

GPFIRST

Your family doctor, your first stop.

YOUR GPs CAN TREAT THESE CONDITIONS

The GPFirst Programme was launched in 2014 to encourage patients in eastern Singapore to see their general practitioners (GPs) for mild to moderate medical conditions, rather than head to the emergency department first. In this regular series, our eastern community GPs offer advice on common ailments CARING readers might face.

In this issue, we would like to share with you about knee pain and diaper rash. Do visit www.gpfirst.sg or see your GP for more information on other common conditions such as cuts, bruises, mild scalds, nausea, headaches, sprains and fevers.

KNEE PAIN

I am a 57-year-old male. I have been working in an office environment for more than 30 years. Recently, while carrying my newborn grandson in the park, I have been experiencing pain in my right knee after walking for 10 minutes. My office is located on the second storey with no lift access; climbing the stairs and lifting my leg seem to be more challenging than before. I have no recent knee injury, though one occurred when I played rugby in secondary school. I hope to see my GP about this but I am unsure if there is any medication or treatment for such a condition.

You should first consult your GP, who will take your history and ask you the following:

- if you have any rest pain, and swelling or weakness of the knee



- if the pain is worse early in the morning or as the day progresses
- if you have undergone any investigations such as x-rays and tried any treatments such as anti-inflammatory medications
- if there have been any other injuries other than your rugby injury, especially twisting injuries, and subsequent treatments such as physiotherapy
- if there are any other contributory conditions such as gout
- if you do activities such as repetitive running

During the examination, he or she will assess



Dr Wicky Wong is a family physician practising at Raffles Medical Group (Katong I12). He graduated from the University of Sydney. He is a Fellow of the Royal New Zealand College of General Practitioners and a Designated Aviation Medical Examiner for the Civil Aviation Safety Australia.

how you walk and whether there is any deformity, swelling, redness or tenderness at your knee. Your doctor will also check for a range of movements, the stability of your knee, and the strength of your thigh and hamstring muscles.

You may be suffering from degenerative arthritis, or meniscal/ligamentous injury of the knee, or a combination of both. The meniscus is a cartilage disc that cushions the joint surfaces of the bone ends, whereas the ligaments stabilises the joint.

Your GP may order a knee x-ray to look for degenerative signs and examine the joint alignment. Depending on the outcome, he or she may further request an MRI scan to check for meniscal and ligamentous tears. It could also be a case of osteoarthritis of the knee.

Conservative treatment includes physiotherapy and anti-inflammatory analgesic medications. Regular and moderate physical activities with minimal impact on the knees, such as swimming, is beneficial. If conservative treatment fails, an orthopaedic review may be necessary to assess the need for surgery.

DIAPER RASH

I am a stay-at-home mother and I have a 9-month-old baby. Like me, my baby has sensitive skin. She is prone to diaper rash. I noticed that for the past few days, since she completed a course of antibiotics for an upper respiratory tract infection, her bum has gotten red and sore again. However, the rash patches are bright red, round and slightly raised. I also noticed a similar rash on her groin and genitalia. Her usual diaper cream does not work. It hurts me to see her distressed and cry every time she poos. Is there anything I can do or use to make her feel better?

Based on her history, your baby is likely suffering from diaper rash with a secondary *candida* infection. This is a form of irritant contact dermatitis resulting from urine

and fecal bile salts creating ammonium hydroxide and raising the pH in the skin. Sometimes bacteria and fungi, most commonly a fungus called *candida albicans*, can also infect the damaged skin.

Physical examination typically reveals well-demarcated, red, swollen and scaly skin, similar to what you have described. The affected skin is usually in contact with wet diapers, thus sparing the skin folds. The rash may also be present on the lower abdomen and upper thighs.

In general, no investigations are needed, though on rare occasions, swabs may be performed to confirm fungal or bacterial infections. Your GP may prescribe antibiotic creams, barrier creams, antifungals and weak steroids to treat the diaper rash.

You can follow these steps to prevent the condition from recurring:

- Breastfeed your baby. The stools of breastfed babies have lower pH
- Use disposable diapers as they cause less diaper rash compared to cloth ones
- Change her diaper frequently if they are wet. During every diaper change, clean your baby's bottom with a non-soap cleanser. Rinse and dry. Avoid soap-based cleansers and excessive use of wet wipes
- Use barrier creams to protect her skin. ©



Dr Kelvin Goh Tze Chien, MBBS (S'pore), MRCS (Edin), GDFM (S'pore), Dip FP Dermatology (S'pore), is a registered family physician practising in Northeast (Simei) Medical Centre. He has been a practising physician since 2003 and an Advanced Trauma Life Support Instructor since 2008.