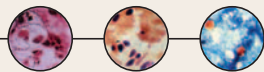


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Case Studies in Pediatric Infectious Diseases



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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.*

Contents

Preface xiii

PART 1: INTRODUCTION 1

The nature of the practice of infectious diseases 1

Components of a diagnosis 1

Microbiological diagnosis 2

Risk factors for infection 2

Methods for making a microbiological diagnosis 3

Principles of management of patients with infectious diseases 5

Principles of choosing antimicrobial therapy 8

Principles of addressing public health interests 10

PART 2: CLINICAL CASE EXERCISES 12

1. A teenage girl with nausea and abdominal pain 12

2. An 18-month-old child with fever, cough, and red eyes 17

3. An infant with runny nose, cough, and rapid breathing 24

4. A neonate with fever and cerebrospinal fluid pleocytosis 26

5. A 5-year-old boy with a limp 30

6. A teenage boy with sore throat and fever 34

7. A teenage boy with fever, headache, and bleeding 39

8. A teenage boy with agitation and altered level of consciousness 42

viii Contents

9.	A 6-year-old girl with a rash	44
10.	A 12-year-old girl with fever and rapid breathing after renal transplantation	55
11.	A 4-year-old boy with fever after heart surgery	58
12.	A 6-year-old girl with sickle cell disease and worsening anemia	59
13.	A 5-year-old girl with walking difficulty and speech deterioration	61
14.	A 6-month-old boy with poor feeding, fever, and lethargy	63
15.	A 2-year-old boy with recurrent hospitalizations for fever and cough	67
16.	A neonate with a rash	69
17.	A 6-year-old girl with weakness and muscle pain	72
18.	A 48-year-old man with fever and multiorgan failure	75
19.	A 6-month-old boy with diarrhea and fever	77
20.	An 18-month-old girl with fever and a rash	87
21.	A neonate with eye discharge	92
22.	A 9-year-old boy with joint pain and swelling	94
23.	A 3-year-old boy with eyelid swelling	97
24.	A 6-year-old boy with fever and sore throat	99
25.	A premature neonate with skin spots and ankle swelling	101
26.	A 3-year-old boy with fever, confusion, and a rash	104
27.	A 6-month-old girl with fever and altered level of consciousness	105
28.	A neonate with failure to use one limb	110
29.	A 6-month-old child with a ventriculoperitoneal shunt and fever	112
30.	A 1-day-old infant with respiratory distress and shock	112
31.	An 8-month-old infant with fever and shock	114
32.	An infant, recovering from pneumonia, with a facial abnormality	117
33.	A picture of an abnormal 5-day-old infant	119
34.	A 10-year-old girl with a sore throat after returning to the United States from Odessa	120
35.	A 2-week-old neonate with fever and altered mental status	123
36.	A 5-year-old girl with recurrent episodes of fever, cough, and chest pain	124
37.	An 8-year-old boy with cough, chest pain, and fever after bone marrow transplantation	125
38.	A 4-month-old infant with constipation and floppiness	127

39.	A 15-year-old Turkish shepherd with a sore on his arm	130
40.	A 10-year-old girl with previous severe infections, presenting with leg swelling and pain	131
41.	Pictures of several infants 0–3 months old with the same diagnosis	133
42.	A 13-year-old boy with repeated episodes of fever	137
43.	A triathlete with fever and headache	139
44.	A 13-year-old boy with knee pain	141
45.	A 12-year-old girl with abdominal pain	143
46.	An 18-month-old boy with fever and rash	146
47.	A 24-year-old man with headache, fever, and rash	149
48.	A 13-year-old girl with eye pain	151
49.	An 18-month-old boy with a limp and fever	153
50.	A 3-year-old South African boy with fever and abdominal pain	154
51.	A 1-month-old infant with jaundice	157
52.	A 12-year-old girl with fever and abdominal pain	158
53.	A 16-year-old boy with a bad cough	159
54.	A 10-year-old boy with fever and an axillary swelling	162
55.	A 6-month-old infant with fever and irritability	163
56.	A 12-year-old boy who develops fever and hypotension while in the intensive care unit	165
57.	A 10-year-old girl with recurrent episodes of pneumonia	166
58.	A 4-year-old boy with fever and diarrhea	168
59.	A 2-year-old boy with fever and purple skin lesions	171
60.	A 13-year-old boy with thalassemia, presenting with fever and hypotension	172
61.	A 3-old boy with fever for 1 month and abdominal tenderness	174
62.	A physician with abdominal discomfort and diarrhea	177
63.	A 6-year-old boy with fever	181
64.	An 18-year-old hunter with fever and lymphadenopathy	189
65.	A 4-month-old infant with strabismus and developmental delay	191
66.	An 8-year-old girl with seizures	194
67.	A 10-year-old boy with hematuria	198
68.	A 3-year-old girl with respiratory difficulty and fever	202

x Contents

69. A 16-year-old Mexican boy with fatigue 203

70. A 6-year-old Liberian girl with a cutaneous “cyst” 205

71. An 18-month-old boy with a worm 207

72. A 2-year-old boy with altered mental status 209

73. An 18-month-old child, receiving treatment for tuberculosis, with respiratory difficulty 215

74. An 11-year-old boy with AIDS, presenting with weight loss and fever 220

75. A 2-year-old boy with suspected tuberculosis 223

76. A 12-year-old boy with long-standing neck pain 225

77. An 18-month-old boy with fever, rash, and red eyes 228

78. A 5-year-old boy with shortness of breath 231

79. An 8-year-old boy with fever, cough, weight loss, and fatigue 233

80. A 9-year-old boy with a neck swelling 237

81. A 10-month-old boy, hospitalized for kwashiorkor, who develops fever 240

82. A 2-year-old boy with AIDS and skin lesions 242

83. A toddler with fever and abdominal pain 244

84. A 2-year-old girl with cough and fever 246

85. An 18-month-old girl with fever and vomiting 253

86. An 11-year-old boy with fever, headache, and confusion 255

87. A 6-year-old South African boy with fever, abdominal pain, and pallor 257

88. An 18-month-old girl with fever and neck swelling 260

89. A 17-year-old boy with back pain, incontinence, and leg weakness 262

90. An 18-month-old girl with fever and inability to move her neck 263

91. A 2-year-old boy with fever and a limp 266

92. A neonate with petechiae and hepatosplenomegaly 268

93. An 18-month-old boy with fever, respiratory difficulty, and grunting 269

94. A 5-year-old boy with unilateral facial swelling 271

95. A 2-year-old girl with abdominal pain and refusal to walk 273

96. An 8-month-old infant with meningitis refractory to therapy 274

97. A 10-year-old boy with progressive infection 275

98. A 17-year-old girl with development of renal failure during treatment for a vascular catheter infection 277

99a. A 3-year-old boy with a ventriculoperitoneal shunt infection who develops a seizure 278

99b. A 10-year-old boy with asthma who develops a seizure 279

99c. A 17-year-old girl with tuberculosis, presenting with nausea and vomiting 279

100. An 11-year-old Mexican girl with a painful, swollen knee 281

101. A very ill neonate with abdominal distension 284

102. A 6-year-old South African shepherdess with abdominal discomfort 287

103. A 9-year-old girl with fever, rash, and joint pain 291

104. A 21-year-old woman with fever, shock, and skin lesions 293

105. A 17-year-old boy with fever, rash, and headache after a South African safari 300

106. A 10-year-old girl with a skin problem 303

107. A 5-year-old girl with recurrent episodes of fever 304

108. A 14-year-old boy with fever and hip pain 305

109. A 10-year-old boy with abdominal pain during treatment for meningitis 308

110. A 4-year-old boy with autoimmune lymphoproliferative disorder who develops a sore throat 310

111. A 16-year-old boy with fever, headache, muscle aches, and weakness 311

112. A 4-year-old boy with an eye injury complicated by infection 313

113. A 12-year-old boy with nephrotic syndrome who develops abdominal pain and fever 315

114. An 18-month-old girl with stridor 316

115. A 15-year-old girl with abdominal pain 319

116. A 12-year-old boy with fever, cough, and pallor 323

117. A 6-year-old girl with meningitis 325

118. A 13-year-old girl with fever, headache, and depressed level of consciousness 326

119. A 12-year-old girl, living in a rural area, with fever and respiratory difficulty 329

120. A 12-year-old boy with a sore throat, fever, and poor perfusion 331

121. A 6-year-old girl, being treated for an epidural abscess, with persistent fever 334

xii Contents

[PART 3: APPENDIX](#) 336

Table A1. Infectious diseases reportable in the United States 336

Table A2. Taxonomy of human pathogens, their usual sources, and the main clinical syndromes they cause 337

List 1. Animate and inanimate sources and infectious agents associated with them 351

Table A3. Arthropods as vectors of infectious agents 352

General References 354

Index 355

Preface

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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