



underlying medical problems including patients with gastrointestinal issues, malignancy or a central venous access device (CVAD).¹ Bacteraemia secondary to intravenous catheter contamination is uncommon, and can be a form of fabricated or induced illness by a carer (FIIC), previously called Munchausen by proxy.² FIIC is a childhood illness being simulated or produced by a care giver.³ Common presentations include apnoea, seizures, bleeding, vomiting, diarrhoea, fever, rash, allergy or psychiatric symptoms. Polymicrobial sepsis with organisms susceptible to antibiotics in children with CVAD already receiving antibiotics should raise the possibility of FIIC.² Only 19 cases have been reported in the literature until 2007. Children with a CVAD have the highest mortality rate (6–10%) among children with FIIC.^{2,4}

We report two children with polymicrobial bacteraemia managed at an Australian specialist hospital in 2015, subsequently diagnosed with FIIC. The first was a 9-year-old child with an undefined primary immunodeficiency who had multiple hospitalizations for urinary tract infection complicated by an unexplained acute kidney injury. In 2015, she was admitted with a similar presentation and, during hospitalisation, developed persistent polymicrobial bacteraemia with viridans *Streptococcus*, multiple species of *Candida*, coagulase negative *Staphylococcus* and Mucorales mould. The possibility of induced illness by CVAD contamination was raised by our microbiology department. A multi-disciplinary team meeting, including the child protection team, led to more investigations. The investigations revealed that mother was injecting urine contaminated with mould into the child's CVAD, the child was removed from the mother's care and recovered.

An 18-month-old child born prematurely at 28 weeks of gestation had chronic lung disease requiring home oxygen, global developmental delay, severe failure to thrive and recurrent episodes of unexplained hypoglycaemia. She was admitted to our hospital for evaluation of hypoglycaemia where she required intensive care unit admission for the management of hospital-acquired pneumonia and had a CVAD inserted. She developed persistent polymicrobial bacteraemia with viridans *Streptococcus*, coagulase negative *Staphylococcus*, *Staphylococcus aureus*, *Haemophilus parainfluenzae*, *Serratia marcescens* and *Candida albicans* for more than a week. The possibility of induced illness was again raised by the microbiology team and the child protection team involved. The CVAD was removed and investigations revealed that the mother was injecting contaminated fluid into the CVAD and inducing the episodes of hypoglycaemia with insulin injections. The child was removed from the mother's care and, during her stay in hospital for 3 months, gained weight, gained appropriate developmental milestones for her age and was weaned off oxygen therapy.

The diagnosis of FIIC in these two children was made when the significance of their polymicrobial bacteraemia was recognised. Paediatricians should be alert to the possibility of FIIC in children with polymicrobial bacteraemia.

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COVID-19: IMPLICATIONS FOR PAEDIATRIC DENTAL CARE IN THE HOSPITAL SETTING

Dear Editor,

Optimal oral health is essential to ensure health and well-being, especially for children with underlying medical conditions. However, among the many impacts of the COVID-19 pandemic, there are concerns that restrictions on dental services may lead to a major oral health crisis in children.¹

Our study of COVID-19-related impacts on service provision in a tertiary Australian children's hospital highlights the importance of integrated dental services to ensure ongoing essential dental care in children with complex medical conditions.

From January to May, 2408 patients were reported in the department of dentistry in 2020, which was 40.2% less than in 2019. The reduction in attendance for routine dental care was substantial, with 35.1%, 90.9% and 90.6% fewer patients in March, April and May, respectively. Among specific services, preventive treatments, such as periodic dental examinations and fluoride applications, reduced by 90% (Fig. 1). Similarly, routine dental services provided under cleft and craniofacial schemes, including orthodontic care and paediatric dental reviews, were

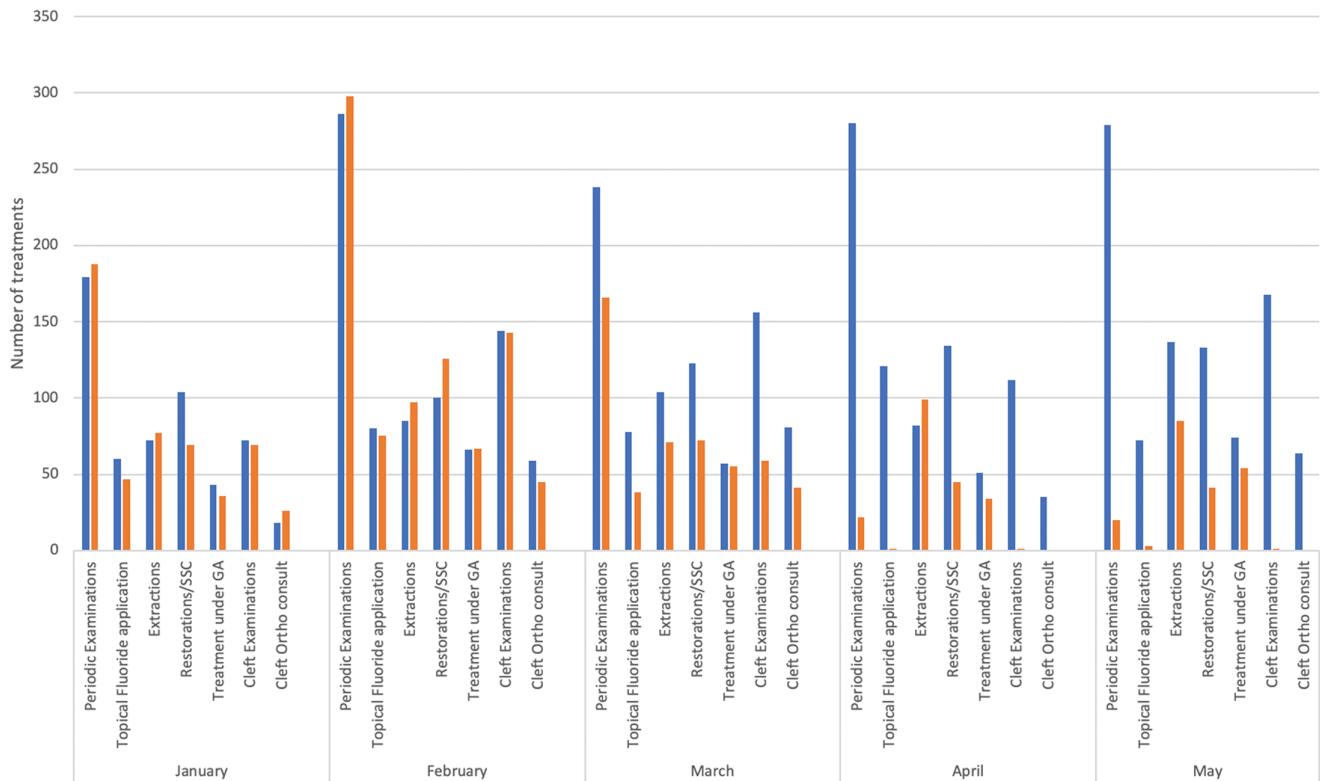


Fig. 1 Dental service provision from January to May 2019 and 2020. (■) 2019; (■) 2020.

reduced by at least 90% in April and May (Fig. 1). Although the number of non-emergency treatments were reduced, the availability of an onsite, internal, specialist service enabled ongoing access to comprehensive care for priority patients including prior to oncology treatment, transplant surgery and cardiac surgery; urgent care for those children in pain with complex cardiac, endocrine, haematological, metabolic conditions; or urgent care for existing patients experiencing uncontrolled pain. This critical care was unavailable through community dental services and therefore highlights the integral role of paediatric dental care in tertiary settings.

However, our study also demonstrates the major effect of COVID-19 on dental care for children. Lack of timely dental care, including preventative measures, is likely to lead to more severe oral disease; complex treatment options, such as extractions and hospitalisation; and poor health outcomes, including pain and infection. Even prior to COVID-19, dental problems were the leading cause of preventable childhood hospitalisation of children under 10 years in Victoria, with over 3000 hospitalisations per year.² In tertiary settings, paediatric dentists work within multi-disciplinary teams and often take on a coordinating role for patients with craniofacial conditions, and the lack of such support may exacerbate distress and anxiety in families.

Despite the major disruptions, COVID-19 has provided health-care systems the opportunity to review procedures and develop innovative approaches, such as tele-dentistry, to deliver high-quality, efficient care.³ Paediatric dentistry remains an essential service in tertiary level care, especially in the COVID-19 era.

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