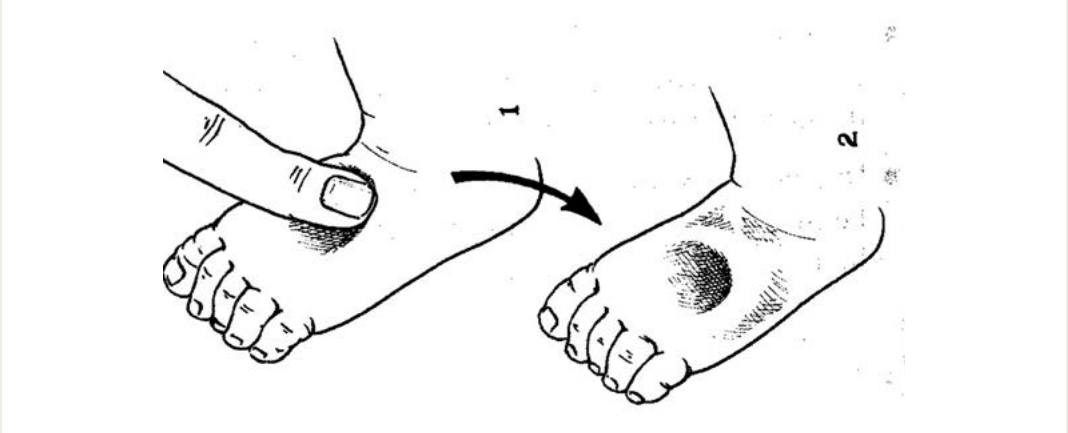


Appendix 24.1 Bilateral Oedema Assessment

Oedema is the retention of water and sodium in the extra-cellular spaces.

Oedema is assessed on the top of the foot or on the anterior tibia surface:

One applies a moderate pressure bilaterally for 3 seconds (1) (*the time it takes to say one hundred and twenty-one, 122, 123*) and then release the pressure. The child has oedema if the thumbprint remains visible as a depression. This is the sign of pitting oedema. (2).



For oedema to be of nutritional significance it must be bilateral, i.e. present on both legs. You must therefore determine the presence of oedema on the other leg, and only record a child as suffering from oedema if it is bilateral*.

Coding bilateral oedema in children

- + : bilateral oedema on the feet
- ++ : bilateral oedema on the feet and lower legs
- +++ : bilateral oedema on the feet, lower legs and anywhere else including face

N.B: Significance of oedema in adults

Bilateral oedema is a sign of severe malnutrition. However, oedema in adults may be symptomatic of other disorders (renal, cardiac, hepatic, etc.). **Before diagnosing malnutrition based on oedema, other causes of oedema must be eliminated.**

* Unilateral oedema in the child may, in fact, be caused by an infection, elephantiasis (obstruction of the lymphatic system by filariae), snake or insect bite, phlebitis or vein thrombosis (caused by cancer, for example) fracture, etc.