

### 9<sup>th</sup> Edition Pediatrics Core

#### **Neonatology:**

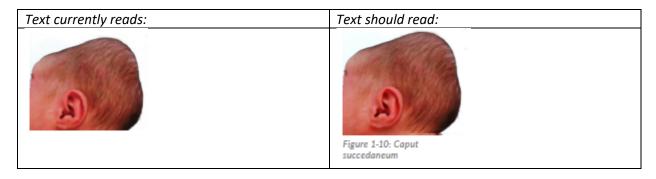
#### Page 1-6, Prenatal Care > Prophylaxis for Group B Streptococcus

| Text currently reads:  | Text should read:  |
|--|--|
| <ul> <li>GBS-colonized women undergoing C-<br/>section before onset of labor and who<br/>have intact membranes. GBS-colonized<br/>women undergoing C-section before<br/>onset of labor and who have intact<br/>membranes.</li> </ul> | GBS-colonized women undergoing C-<br>section before onset of labor and who<br>have intact membranes. |

#### Page 1-19, The Newborn Examination > The Head > Craniosynostosis

| Text currently reads:                             | Text should read:                                   |
|---|---|
| The skull grows perpendicular to the suture line; | Normally the skull grows perpendicular to the       |
| therefore, for example, premature closure of the  | suture line; therefore, for example, premature      |
| sagittal suture prevents growth in the coronal    | closure of the sagittal suture prevents growth      |
| direction, resulting in a long, thin head         | in the coronal direction, resulting in a long, thin |
| (scaphocephaly).                                  | head (scaphocephaly).                               |

#### Page 1-20, The Newborn Examination > The Head > Caput Succedaneum



#### **Adolescent Medicine & Sexual Health:**

## Page 5-30, Sexually Transmitted Infections (STIs) > Infections with Vaginal Discharge > Bacterial Vaginosis

| Text currently reads:                         | Text should read:                             |
|---|---|
| About 50–75% of cases are asymptomatic.       | About 50–75% of cases are asymptomatic.       |
| Symptomatic patients have a thin, homogenous, | Symptomatic patients have a thin,             |
| grayish-white discharge associated with a     | homogeneous, grayish-white discharge          |
| pungent "fishy" odor which is often more      | associated with a pungent "fishy" odor which  |
| noticeable after intercourse or with menses.  | is often more noticeable after intercourse or |
|   | with menses.                                  |



### Page 5-30, Sexually Transmitted Infections (STIs) > Infections with Vaginal Discharge > Bacterial Vaginosis

| Text currently reads:                         | Text should read:                             |
|---|---|
| Diagnosis of BV requires 3 of the 4 following | Diagnosis of BV requires 3 of the 4 following |
| (Amsel criteria):                             | (Amsel criteria):                             |
| 1) Homogenous, grayish-white,                 | 1) Homogeneous, grayish-white,                |
| noninflammatory discharge that                | noninflammatory discharge that                |
| smoothly coats the vaginal wall               | smoothly coats the vaginal wall               |

#### **Cardiology:**

#### Page 13-23, Left-To-Right Shunts > Overview

| Text currently reads:                              | Text should read:                            |
|--|--|
| The <b>lower</b> compliance of the right ventricle | The higher compliance of the right ventricle |
| allows blood to shunt left to right through        | allows blood to shunt left to right through  |
| the ASD.   | the ASD.                                     |

#### Nephrology & Urology:

#### Page 14-45, Chronic Kidney Disease > Malignancy-Associated AKI

| Text currently reads:                 | Text should read:                     |
|---------------------------------------|---------------------------------------|
| More on tumor lysis syndrome is found | More on tumor lysis syndrome is found |
| in the <b>Hematology</b> section.     | in the Oncology section.              |

# Page 14-54, Normally Development and Urologic Abnormalities > Disorders of Voiding > Nocturnal Enuresis

| Text currently reads:                           | Text should read:                             |
|---|---|
| Nocturnal enuresis occurs in 10% of 5-year-olds | Nocturnal enuresis occurs in approximately    |
| and spontaneously resolves at a rate of about   | 15% of 5-year-olds and spontaneously resolves |
| 15% per year.                                   | at a rate of about 15% per year.              |

#### Allergy & Immunology:

#### Page 16-14, Eczema > Atopic Dermatitis

| Text currently reads:   | Text should read:  |
|---|--|
| Up to 50% of these patients can have a false-<br>positive result, so routine food allergy testing | Up to 50% of these patients can have a false-<br>positive result, so routine food allergy testing  |
| is not recommended.   | is not recommended. However, food allergy testing is recommended prior to introduction of peanut-containing foods to the 4- to 6-month-old infant who has severe eczema, egg allergy, or both. |