Case Studies
in Pediatric
Infectious Diseases
Case Studies in Pediatric Infectious Diseases

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This book is dedicated
to the memory of my father,

Abraham Philip Berkowitz,

who first introduced me to the concept of infectious diseases.
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THE PURPOSE of this book is to provide the pediatric practitioner with an approach to the diagnosis and management of patients suspected of suffering from an infection through the use of teaching case exercises.

These cases have been designed as teaching exercises in clinical infectious diseases. Their sources are as follows:

(i) The majority are derived from my own clinical experience. Because this experience covers a period of 30 years, many of these are reconstructed from memory, and therefore some of the details, especially the child’s age and sex, may not be accurate.

(ii) Three cases are based on reports in the Morbidity and Mortality Weekly Reviews (MMWR).

(iii) Several cases are composites of different cases from my experience.

(iv) The remainder of the cases are hypothetical, based on current knowledge of the clinical manifestations of a particular illness. These include cases in which I have constructed a clinical scenario to match a photograph.

Where names of the cases have been used, they are not the patients’ real names, but they contain clinically important information.

Although these cases cover a wide range of infections, they do not necessarily include cases of commonly encountered infections. They do, however, include cases of uncommon infections. I make no apology for this because the goal of the exercises is to encourage thought about diagnostic possibilities, both within and outside the range of the usual clinical encounters in the United States.

The first chapter addresses general principles in the diagnosis and management of patients suspected of suffering from an infectious disease.

In the second chapter the cases are presented and discussed. The emphasis of the discussions is on clinical evaluation based on history, particularly on
risk factors, and on physical examination. This evaluation consists mainly of considerations of diagnostic possibilities and of physiologic disturbances. There is little mention of broad-spectrum laboratory testing such as blood counts because it is my view that these seldom help in differentiating between the different diagnostic possibilities. The discussions often include noninfectious diseases, because patients do not present waving a flag that they have an infectious disease.

Management is discussed mainly as it relates to principles. Details of management are not discussed for the following reasons: (i) optimal antimicrobial therapy changes over time and is influenced by susceptibility patterns of organisms in a particular location; (ii) one should consult a handbook for the dosages of drugs that one does not prescribe frequently.

Most cases have reading or references applicable to that case. These are mostly recent review articles. A list of books that should be consulted as reference sources is given in Chapter 3.

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