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PRACTICE

10-MINUTE CONSULTATION

Blood stained nappy

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This is part of a series of occasional articles on common problems in primary care. The *BMJ* welcomes contributions from GPs.

A young mother attends the surgery concerned about blood in her 7 month old daughter's nappy.

What you should cover

Was it blood?

Urinary urate crystals can stain the nappy red, but this is not clinically significant. Medications such as rifampicin products that are excreted in the urine can make the stools appear red.¹

Bleeding and blood

Ask if there is a family history of a bleeding disorder and/or whether the baby has bled from other sites, such as the nose, or has any bruising.

Ask about the colour of the blood, whether it was mixed with the stools, and if there was any associated pain. Bright red blood on a wipe or on a nappy (but not mixed with the stools) suggests bleeding from the anal region. Although constipation and an anal fissure usually coexist in cases of blood in the nappy, constipation is the commonest cause of a rectal bleed beyond the neonatal period, irrespective of whether an anal fissure is visible.² A fissure associated with constipation usually results in a baby straining and/or crying with pain during defecation; in contrast, rectal polyps present with more frequent painless bleeds.

Blood mixed in with stool should raise suspicion about possible intussusception. The blood stained mucus that is characteristically passed is sometimes described as having a "redcurrant jelly" consistency; there may be an accompanying history of paroxysmal severe colic and episodic pallor. If the bloody stools are darker than normal or even black (assuming the baby is not being given iron supplements), then consider the possibility that the blood is from much higher up the intestinal tract and may be caused by, for example, oesophagitis secondary to severe gastrointestinal reflux, Meckel's

diverticulum, or a duplication cyst. In breastfed infants, cracked nipples can lead to dark maternal blood in the baby's stool.³

Stools

Ask about the consistency, frequency, and colour of the stools. If stools are more frequent and looser than usual, *Campylobacter* or *Shigella* infections, or other bacterial infection such as *Clostridium difficile* may be the cause. The latter may develop after the use of antibiotics. Bleeding is very rarely encountered in viral induced gastroenteritis.⁴ Ask whether other family members have been affected and about recent travel.

Explore the feeds

Ask about the type of feeds offered and whether there has recently been a change in the feeds. Cows' milk allergy can present with blood in the stools; this is particularly common in formula fed infants with non-IgE mediated food allergy.⁵ A family history of allergy and/or a personal history of eczema are often present.

What you should do

Do a general examination—Check for features such as bruising that may indicate a generalised bleeding disorder. Assess also whether the baby is anaemic from a prolonged period of blood loss or dehydrated from vomiting and/or diarrhoea.

Examine the abdomen—Pay particular attention to whether there are palpable stools or distension; the latter, depending on the clinical state of the child and presence of vomiting (often bile stained), may be due to malrotation with volvulus. Can you feel a sausage shaped lump in the right upper quadrant of the abdomen, suggesting an intussusception?

Inspect the anal area and nappy—The anal area may reveal a fissure or broken skin from a severe nappy rash. A rectal prolapse associated with a bleed will be obvious. In cases

of suspected gastroenteritis, send stools for culture and liaise with public health colleagues.

Prescribe—Prescribe stool softeners such as lactulose and an anaesthetic jelly for constipation or fissure.

Request an allergy test—Request a test to determine specific IgE against cows' milk protein if you suspect allergy; but remember that there is no good diagnostic test for non-IgE mediated food allergy, and so consider a two to six week therapeutic trial of complete avoidance of cows' milk and products that contain milk.⁵

Refer to a specialist—Refer to a specialist if there is frequent painless bleeding from a suspected rectal polyp; this needs to be done urgently if there are clinical features of severe gastroenteritis or surgical conditions such as a Meckel's diverticulum, an intussusception, or rarely a duplication cyst.

Be alert—Be alert to the possibility of sexual abuse if there is vaginal bleeding or a very abnormal anus.

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