12th Edition Pediatrics Core

Cardiology:

Page 13-4, The 15-Lead Electrocardiogram (ECG) > Common Pediatric Murmurs > Innocent Murmurs > Systolic Innocent Murmurs

Text currently reads:	*Text should read:*
If the murmur is very harsh, or does not resolve, refer the patient to a pediatric cardiologist to rule out true branch **pulmonary AS**.	If the murmur is very harsh, or does not resolve, refer the patient to a pediatric cardiologist to rule out true branch **PS**.

Page 13-48, Cardiomyopathy > Overview

Text currently reads:	*Text should read:*
Many cases in children are idiopathic, but some may be the result of isolated genetic mutations, genetic syndromes, "burned-out" myocarditis (particularly from coxsackie B), neuromuscular disorders (e.g., **Erb palsy**, Becker muscular dystrophy), metabolic disorders, and drug toxicity.	Many cases in children are idiopathic, but some may be the result of isolated genetic mutations, genetic syndromes, "burned-out" myocarditis (particularly from coxsackie B), neuromuscular disorders (e.g., Becker muscular dystrophy), metabolic disorders, and drug toxicity.

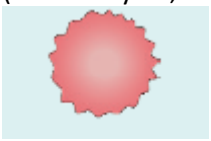
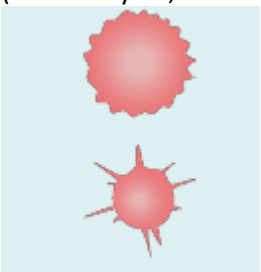
Emergency Medicine:

Page 7-16, Bites and Stings > Snake Bites

Text currently reads:	*Text should read:*
Figure 7-7: **Coral Snake**. Red touch black is harmless.	Figure 7-7: **Scarlet Kingsnake**. Red touch black is harmless.

Hematology:

Page 24-6, Anemia > Laboratory Results

Text currently reads:	*Text should read:*
Table 24-1: Significance of Specific Changes in the Peripheral Smear Burr cells (echinocytes; top) vs spur cells (acanthocytes; bottom) 	Table 24-1: Significance of Specific Changes in the Peripheral Smear Burr cells (echinocytes; top) vs spur cells (acanthocytes; bottom) 

Page 24-15, Anemia > Etiology > Inherited Survival Defects > Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency

Text currently reads:	*Text should read:*
Symptoms of a hemolytic crisis include sudden onset of pallor, fatigue, and dark urine. **Symptoms of a hemolytic crisis include sudden onset of pallor, fatigue, and dark urine.**	Symptoms of a hemolytic crisis include sudden onset of pallor, fatigue, and dark urine.

Page 24-30, Hemostasis > Disorders of Primary Hemostasis > Platelet Function Abnormalities > Inherited Abnormalities > von Willebrand Disease (vWD)

Text currently reads:	*Text should read:*
• Type 2 vWD results from a qualitative problem with vWF. All type 2 vWD subtypes cause increased bleeding. PT is normal and aPTT is prolonged **(except with type 2N)**.	• Type 2 vWD results from a qualitative problem with vWF. All type 2 vWD subtypes cause increased bleeding. PT is normal and aPTT is prolonged.

Page 24-30, Hemostasis > Disorders of Primary Hemostasis > Platelet Function Abnormalities > Inherited Abnormalities > von Willebrand Disease (vWD)

Text currently reads:	*Text should read:*
○ Type 2N—decreased binding of vWF to factor 8. **PT and aPTT are usually normal**.	○ Type 2N—decreased binding of vWF to factor 8. **aPTT is often prolonged, though it may be normal in milder cases**.

Metabolic:
Page 23-5, Intoxications > Disorders of Amino Acid Metabolism > Phenylalanine-Tyrosine Disorders > Phenylketonuria (PKU)

Text currently reads:	*Text should read:*
Untreated patients develop irreversible intellectual disability **by 8 weeks of age**.	Untreated patients develop irreversible intellectual disability.

Page 23-11, Intoxications > Sugar Intolerance > Galactosemia >

Text currently reads:	*Text should read:*
In untreated classic or clinical galactosemia, infants present clinically in the first few days of life after their first lactose meal with some combination of: • Jaundice • Vomiting • Hepatosplenomegaly • Seizures • Cataracts • Lethargy • Irritability	In untreated classic or clinical galactosemia, infants present clinically in the first few days of life after their first lactose meal with some combination of: • Jaundice • Vomiting • Hepatosplenomegaly • Seizures • Cataracts • Lethargy • Irritability

• Poor weight gain • Hypoglycemia • Vitreous hemorrhage • Cirrhosis • Ascites • **Intellectual disability**	• Poor weight gain • Hypoglycemia • Vitreous hemorrhage • Cirrhosis • Ascites

Neonatology:
Page 1-35, Neonatal Screening > Cyanotic Congenital Heart Disease (CCHD)

Text currently reads:	*Text should read:*
CCHD screening has also become a routine part of the newborn screening process. Preductal (right upper extremity) and postductal (**right lower extremity**) pulse oximetry is assessed between 24 and 48 hours of age.	CCHD screening has also become a routine part of the newborn screening process. Preductal (right upper extremity) and postductal (**either foot**) pulse oximetry is assessed between 24 and 48 hours of age.

Nephrology:
Page 14-13, Electrolyte Abnormalities > Potassium > Hypokalemia Manifestations and Treatment > Hyperaldosteronism

Text currently reads:	*Text should read:*
Laboratory findings include **high Na^+, low K^+**, and elevated bicarbonate level.	Laboratory findings include **elevated Na^+ (sometimes normal in primary), low K^+,** and elevated bicarbonate level.

Neurology:
Page 12-32, Headache > Primary Headache Disorders > Migraine Headaches > Treatment

Text currently reads:	*Text should read:*
Rizatriptan is approved for children 6-17 years of age, and sumatriptan nasal spray is approved for **children ≥ 12 years of age.**	Rizatriptan is approved for children 6-17 years of age, and sumatriptan nasal spray is approved for **those ≥ 18 years of age (but often used off-label in those ≥ 12 years of age).**