

 ORIGINAL ARTICLE

Onset symptoms in paediatric multiple sclerosis

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INTRODUCTION

Paediatric multiple sclerosis (MS) carries a relatively higher mortality and morbidity than adult MS. Paediatric MS symptoms and paraclinical findings at the first demyelinating event have never before been characterised in a Danish setting. The aim of this study was to compare symptoms and paraclinical findings at the first demyelinating event in paediatric MS with those of an adult MS population.

MATERIAL AND METHODS

A total of 18 subjects with onset of MS relapse before 16 years of age were retrospectively included in the study. Case records were reviewed for symptoms at disease onset, cerebrospinal fluid findings, magnetic resonance imaging (MRI) and evoked potentials at the first demyelinating event. These data were compared with similar nationwide data from adults in Denmark.

RESULTS

The median age was 14 (range 10 to 15) years at the first demyelinating event and the mean time to MS diagnosis was 1.7 years. The majority of children had sensory symptoms (47%; 95% confidence interval (CI): 23-72%) or optic neuritis (35%; CI: 14-62%) as their presenting symptoms. These results did not differ from the findings in adult MS subjects. Pleocytosis was present in 93% (CI: 66-100%) of paediatric MS subjects, 77% (CI: 46-95%) had an elevated IgG index and 85% (CI: 55-98%) had oligoclonal bands in the cerebrospinal fluid. MRI showed characteristic white matter lesions in all children (CI: 80-100%).

CONCLUSION

MS symptoms at the first demyelinating event and diagnostic delay in paediatric MS subjects do not differ significantly from those seen in an adult MS population.

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 ORIGINAL ARTICLE

Implementing video cases in clinical paediatric teaching increases medical students' self-assessed confidence

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INTRODUCTION: Use of video cases in clinical education is rarely used systematically.

MATERIAL AND METHODS: Medical students (n = 127) reported by questionnaire whether they had or had not seen a bedside case of each of 22 specific clinical conditions during their five-week clinical course in paediatrics in seven centres. A video case library showing children with common clinical conditions was established, and a short video was added to the oral examination. We evaluated students' and internal and external examiners' perceptions by questionnaires.

RESULTS: A total of 81% of the students reported having seen a child with asthma in the daily clinic. In contrast, respiratory syncytial virus (RS-virus) infection was only seen by 20%. Students' self-reported confidence in the assessment of paediatric patients increased after the video case library was made available: Before the intervention, 41% (57/138) of the students reported confidence at a score of 5-7 on a seven-point Likert scale. This increased to 64% (186/289) after (p < 0.0001) the introduction of the video case library. Before, 84% (116/138) of the students judged the impact of video cases to be high (score 5-7 on a seven-point Likert scale) and after the intervention, this percentage was 75% (218/289) (p = 0.06). Furthermore, internal as well as external examiners found video cases valuable, but the use of videos did not change the average examination grade.

CONCLUSION: A video case supplement to teaching in clinical paediatrics was considered to be of value for teaching. We were successful in establishing an educational resource that students considered useful. Internal and external examiners found that a short video case was a valuable supplementary tool during the oral examination.

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