CLINICAL PEARLS

18 YEARS OF EXPERIENCE
DIAGNOSIS

• Extensive history is required to make a diagnosis

• Requires review of all pediatric records, growth curves, any testing that has been done and a very careful exam

• Family history is also very important as there is often a family history of Rheumatic fever and other auto immune disorders. (caveat to this is that I do not interrogate patients with headaches or epilepsy so I am not certain that there is a difference in the children with PANDAS or the general population)
FINDINGS

• Children who present with PANDAS often have previous episodes during which there may have been only one sign present
• Frequent urination which led to a visit to rule out UTI and normal urine
• Choppy growth curves with periods of no weight gain or a drop in weight
• History of reports from the school that the child needed OT or appeared distracted, hyperactive or required additional supports which then waned
• A period of extreme separation anxiety
OBJECTIVE DATA MOST HELPFUL

- Abnormal sleep studies with little REM sleep or prolonged time into REM
- Positive strep cultures or titres which are negative about 30% of the time.
- Pediatric records which document pharyngitis and otitis and treatment is rendered without a culture.
- Handwriting samples which show clear evidence of dysgraphia that waxes and wanes.
- Abnormal neurologic exam with low tone, dilated pupils and choreiform movements
- A history of strep in the family particularly the adults who should not get strep.
- Abnormal laboratory studies showing anti brain antibodies. GAD 65, Moleculara panel
- IgG levels which are on the low end of normal particularly IgG subclass 2, high IgE levels
- Growth curves
- Gastric motility studies and urodynamics have been abnormal WHEN they have been done.
TREATMENT

• Early treatment is critical and patients who are treated early respond more quickly.
• Broad spectrum antibiotics are required in many cases.
• Tonsillar tissue when sent for core culture reveals Staph, MRSA, Serratia and other bacteria that are not seen in OSA or Chronic strep without PANDAS.
• Tonsils are most often not enlarged
KEEP IT SIMPLE

• Start with eliminating triggering infection if possible with antibiotics.
• Have everyone in the family cultured and treat appropriately.
• Move to immune modulators quickly if antibiotics are not effective or the severity of illness dictates it.
SAFETY FIRST

• If a child is suicidal, or a threat to others, it is an emergency and should be treated as such.
• If you cannot keep your child and your family safe, call 911
CHILDREN WITH SEVERE SYMPTOMS AT PRESENTATION NEED TO BE TREATED AGGRESSIVELY

• After starting antibiotics move quickly to high dose IV steroids and then to Plasmapheresis if new onset or IVIG.

• If it is chronic and then becomes acutely severe, high dose IV steroids and Rituxan should be considered
SEVERE SYMPTOMS

• Anorexia with weight loss

• Aggression or rage episodes which are a danger to the child or anyone else.
FLARES

• Often precipitated by viral illnesses.
• Can be controlled when mild with anti inflammatories/or steroids.
• It is very important before starting a steroid for a flare that your child be examined.
• We do not want to be putting children on steroids if they have a serious infection such as pneumonia or meningitis if they have not been properly treated first.
SCHOOL

• Immediately make the school aware of the diagnosis and the need for infection control.
• No water fountains
• If a bathroom sink is used, follow with hand sanitizers
• Wipe down any shared desks, laptops surfaces etc.
• Refer the school to PANDASNETWORK.org and utilize the tools for the education of the entire school environment.
YOUR PEDIATRICIAN

• Please do not get angry at your pediatrician.
• Please return to the same pediatrician after treatment.
• We are all learning and the lack of awareness and treatment options is a problem that will only be solved when a pediatrician is able to watch a child go through the process of treatment and recover.
• On a positive note, over the past 10 years I have seen far fewer children coming in with no treatment than in the past.
• They are often referred on antibiotics or by a social worker or psychologist or Psychiatrist.
YOUR FAMILY

• The entire family is affected by this disorder.
• Marriages are tested.
• Siblings are often terrified or hurt.
• Supportive therapy for a family in this crisis is extremely helpful.
THANK YOU