7 Conditions in children that may cause parents worry

Swollen Lymph Nodes

The human body has a network of thin walled vessels, known as lymphatic vessels, with lymph nodes (also known as lymph glands) located at different sites of the body.

Most of the lymph nodes, concentrated in the neck, armpits and the groin, prevent the spread of infection by producing lymphocytes, a constituent of white blood cells, while at the same time filtering out infectious elements.

Children are more likely to have one or more swollen glands in the neck or collarbone compared to adults because the lymph nodes of a growing child are more active. These swollen glands are normally soft and small and are not painful. A lot of parents worry about their child having "big round lumps", a very common complaint among outpatients.

(Illnesses that cause swelling of the lymph nodes)

There are a lot of illnesses that cause lymph nodes to enlarge, but in most cases swelling occurs from a bacterial or viral infection. When a bacteria or virus invades the body, the lymph nodes are called into action, swelling or becoming sore and preventing the infection from spreading all over the body. Below are common illnesses related to enlargement of lymph nodes:

- Behind the ears, collarbone·····eczema, skin infection, bacterial infection (inflammation of the outer ear, inflammation of the middle ear, etc.) viral infection (chicken pox, rubella, etc.)
- Under the jaw or neck·····tooth decay, inflammation of oral mucosa, oral infection, throat infection, eczema, skin infection,
- Armpit······Hand or arm injury, eczema, skin infection,
- Groin·····Leg injury, eczema, skin infection,

There are some of the other illnesses that cause swelling of the lymph nodes.

See a doctor if lymph nodes gradually became enlarged, hard, painful, and increase in numbers.



Growing Pains

What is it?

Growing pains is a condition that occurs in children between the ages of 3 and 6. The child experiences pains in the legs with no apparent physical cause.

A child who is actively playing during the daytime may suddenly complain of severe pain around the knee and calf late in the afternoon and throughout the evening. These pains usually subside by morning.

The pains come and go once or twice a week sometimes occurring several times a year, and varying in severity from mild to very painful

The most likely cause is tired out muscles stemming from too much leg activity, for it is at this stage when children are most active. While young, the bones, muscles, tendons, ligaments and joints have not yet fully developed. Therefore, too much physical exertion puts pressure on the legs, and that can result in severe pain and physical exhaustion.

Treatment

Growing pains is not an illness and does not require any special treatment.

For severe pain, a medicated plaster (pain reliever) is prescribed.

Home Care

- · Apply a warm towel.
- · Massage the leg while giving a warm bath.
- · Soothe by rubbing the leg gently.

Precaution

When a medical assessment shows no abnormalities or health problems, the condition is known as growing pains. However, children should see a doctor if the pains persist until morning; the child limps when walking, or when there is swelling.



TICS

What is a tic?

A tic is an involuntary abnormal movement of the body or voice. It is a temporary mannerism that is believed to be caused by emotional disturbances in children. It is very common among preschoolers. (Common types of tics are:)

- · Eye blinking
- · Facial grimacing
- · Mouth twisting
- · Throat clearing
- · Sniffing
- · Sudden yelping noises
- · Head shaking
- · Shoulder shrugging or sudden jerking of the arms and legs, and other abnormal movements.

Medication

Most simple tics disappear in time-within 6 months to one year, but there are cases when tics are difficult to treat.

Home Care

It is important that family members not be overly sensitive about tics, trying their best to ignore them. Try to identify the child's anxiety and make efforts to ease any tension and insecurity in the home.

Remember that tics are not done purposely. Punishing and scolding are not helpful and will only make matters worse. Tics are best ignored. Seek ways to make the child feel relaxed and happy at all times.

Acetonemic Vomiting Cyclic vomiting syndrome (Auto intoxication)

What is it?

A healthy child who suddenly looks unwell, becomes weak, complains of a headache and stomach pains and then starts to vomit, is most likely exhibiting signs of acetonemic vomiting. A slight cold, lethargy and mental strain have been said to trigger a sudden increase of acetonemic substances in the blood that induce nausea Severe nausea and vomiting may last for a few hours or may persist for about 4-5 days which may lead to dehydration. This condition is known as acetonemic vomiting, cyclic vomiting syndrome or autointoxication.



Treatment

- ① To relieve nausea: Oral or suppository medication is prescribed
- ② Intravenous Injection: If vomiting persists, intravenous fluid therapy may become necessary to replace lost liquids, relieve nausea and directly supply the much needed grape sugar to the body. There are cases when the condition can be treated with one dose of intravenous injection, but some patients may require continued treatment.
- ③ Hospitalization: Severe dehydration requires hospitalization.

Home Care

The primary concern with this condition is dehydration.

To prevent dehydration, give frequent small sips of lukewarm water or tea (bancha), increasing the amount little by little as the nausea subsides. A physician should be consulted if nausea is recurrent.

Precaution

Cyclic vomiting may be a warning of something more serious, such as epilepsy, diabetes and other intestinal disorders. For recurrent episodes, it is important to undergo medical testing to determine possible cause.

Bow Legs & Knock-Knees

Bow Legs

When one stands and straightens up and the legs curve outward and the knees come wide apart, the condition is referred to as bow legs. Babies are to some degree bow legged from birth. Bow Legs is common in infants until they begin to walk. They usually outgrow this condition by the age of two.

Knock-knees

When one's legs are straightened and the knees touch and the legs curve outward in the opposite direction, the condition is referred to as knock-knees. Knock-knees are most severe at the age of about 3 years and usually straighten up when the child is about 6-7 years old.

Both bow legs and knock-knees are part of normal growth and development, however, severe cases can result in knee pain, tripping, or fatigue. Extra care is necessary as both bow legs and knock-knees can be symptoms of underlying illnesses.

When to Consult a Specialist

Bow legs: If, at the age of 2, the space between the knees is more than the width of 3 fingers. Knock-knees: If, at the age of 3, the space between the calves is more than the width of 4 fingers.





Nocturnal Enuresis (Bed-Wetting)

What is it?

Nocturnal enuresis is involuntary bedwetting during sleep. This commonly affects children after the age of 5. Most cases of nocturnal enuresis are caused by a failure in the control mechanism between the urinary bladder and the brain, neither of which are fully developed at this stage. Other causes of urinary incontinence are small bladder capacity, deep sleeping (failure to wake up to empty a filled bladder) and hormonal imbalance resulting in the overproduction of urine by the bladder. In time, however, a majority of children outgrow this condition naturally.

Treatment

- ① Wait for the child to outgrow the bedwetting habit : Don't get upset. Don't wake them up. Don't be impatient.
- ② Medication: Medicines to control muscle spasm, medicines to prevent deep sleep or medicines to limit production of urine are prescribed.
- ③ Bladder training: There are ways to control urination. Train the child to anticipate the need to urinate and prevent urination when away from the toilet

Home Care

There are 3 things parents should not do when dealing with this problem: never scold, never wake the child, and never rush.

- **Never scold**: Scolding will not help solve the problem. Parental pressures only make the condition worse, and may create psychological problems.
- Never wake the child: It is useless if the child does not learn how to wake up by himself. Also, waking the child could hinder physical growth.
- **Never rush**: Most enuresis conditions are resolved naturally as the child grows. Parents should have patience and understanding when dealing with their child's problem.
 - ① Fluids: Give plenty of fluids during the daytime, but limit the quantity before bedtime.
 - 2 Take the child to the bathroom before going to bed.

Involuntary Frequent Urination

What is it?

Involuntary frequent urination is when a child has a continuous urge to urinate several times, and is often due to mental tension or pressure. A condition similar to but not associated with a bladder infection, as the child does not feel any pain and does not get a positive result on a urine test. The distinguishing feature of involuntary frequent urination is that it disappears when the child is occupied or when he is asleep. In most cases, frequent urination reflects emotional stress and usually occurs when the child has a cold and feels unwell.

Treatment

No special treatment is necessary.

Home Care

- Try to figure out what is causing the child's stress.
- Family members can make the problem worse by worrying.
- Do not punish the child because of this condition.
 The child should be allowed to go to the toilet whenever necessary.

Possible Causes

- Birth of a younger brother/sister. Excessive scolding.
- Continued tension because of exams and other school activities.
- Too much concern over toilet training or forcing the child to go to the toilet.
- Joining a new school or group that keeps him from going to the toilet when he feels like it.
- Excursions and long trips that hamper regular urination.



Orthostatic Dysfunction (OD)

What is it?

OD is an impairment of the autonomic nervous system caused by an unstable autonomic nerve. It is generally observed among growing children in upper elementary and middle high school. The autonomic nervous system is composed of two parts, the sympathetic system and the parasympathetic system, that work together to maintain the body's equilibrium. An imbalance in the synergy of these two systems may give rise to abnormal physiological functions, resulting in symptoms such as a sudden decrease in blood pressure, fainting, dizziness, palpitations or shortness of breath, loss of energy or exhaustion, among others. Some also experience headaches, vomiting, stomachaches or loss of appetite.

Treatment

- Oral medication: Prescribed medications vary depending on the underlying cause of the condition.
- Medical therapy: A cold wet towel rubdown, a cold water splash after a hot bath, or a towel massage to help stimulate the skin and induce the autonomic nerves to function.

Home Care

- Observe a well-regulated daily routine.
- Continue with the towel rub down as this is an effective way to stimulate the autonomic nerves.
- Avoid physical and mental exhaustion. Make sure to exercise moderately. Have a change of atmosphere and find time to relax.

Precautions When Taking Medications

- ① Medicines to help increase the blood pressure should be taken twice a day. It is advisable to take the first dose early in the morning and the second one before lunchtime, as taking the second dose in the evening may result in sleeplessness
- ② If the condition does not improve after taking the medication for 2-3 weeks, there is a need to change or add to the prescription.
- ③ Continue taking the medication even after the condition has improved.

Nosebleed

As the mucous membranes of children are sensitive, nose picking or a slight rubbing of an itchy nose can trigger a nosebleed. Children who have allergic rhinitis are most likely to have nosebleeds because they tend to rub their noses more often and that easily injures the mucous membrane. A nosebleed usually stops in 5-10 minutes.

First aid measures for nosebleed

- ① Have the child sit up and lean forward.

 (For infants, let the infant lie down sideways to prevent the blood from being swallowed.)
- ② Insert gauze covered with Vaseline® ointment into the nostril and squeeze in lightly.
- ③ With a little pressure, pinch the base of the nose with fingers.
- 4 Cool the base of the nose with a cold towel compress.

If bleeding does not stop, seek emergency medical help to check for other possible causes of bleeding. And if the nosebleed recurs, go to an ENT doctor (otorhinolaryngologist).



Geographical Tongue

Geographical Tongue is a condition in which the tongue's surface is found to have white raised patches together with smooth red areas and the entire tongue appears to resemble a map. There are days when the map-like pattern is larger and days when it is smaller. The shape or positions also change.

There is normally no pain or itchiness, but there are times when the tongue may feel sore, especially after eating spicy foods. It is not known what causes this condition. It is not considered an illness and no special treatment is necessary. This condition usually goes away by the time the child goes to primary school. However, if the child feels sore from the food he eats and loses his appetite, ask your physician for a prescription for a topical ointment.

Partial Precocious Puberty

Partial precocious puberty is a condition when the breast(s) of an infant or growing child (boy or girl) suddenly develops before the age of adolescence.

For no apparent reason, the mammary gland becomes sensitive to hormones, and the breast starts to develop.

The breast becomes hard like rubber and may enlarge to about the size of the tip of the thumb. Normally, this sudden breast development disappears and the breast goes back to its normal size within six months, or in some cases after one year. This condition is not considered an illness. Observe the following points listed below, as there may be some underlying disorders in some cases.

- ① The mammary gland or breast continues to develop and increases in size.
- ② Sudden physical and physiological changes occur.

 (Rapid rate of height growth, onset of menses or appearance of pubic hair)



Enlarged Tonsils

Tonsils that grow are referred to as enlarged tonsils, a fairly common condition. Most children with enlarged tonsils are relatively normal. The tonsils eventually shrink on their own by the time children reach their upper grades at school. However, if the enlarged tonsils cause some problems, thay can be surgically removed.

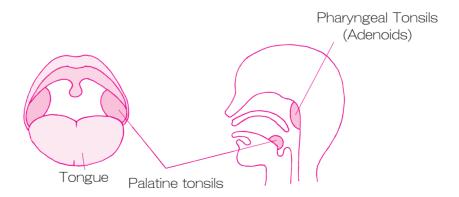
Indications of surgical operation of Palatine tonsils (Tonsillectomy):

- ① Repeated absences from school due to severe swelling and high fever.
- 2 Tonsils infection develops a risk of affecting the heart or kidneys.
- ③ Enlarged tonsils causing sleep disturbance, obstruction in breathing or difficulty in swallowing food.

Enlarged Pharyngeal Tonsils (Adenoids)

Indications for surgical operation of Adenoids:

- ① Nasal speech due to clogged nose or a habit of breathing through the mouth.
- 2 Risk of hearing impairment.
- 3 Affects concentration and causes behavioral problems



Asthmatic Bronchitis

What is it?

Young children usually experience shortness of breath or have a wet cough and wheezing sounds when they have a cold. This happens when the narrow air tube (bronchi) of the child is inflamed (bronchitis) and mucous clogs the flow of air causing an asthmatic wheezing sound. Children born with weak bronchi are the usual sufferers and, in most cases, this condition commonly recurs every time they have a cold.

Asthmatic bronchitis is different from "Bronchial Asthma" and usually heals on its own when the child is about 2-3 years old.

Treatment

- ① Oral Medication: Antibiotics or medicines to clear the airways and thin out mucous are prescribed.
- ② Inhalation: Medicines to help clear the bronchi. Inhalers are used to ease breathing.
- ③ Medicated plaster: This is prescribed to minimize coughing at night time.
- ④ Suppository: Use a suppository if the child cannot take oral medication, or if coughing is severe in the middle of the night.

Home Care

- ① Fluids: Give fluids several times in small amounts. Do not give too much at one time.

 A full stomach will only make breathing difficult and may even cause vomiting.

 Taking enough fluids helps keep the mucus from becoming thick. Fluids like juice, tea or ion supply drinks for children are recommended.
- ② Meals: Give foods that are easy to digest. Do not force the child to eat. Feed in small amounts at the same time as giving fluids.
- ③ Sleep: It is hard to get a good sleep when breathing is difficult. The best way to help the child with this is to hold the child in one's arm and find the most comfortable position.
- ④ Cough: Gently pat the baby on the chest or on the back 3-4 times a day. This helps to let the mucus flow and ease breathing.

Precautions

Medical attention and hospitalization is required when breathing becomes labored, the chest moves faintly up and down, skin becomes pale and the child looks unwell.