

25th Annual Update in Emergency Medicine

Whistler 2012

Of Penises & Perineums in Children! Paediatric GU Emergencies

Dennis Scolnik

MSc, MB, ChB, DCH, FRCP(C)
Paediatric Emergency Medicine & Clinical Pharmacology & Toxicology
Hospital for Sick Children
University of Toronto

Goals & Objectives

1. Mx of urosepsis in children
2. Mx of common male GU emergencies (paraphimosis, balanitis, hernia, torsion)
3. Mx of common female GU emergencies (perineal lacerations, hernia, torsion)

UTI

- Consider urine in all febrile infants
- Fever (even with GE, URTI, AOM)
 - day 1: 5% UTI
 - day 3: 12.5% UTI
- UTI with neg dip
 - 15% newborn → 1-2% within 3-4 months
- Therefore bag OK to rule out

UTI (2)

- Newborn M>F, later reversed
- Circumcision somewhat protective 1st yr

UTI Presentation

- Remember non-specific:
 - fever
 - ↓ intake, vomiting
 - lethargy
 - jaundice
 - irritability
 - 2^o enuresis
 - abd pain, dysuria, haematuria, CVA tenderness

UTI Differential

- FB
- Pinworm
- Trauma
 - abuse

UTI Mx

- Pos bag → 'clean' urine
 - MSU (90% in 2 hrs)
 - cath
 - SPA
- E. coli (Toronto)
 - amoxicillin 70% resistance
 - cotrimoxazole 50% resistance
- Cephalexin 50mg/kg/d ÷ TID (compliance)

UTI Mx (2)

- Admit febrile UTI:
 - toxic
 - young (depends on f/u)
 - vomiting

UTI Ix

- U/S
- VCUg
- 1/3 anatomical abnormality
- 80+% = reflux
- Most grade 1 or 2
- 20% resolve annually
- Cause/effect with scarring tenuous
- ? no prophylaxis

Painful Scrotum

- Epididymo-orchitis
- Torsion testis
- Torsion appendix testis
- Hernia
- Trauma
- HSP/Kawasaki's
- Haemorrhage/tumour

'Painless' Scrotum

- Hydrocoele
 - painless
 - transilluminates
 - can be secondary
 - NB hydrocoele of cord
 - can come & go!
- Tumour
 - painful with haemorrhage

Epididymo-Orchitis

- Posterolateral → entire testis
- Prepubertal vs pubertal
- Avoid 2 finger exam!

Epididymo-Orchitis Mx

SickKids:

- check urine
- no antibiotics unless urine pos
- NSAIDS
- firm underwear
- elevation
- ± Ix

Torsion (vs Epididymitis)

- Sudden onset
- Onset with exertion
- Vx
- Whole testis
- High riding testis
- Transverse lie
- Closed book worse
- Cremasteric absent
- No fever

Testicular Masses

- Can you get above it? No → hernia
- Does it transilluminate? Yes → hydrocoele
No → bowel/blood
(approximatel)

Torsion Appendix Testis

- Localized
- 'Blue dot' sign

ULTRASOUND (Doppler)

Painful Penis

- Balanoposthitis/phimosis
- Paraphimosis
- Priapism
- Penile tourniquet
- Trauma
- (Scrotal/inguinal pathology)

Balanitis/Balanoposthitis

- Balanitis = inflammation glans
- Balanoposthitis = inflammation of glans AND foreskin
- NO FORCEFUL RETRACTION

Balanitis/Balanoposthitis (2)

- Sitz baths, cleanliness
- Pain relief
- ± antibiotic (cephalexin PO)
- ± 0.5% hydrocortisone ointment
- Circumcision

Paraphimosis



Paraphimosis

- Forceful retraction of foreskin
- Rx:
 - Firm pressure for many minutes
 - Pain relief
 - Sedation
 - Reduction

Reduction of Paraphimosis



Inguinal Masses

- Hernia
- Testis
- Ovary – urgent repair!!
- Node
- (Vascular)
- Tumour of local tissues

Hernia

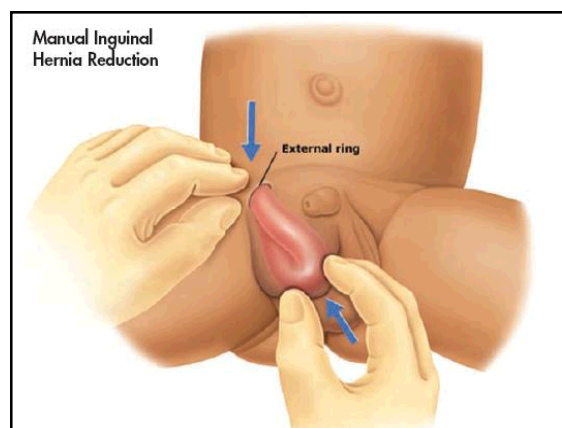
- 1-2%
- Preterm 7-10%
 - repair early
 - 50% bilateral (vs 10%)
- R>L
- M:F = 3-10:1

Hernia

- Cannot get above
- Cannot palpate the cord

Hernia Rx

- Calm
- Pain relief pm
- Trendelenburg
- ± sedate
- Reduce
 - slow & firm
 - ‘round the corner’



Vaginal/Perineal Lacerations

- Full Hx & Ex
- Check for swelling/bleeding
- Remember abuse
- Can leave most
- Keep clean
- Sitz baths
- Pain relief

Ovarian Torsion

- Role of U/S

Urethral Prolapse



Urethral Prolapse

- School age, Black/Hispanic children
- Coughing, constipation, urinary tract infections, obesity or trauma
- Haematuria
- Premarin
- Sitz baths
- (Antibiotics)
- (Surgery)

Peri-Anal Strep

- Bright red, sharply demarcated rash
- Itchy, painful
- May be blood in stools (1/3)
- Can last 3 wks- 6 m
- Gp A beta-hemolytic streptococci
- 6 m - 10 yrs

Peri-anal Strep



Peri-Anal Strep (2)

- Often misdiagnosed & mistreated (with antifungals/steroids, pinworm meds etc)
- Rapid strep test can confirm
- Rx: amoxicillin or penicillin
- Recurrences common
- Can spread in family

Labial Adhesions



Labial Adhesions

- Common
- Only a problem if cannot urinate
- Cured by puberty
- Sitz baths
- Zinc oxide or petroleum jelly
- Oestrogen ointment
- Can recur

Thank You!

Questions??