

Referral to a paediatrician: faltering growth and chronic diarrhoea



Assume that today's date is 3 November 2026. You saw Jun and his mother today to discuss his blood test results. You are Dr Kurt Gorringer, a general practitioner. Using the information in the case notes, write a letter to Dr Linh Bui, Consultant Paediatrician, referring Jun for confirmation of the diagnosis and further management. Address the letter to Dr Linh Bui, Consultant Paediatrician, Department of Paediatrics, 25 Park Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

1. Name: Jun Luo (male)
2. DOB: 14/06/2023 (3 yrs 4/12)
3. Address: 8 Banksia Street
4. Attended with mother

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Social background

5. Lives with mother and 6-yr-old sister; attends childcare 3 days/wk
6. Mother works part-time as pharmacy assistant
7. Parents separated 2025; mother says father 'lets him eat junk food' on access weekends
8. Enjoys weekly swimming lessons
9. Maternal grandmother convinced problem is 'too much fruit'

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Medical history

10. Born at term, BW 3.4 kg; uneventful neonatal period
11. Immunisations up to date
12. Tonsillitis 2025 — treated with amoxicillin, resolved
13. Allergies: nil known
14. FHx: maternal aunt — coeliac disease; mother — hypothyroidism

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Presenting history

15. 6/12 hx loose, pale, offensive stools 3–4×/day
16. Abdominal distension, ↓ appetite, irritable
17. Growth: wt 50th → 9th centile over 6/12; current wt 12.6 kg; ht 25th centile (stable)
18. No blood in stools, no vomiting, no fever
19. Lactose-free milk trialled by family 3/52 — no improvement

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Examination

20. Thin limbs, ↓ buttock fat, distended abdomen; no hepatosplenomegaly
21. Mild pallor; well hydrated, alert and active

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Investigations

22. tTG-IgA > 10× ULN; total IgA normal
23. FBC: Hb 101 g/L (↓), microcytic; ferritin 5 µg/L (↓)
24. Stool MC&S and parasites: negative
25. TFTs, LFTs, UEC: normal

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Progress

26. Mother anxious; has read online about gluten-free diet and wants to start immediately
27. Advised to continue normal gluten-containing diet until specialist review — mother agreed
28. Iron supplement not started — mother prefers to await specialist advice
29. Mother complained about 4-hr wait in ED at another hospital earlier this year

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Plan

30. Refer paediatrician: confirm dx (further serology ± endoscopy and biopsy as appropriate) and manage
31. Request advice re mgmt of iron deficiency
32. Dietitian referral for gluten-free diet education once dx confirmed
33. Discuss screening of first-degree relatives (sister)
34. GP review 4/52 — weight check
35. Mother given information about coeliac support organisation

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