the common presenting complaints to family doctors, emergency rooms and specialist clinics. Paediatric Rheumatologist Dr Navid Adib explains the necessary investigations.

The onset of gait disturbance in children may be sudden, rapidly drawing attention, or slow and insidious, often taking much longer to be noticed. This article attempts to provide a structured approach in the work-up and management of these patients. In any assessment, a careful history detailing how the problem came to be noticed is of paramount importance. This will then help the clinician to focus on the relevant aspects of that specific presentation by setting up appropriate investigations, resulting in a timely arrival at the correct diagnosis. For example, lower limb aches and pains in a child who has just started schooling must prompt the clinician to enquire about motor developmental milestones and if these were achieved late.

This discussion must start from the perinatal period to include abnormalities of lower limb posture or movement. Lower limb and joint asymmetry may be noticed prenatally by morphology ultrasound scans, revealing anatomical pathology such as "intrauterine bands" as is the case in pregnancy-acquired Varicella infections. Other examples may include shallow acetabulae pointing to hip dysplasia which may need postnatal splinting by an orthopaedic specialist. The abnormality may be dynamic in nature evidenced by a paucity of foetal movements, as may be the case in disorders of muscles or nervous system (e.g. muscular dystrophies) which may also result in anatomical abnormalities such as talipes equinovarus, or arthrogryposis multiplex congenita. This history may provide aetiological clues to the assessment of a joint (e.g. ankle) with reduced range of motion (ROM).

Sometimes abnormal skin indentations along with joint contractures may be the clue to the reduced foetal movements, prompting the astute clinician to search for a more systemic explanation for the observed abnormality. Such obvious abnormalities, however, are often detected in the perinatal period and appropriately referred to specialities such as paediatric orthopaedics or neurology.

More urgent presentations in very young infants may be due to acute osteomyelitis or septic arthritis. There is often a sudden reduction in the movement of the affected area, accompanied by pain and distress. Constitutional symptoms of infection such as fevers, rash, erythema or regional swelling are helpful but may not always be present. A high index of suspicion is important in decision making regarding appropriate investigations and making the correct diagnosis. For instance, swelling is usually not detectable in the hips and the only clue to hip pathology may be parent report of infant distress at times of nappy change or when held against the side of the parent astride their waist. Clues to the presence of a septic joint may include intense pain and muscle spasm across the joint, with the child disallowing examination of the site.

Non-infectious inflammatory conditions

Non-infectious inflammatory conditions may affect any joint in the lower limbs, although often the large joints are involved. The aetiology of these presentations is commonly related to an inappropriate and persisting inflammatory response at or near the joint. If there is a history of a recent infection in the individual, a transient synovitis may be present, which is expected to resolve within one to two weeks. This condition may infrequently recur or affect the contralateral side. But a history of recurrence of symptoms in the same joint, or involvement of other joints over a few weeks to months, must prompt evaluation for chronic childhood arthritides e.g. juvenile idiopathic arthritis (JIA). As this condition is associated with chronic uveitis (one of the leading causes of blindness in Western children), a timely diagnosis and referral for assessment by a paediatric rheumatologist and an ophthalmologist is mandatory. Unless presenting with systemic arthritis (previously known as Still's disease) where fevers are almost always present, most other subtypes of JIA do not necessarily present with this symptom. Usually there is detectable swelling and heat (hard to be detected in the hips) and reduced function in the region involved, but erythema is not consistently present.

JIA may uncommonly present in the first year of life (almost never before six months), which may manifest as abnormal posturing of the lower limb e.g. fixed flexion or lateral rotation of the knee. In the older infant, regression in gross motor milestones may be the presenting feature e.g. bum-shuffling after the child has been able to walk independently. Irritability and obvious limp, as well as localised pain in the older infant, may be reported. The parents may disclose that the symptoms are more noticeable in the mornings or after a period of sleeping during the day (gelling, or early morning stiffness), only to diminish or even disappear later in the day. Waking up with pain in the middle of the night is always abnormal and must prompt careful evaluation and exclusion of oncological presentations e.g. chloromatous joints in leukaemia.

In school-age children and young adults, localisation of pain(s) may be more forthcoming. Often a necessary function for the activities of daily living (ADL) is affected. Careful evaluation of lower limb joints including subtalar joints and tarsus is important as these often evade clinical evaluation.

Non-inflammatory musculoskeletal pains

Non-inflammatory musculoskeletal pains are extremely common in both pre-school and school-age children. These pains are generally intermittent, bilateral or even generalised, and present later in the day and in association with physical activities (during, after, or the following evening/morning). The associated symptoms may also include limping, and mild swelling (rather a fullness) in feet, ankles, and knees which typically

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Massive right knee effusion and external rotation in a two-year-old male with juvenile idiopathic arthritis (JIA).

resolve with rest. There may be night time waking with pain, but usually this is in the earlier parts of the night, just after going to bed. A high proportion of these children have increased joint laxity and associated pes planus with hindfoot valgus, genu recurvatum or valgum, as well as increased skin elasticity - a condition now referred to as joint hypermobility syndrome (JHS). These pains become more noticeable in the first year of school when their routines become more regimented. It is likely that the source of these pains is in the muscles and tendons, and due to a "strain" pattern.

Examination, testing and treatment

A careful examination of young people with lower limb pains is mandatory. Abnormal posture such as external rotation in the inflamed knee must be noted and thoroughly assessed. As usual, observation for any nail or skin abnormalities (e.g. psoriatic changes), as well as asymmetry in the muscle power or bulk, needs attention. In the walking child, gait needs to be assessed and also their running pattern if possible. Trendelenburg or "waddling" may point to proximal and core muscle weakness, a pattern commonly seen in myositis or other conditions associated with muscle weakness (e.g. JHS). Guillain-Barre syndrome may present as extremely painful lower limbs and loss of mobility, and the hallmark of examination is areflexia.

Reduced ROM in the involved joints associated with pain and swelling must raise suspicion for an inflammatory cause. Careful exclusion of septic arthritis is paramount, with more intense constitutional symptoms e.g. fevers, erythema or joint spasm suggesting this diagnosis.

Investigation of lower limb pains or gait abnormalities will usually require baseline blood work-up viz. FBC, electrolytes and calcium, ESR, CRP, CK, and, if infection is suspected, blood cultures. To investigate for JIA, blood tests should include ANA, RF, and HLA-B27 antigen. If a recent history of sore throat or skin infection is present, Streptococcal serology may need to be conducted. Arbovirus serology testing (RRV, BFV) may be useful for identifying the cause and prognosis. Radiological investigations may include plain films, ultrasonography, as well as judicious use of MRI or bone scintigraphy.

Once a septic joint or traumatic cause has been ruled out, referral to a paediatric rheumatologist should be made without delay. Treatment of the above conditions depend on the pathological process. In the acute phase, analgesia needs to be provided with preference for NSAIDs rather than paracetamol. Judged by pain severity, codeine, oxycodone, or oral morphine may be used for short periods until definitive treatment has been put in place. Inflammatory joint conditions may need administration of intra-articular corticosteroids which usually require general anaesthetics. After this, a block of physiotherapy is usually indicated to rehabilitate the weakened muscles and restore the normal ROM. ■

Dr Navid Adib is a Paediatric Rheumatologist practicing at The Wesley Hospital since 2006. His areas of interest include musculoskeletal and inflammatory disorders, juvenile arthritis, juvenile dermatomyositis, lupus and morphea.
Dr Adib completed his PhD in paediatric rheumatology in Manchester, UK. He trained at Great Ormond Street Hospital, London, and The Royal Manchester Children's Hospital, Manchester. He is a member of the Australian Rheumatology Association and a Fellow of the Royal Australian Collage of Physicians.

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Brisbane doctors tackle the affordability of healthcare at Q&A

Brisbane doctors examined the pressing issue of health funding at a lively Q&A forum moderated by ABC TV's Tony Jones and hosted by The Wesley Hospital and St Andrew's War Memorial Hospital on Saturday 13 June.

More than 220 GPs, medical specialists and healthcare professionals explored the topic `Good Healthcare: Can we afford it?' at the UnitingCare Health event held at the Brisbane Convention and Exhibition Centre.

The expert panel tackled a range of questions about increased health insurance costs, healthcare rationing and funding end-of-life care. Other issues raised included clinical redesign, research funding and non-means tested public health.

"Again this year, the Q&A event has been a useful format for addressing some of the hot topics facing the medical community."

Dr Luis Prado

Panel chair Associate Professor Dr Luis Prado, Chief Medical Officer for UnitingCare Health and Director of Medical Services at The Wesley Hospital, said the question of how the community will meet the future cost of good health, particularly as medicine becomes more technologically advanced, needed more discussion.

"Again this year, the Q&A event has been a useful format for addressing some of the hot topics facing the medical community," he said.

"By bringing together the Queensland Minister for Health, expert representatives from the public and private health sectors, the insurance industry and general practice, we were able to speak honestly and openly about the challenges facing healthcare and work towards some solutions."■

Watch the Q&A with Tony Jones at wesley.com.au

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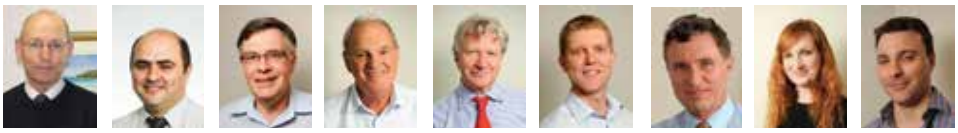

Left to right - Prof Roger Allen, Dr Farzad Bashirzadeh, Dr Ian Brown, Dr Robert Edwards, Dr Maurie Heiner,Dr Justin Hundloe, Dr Stephen Morrison, Dr Sophie Williams, Dr Christopher Zappala

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Please note: Topics & dates are subject to change