

Paediatric topics for SA Family Practice



Prof. DF Wittenberg

It is fitting that this journal should devote a whole issue to paediatric topics. Most South African children are treated by generalist doctors in general and family practices, in clinics and hospital outpatient departments. Cost-effective and evidence-based management of common ailments can do much to empower mothers and improve outcome.

The choice of topics is relevant to the relative frequency of respiratory complaints in winter. Even viral gastroenteritis has a winter peak incidence in the more affluent communities, but is additionally chosen here because it is such a common condition.

In the first article, Professor Dankwart Wittenberg highlights the fact that acute onset gastroenteritis is most often due to a viral infection. In this condition, fluid and food management are the most important issues. Drugs and antibiotics have a small place only. The symptom diarrhoea may also be caused by conditions such as parenteral infections, malabsorption, allergic, immune,

endocrine and autonomic disorders and even drug side effect, but the acute disease gastroenteritis is recognised by mothers and doctors alike.

Professor Prakash Jeena is in charge of the paediatric pulmonology section of the Nelson Mandela School of Medicine in Durban. He emphasises the huge burden of disease due to *Streptococcus pneumoniae*, and points out that increasing resistance to antibiotics mandates the search for other prevention modalities. The previously available 23-valent purified polysaccharide vaccine is poorly immunogenic in children under 2 years of



age, so vaccination after this age missed the most vulnerable patients. The development and licensing of an effective new conjugated vaccine has resulted in a good reduction of pneumococcal disease in areas where it has been introduced. Despite its price, vaccination of at-risk infants should be considered.

In the next article, Professor Robin Green from Pretoria highlights deficiencies in effective asthma control and relates this to underdiagnosis, low patient and doctor expectations, inadequate compliance and insufficient use of effective anti-inflammatory therapy. Asthma is becoming more common and this is a timely reminder of the need to use available guidelines and management goals.

The management of the common cold, sore throat and other upper respiratory symptoms are discussed by Robin Green from the paediatric pulmonology section of Pretoria Academic Hospital. He challenges the readers with a statement that antibiotics are contraindicated in common viral URTI, but also emphasises the role of allergy and a detailed evaluation of the whole interconnected upper respiratory tract.

Dr A Madide and Professor M Cotton from the Infectious Diseases Unit of Stellenbosch University state that the increasing incidence of pertussis among older patients seen elsewhere has not yet been described in South Africa. They review the differing clinical presentations and management. Pertussis remains a serious disease worldwide.

In the last article, professor P Roux of the Department of Ophthalmology of Pretoria University provides an overview of how eye conditions in babies and children should be evaluated at the front line. At birth we do not know for sure that the baby's eyes are normal and functional. The general practitioner has to screen for conditions requiring referral to an ophthalmologist.