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Medical Sciences

HOW TO MANAGE THE BABY'S IPSATION?

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ABSTRACT:
IPSATION IS A RARE CONDITION OF THE INFANT, WITH SIGNIFICANT PSYCHO-EMOTIONAL IMPACT ON THE WHOLE FAMILY.
THE IGNORANCE OF THE DIAGNOSIS BY THE DOCTOR OF VARIOUS SPECIALTIES (FAMILY DOCTOR, PEDIATRICIAN, AND PSYCHIATRIST) CAN LEAD TO CONFUSIONS AND LABORIOUS DIFFERENTIAL DIAGNOSES.
IT IS ONE OF THE FEW DISEASES OF THE INFANT THAT BENEFITS ONLY FROM BEHAVIORAL THERAPY, WITHOUT RESORTING TO SPECIFIC MEDICATION. AFFECTING THE POPULATION BETWEEN 2 MONTHS AND 12 MONTHS IN A PERCENTAGE OF 3%, MAY SUGGEST A POSSIBLE ICEBERG PHENOMENON, THE INCIDENCE AND PREVALENCE BEING HIGHER IN REALITY, COMPARED TO THE DATA PROVIDED BY THE LITERATURE.

KEYWORDS: IPSATION, INFANT, THERAPY.

INTRODUCTION

Ipsation is a rare condition of the infant, rarely unnoticed by parents unable to detect behavioral changes, especially in infants.

From the point of view of manifestations, there is a great heterogeneity that can be dissolved or dissipated in the multitude of behaviorally unsystematized manifestations, characteristic of the infant, knowing the hyperkinetism characteristic of age.

The condition has, it seems, a determinism influenced by sex, the ratio girls: boys being 3:1.

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Parents are advised, in case of observing an inexplicable behavior of the child, to film the manifestations so that they can be visualized and interpreted by the pediatrician.

Some manifestations attract attention can be observed early, sometimes the first cases in infants being cited after the age of two months. The child often crosses his legs, sweats, blushes and archs, makes various sounds, crawls on his stomach, moves his pelvis in contact with various objects, etc.

No trigger factor of ipsation manifestations has been established, although the child's hyperkinesia, urinary tract infections, dermatological and pelvic lesions, disposable diapers have even been incriminated in determinism.

Parental concern may sometimes erroneously require various paraclinical or imaging investigations: blood test, uroculture, coproparasitic examination, coproculture, special media cultures (eg Sabouraud for candidiasis), pelvic-abdominal ultrasound, even EEG, for exclusion a rare form of epilepsy, abdominal epilepsy.

These investigations, sometimes laborious and stressful, further distress the child and family. Often the diagnosis of ipsation is a diagnosis of exclusion or a differential diagnosis is necessary with: urinary tract infections, balanitis, vulvovaginitis, gastroduodenitis, enteritis, parasitosis, abdominal epilepsy.

An important and interesting detail that excludes epilepsy from the diagnostic scheme is that in the case the child is in a state of consciousness, he may be distracted from the activity, becomes nervous, agitated, protests. So it has a preserved reactivity and has a good temporal-spatial orientation.

The true prevalence of child hypersensitivity remains uncertain. There are still pediatricians who do not accept the possibility of such a diagnosis, as there are also parents refractory to this notion.

MATERIAL AND METHOD

A study, performed in an outpatient setting over a period of 1 year, covering a group of infants between 2 months and 12 months, of 500 children, showed a prevalence of 3% (15 children) with this condition. (fig1)

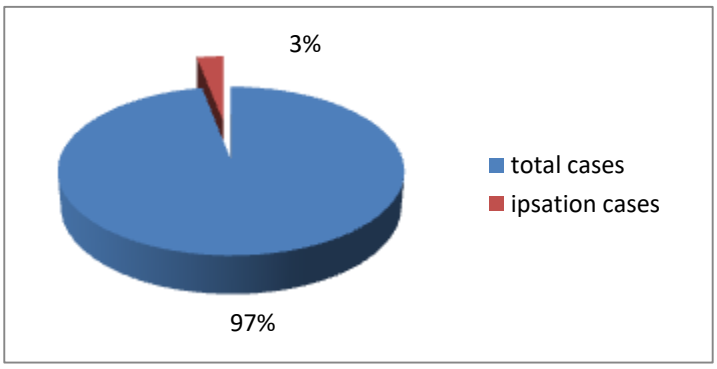

Figure 1

Initially only 1.4% (7 children) of children were classified with this condition, but after questions from parents and their "approval" to film the unusual manifestations of infant behavior, the prevalence increased to 3% (15 children).

Although no routine paraclinical or imaging investigations are recommended, all infants have been further investigated, precisely in order to confirm the veracity of the ipsation diagnosis.

Practically 8 of them 15 children presented iron deficiency anemia, a condition characteristic of the infant's age and 7 of them presented hypocalcemia, which due to the high degree of hyperreactivity it involves can be significantly associated with hyperexcitability in ipsation, without being a trigger or risk.(fig 2)

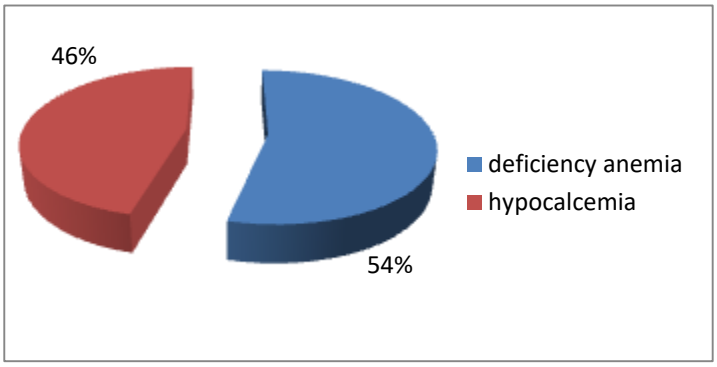

Figure 2

The rest of the blood tests, bacterial cultures or additional investigations (echo, EEG) were normal in the whole group of children with ipsation.

4 of the infants included in the study, all female, presented oxyurosis detected during Scotch tape tests.

Oxyurosis can be considered an aggravating and precipitating factor of ipsation manifestations, causing an increase in the frequency and duration of specific behavior. The explanation is simple and consists of the parasite cycle.

The female worm migrates down the gastrointestinal tract and deposits eggs around the anus., sometimes migrating to the vulvar region or vagina, causing intense itching and the need to reach the pelvic-genito-anal area, potentiating the manifestations of ipsation.

The diagnosis, although controversial and not fully accepted, must be specified correctly and the management of the condition, correctly constituted, will lead to its disappearance.

The therapy is behavioral; there is no specific drug treatment.

The child should be distracted by age-specific activities that require concentration (lights, sounds, age-specific skill games, still or moving images).

It is preferred to move outdoors, in order to favor a peaceful sleep, comfortable and loose clothes, avoid a baby walker, try to renounce at disposable diapers as much as possible.

The diet must be correct for age, avoiding the deficiencies of the main nutritional principles (proteins, lipids, carbohydrates, mineral salts, vitamins, etc.).

Any age-related deficiencies (anemia, rickets) will be corrected quickly.

Once the ipsation-specific behavior has occurred, the infant will not be bullied, shaken, or traumatized by intense sound, light, or tactile stimuli.

It is preferable, gently, to involve the child in another activity, appropriate to his age and abilities, to modulate and change the behavioral circuit.

Although it is admitted that ipsation is not a serious disease, with repercussions on the somatic or mental health of the child, it is still a condition with an impact on the whole family, amplifying the level of stress and anxiety of the parents.

The early resolution of the condition and the normal resumption of family life depend on the early diagnosis, on the "education" of the parents for the application of the behavioral therapy.

CONCLUSION

Ipsation is a rare condition, however with a share of over 3% among infants, often underdiagnosed.

- Failure to know such a diagnostic identity can lead to over-investigation of infants.
- The confusion of the family in front of an uncertain diagnosis can have repercussions on some manifestations applied to the infant who treated you improperly (bullied, scolding, assaulted at various strong stimuli).
- The behavioral therapy that leads to the disappearance of the manifestations is practiced by the whole family, the doctor having the important role of informing on the benign, harmless character and of offering models of behavior, on this depending the speed of treating the disease.

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