

2021–2022 Pediatrics Review Syllabus

Adolescent Medicine & Sexual Health:

Page 21, Eating Disorders > Anorexia Nervosa (AN)

<i>Text currently reads:</i>	<i>Text should read:</i>
AN — General Symptoms <ul style="list-style-type: none"> • Sensitivity to light and noise • Syncope or near syncope <ul style="list-style-type: none"> – Dehydration – Arrhythmias • Lethargy • Change in exercise tolerance • Cold intolerance (hypothermia) • Constipation • Bloating or “full” sensation 	AN — General Symptoms <ul style="list-style-type: none"> • Sensitivity to light and noise • Syncope or near syncope <ul style="list-style-type: none"> – Dehydration – Arrhythmias • Lethargy • Change in exercise tolerance • Cold intolerance (hypothermia) • Constipation • Bloating or “full” sensation

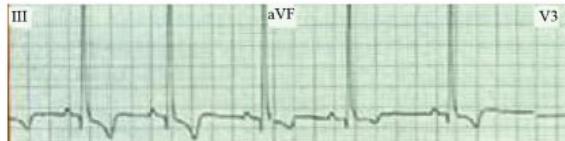

Page 23, Eating Disorders > Anorexia Nervosa (AN)

<i>Text currently reads:</i>	<i>Text should read:</i>
AN — Physical Findings: Cardiac <ul style="list-style-type: none"> • Bradycardia • Hypotension • Mitral valve prolapse • Thickened ventricular walls • Pericardial effusion • Arrhythmias <ul style="list-style-type: none"> – Prolonged QT_c interval – Hypokalemia 	AN — Physical Findings: Cardiac <ul style="list-style-type: none"> • Bradycardia • Hypotension • Mitral valve prolapse • Thickened ventricular walls • Pericardial effusion • Arrhythmias <ul style="list-style-type: none"> – Prolonged QT_c interval – Hypokalemia

Page 29, Medical Issues in Females > Amenorrhea > Ovarian Amenorrhea

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Consider polycystic ovary syndrome with: <ul style="list-style-type: none"> – Signs of hyperandrogenism <ul style="list-style-type: none"> • Hirsutism • Excessive male pattern hair growth • Clitoromegaly • Oily skin • Moderate inflammatory acne – Obesity (only ~ 50%) – Acanthosis nigricans – Prolonged menstrual irregularity – Severe abnormal uterine bleeding 	<ul style="list-style-type: none"> • Consider polycystic ovary syndrome with: <ul style="list-style-type: none"> – Signs of hyperandrogenism <ul style="list-style-type: none"> • Hirsutism • Male pattern or female pattern balding • Clitoromegaly • Oily skin • Moderate inflammatory acne – Obesity (only ~ 50%) – Acanthosis nigricans – Prolonged menstrual irregularity – Severe abnormal uterine bleeding

Cardiology:**Page 117, Cardiac Arrhythmias and Conduction Disturbances > Torsades de Pointes and Long QT Syndrome**

<i>Text currently reads:</i>	<i>Text should read:</i>
Ventricular Arrhythmias 16-Year-Old Rodeo Rider with Syncope 	Ventricular Arrhythmias 16-Year-Old Rodeo Rider with Syncope 

Page 126, Congenital Heart Disease > Right-to-Left Shunts (Cyanotic Congenital Heart Disease)

<i>Text currently reads:</i>	<i>Text should read:</i>
Surgical Repair of d-Transposition of the Great Arteries <ul style="list-style-type: none"> • <u>Current</u> management: arterial switch operation • Performed at 2–3 weeks of age 	Surgical Repair of d-Transposition of the Great Arteries <ul style="list-style-type: none"> • <u>Current</u> management: arterial switch operation • Performed at 1–2 weeks of age

Growth and Development:**Page 340, Toilet Training and Urologic Conditions > Imperforate Hymen**

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • If no diagnosed in neonate and hymen remains imperforate <ul style="list-style-type: none"> – Asymptomatic until menarche – Amenorrhea and cyclic pelvic pain 	<ul style="list-style-type: none"> • If not diagnosed in neonate and hymen remains imperforate <ul style="list-style-type: none"> – Asymptomatic until menarche – Amenorrhea and cyclic pelvic pain

Musculoskeletal & Sports Medicine:**Page 452, Sports Injury Prevention and Treatment > Spondylolysis > Spondylolysis – Evaluation**

<i>Text currently reads:</i>	<i>Text should read:</i>
Spondylolysis — Evaluation <ul style="list-style-type: none"> • Usually affects the 5th lumbar vertebra • Start with plain x-ray <ul style="list-style-type: none"> – AP, lateral, no oblique (poor sensitivity) • Consider MRI with short tau inversion recovery (STIR) if still suspicious • Often misdiagnosed as muscle strain 	Spondylolysis — Evaluation <ul style="list-style-type: none"> • Usually affects the 5th lumbar vertebra • Start with plain x-ray <ul style="list-style-type: none"> – AP, lateral, not oblique (poor sensitivity) • Consider MRI with short tau inversion recovery (STIR) if still suspicious • Often misdiagnosed as muscle strain

Neonatology:

Page 462, Neonatal Mortality > Audience Response 1

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Audience Response 1 What is the leading cause of neonatal death in the United States?</p> <p>A. Neonatal sepsis B. Severe congenital anomalies C. Perinatal hypoxia ischemia D. Preterm birth</p> <p>Answer: _____</p>	<p>Audience Response 1 What is the leading cause of infant mortality in the United States?</p> <p>A. Neonatal sepsis B. Severe congenital anomalies C. Perinatal hypoxia ischemia D. Preterm birth</p> <p>Answer: _____</p>

Page 465, Prenatal Care > Group B *Streptococcus*

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Which antibiotic to use for prophylaxis? <ul style="list-style-type: none"> – Penicillin (preferred) or ampicillin – No reported resistance – Adequate prophylaxis = ampicillin, penicillin, or cefazolin ≤ 4 hours before delivery 	<ul style="list-style-type: none"> • Which antibiotic to use for prophylaxis? <ul style="list-style-type: none"> – Penicillin (preferred) or ampicillin – No reported resistance – Adequate prophylaxis = ampicillin, penicillin, or cefazolin ≥ 4 hours before delivery

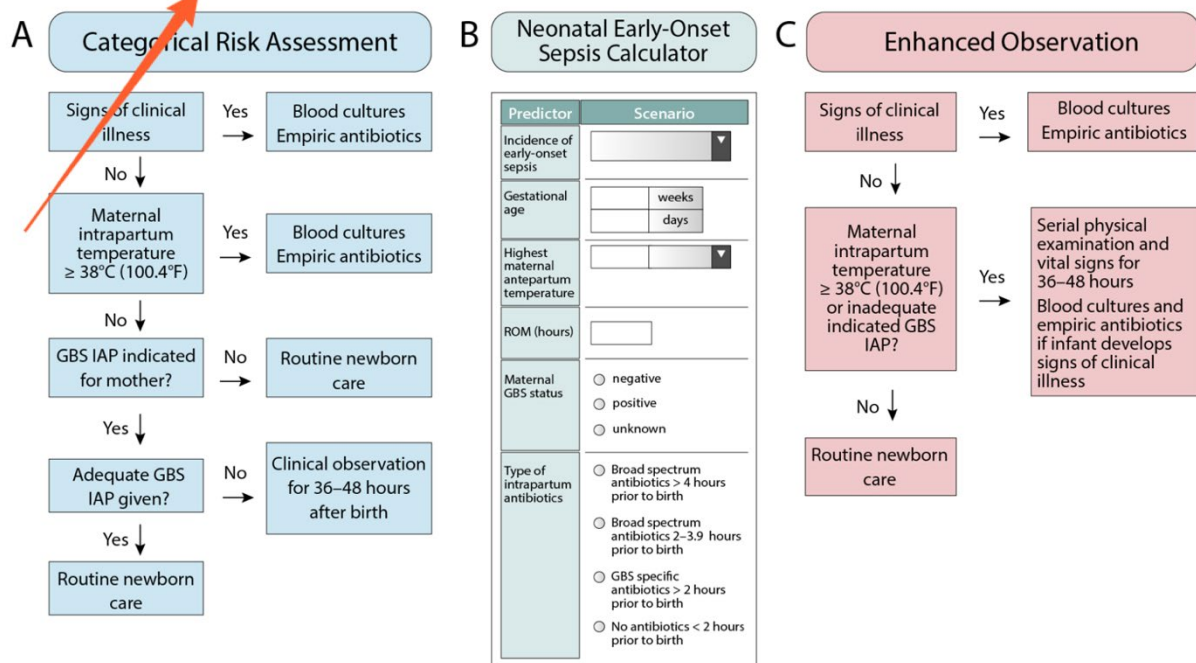
Pages 465 & 466, Prenatal Care > Group B *Streptococcus*

Text currently reads on page 465:

- Preterm ROM as risk factor
 - Culture mom, start antibiotics
 - GBS positive → continue
 - GBS negative → stop
- **Risk Assessment for Infants 35 weeks and greater**

Text should read on page 466:

- **Risk assessment for infants 35 weeks and greater**



Page 468, Prenatal Care > Fetal Well-Being > Biophysical Profile

Text currently reads:

- Each variable scored 0–2
- Total ≤ 4 **urgent**/emergent delivery
- Total 8–10 → repeat 1 week

Text should read:

- Each variable scored 0–2
- Total < 4 → **urgent**/emergent delivery
- Total 8–10 → repeat 1 week

Page 473, Neonatal Resuscitation

Text currently reads:	Text should read:
<ul style="list-style-type: none"> • Delivery room management <ul style="list-style-type: none"> – Updated guidelines in 2015 – Always start with ABCs – No lunger suctioning/intubating infants with meconium amniotic fluid – Manage same as other newborns • HR < 60 or apnea always start PPV <ul style="list-style-type: none"> – Consider increasing F_iO₂ – If HR does not increase with PPV, intubate 	<ul style="list-style-type: none"> • Delivery room management <ul style="list-style-type: none"> – Updated guidelines in 2015 – Always start with ABCs – No longer suctioning/intubating infants with meconium amniotic fluid – Manage same as other newborns • HR < 100 or apnea always start PPV <ul style="list-style-type: none"> – Consider increasing F_iO₂ – If HR does not increase with PPV, intubate

Page 474, Neonatal Resuscitation > AR 5

Text currently reads:	Text should read:
<p>AR 5 You are in a delivery with a term infant now one minute of life. You have been drying, warming, and stimulating. The HR is < 60 and respiratory effort can't be detected. You choose to:</p> <p>A. Attempt to intubate B. Start chest compressions C. Start PPV D. Place emergent UVC to give epinephrine</p> <p>Answer: _____</p>	<p>AR 5 You are in a delivery with a term infant now one minute of life. You have been drying, warming, and stimulating. The HR is < 100 and respiratory effort can't be detected. You choose to:</p> <p>A. Attempt to intubate B. Start chest compressions C. Start PPV D. Place emergent UVC to give epinephrine</p> <p>Answer: _____</p>

Page 493, Neonatal Respiratory Diseases > Respiratory Disease — GBS

Text currently reads:	Text should read:
<ul style="list-style-type: none"> • Know 2019 GBS Guidelines!!! • Example <ul style="list-style-type: none"> – Well-appearing term infant; GBS+ mom <ul style="list-style-type: none"> • Prophylaxis ≤ 4 hours of PCN prior to delivery • Only requires ≥ 48 hours of observation • No diagnostic tests or treatment – < 37 weeks of gestation infant or ROM ≥ 18 hours PT delivery <ul style="list-style-type: none"> • → Limited evaluation and observation for ≥ 48 hours • Covered previously (hours ago) 	<ul style="list-style-type: none"> • Know 2019 GBS Guidelines!!! • Example: well-appearing term infant; GBS+ mom <ul style="list-style-type: none"> – If prophylaxis < 4 hours of PCN prior to delivery: <ul style="list-style-type: none"> • Requires ~ 48 hours' observation • No diagnostic tests or treatment – < 35 weeks of gestation infant or ROM ≥ 18 hours PT delivery <ul style="list-style-type: none"> • → Limited evaluation and observation for ≥ 48 hours – Covered previously (hours ago)

Oncology:**Page 571, Survivorship > Survivorship Overview (#1)**

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Survivorship Overview (#1)</p> <ul style="list-style-type: none"> • Radiation late effects <ul style="list-style-type: none"> – Second cancers <ul style="list-style-type: none"> • Occur in the field (e.g., thyroid cancer in Hodgkin's patients with mediastinal masses) • Cranial radiation increases risk for low-grade (meningioma) and high-grade (glomerular basement membrane [GBM]) tumors – Hormonal effects 	<p>Survivorship Overview (#1)</p> <ul style="list-style-type: none"> • Radiation late effects <ul style="list-style-type: none"> – Second cancers <ul style="list-style-type: none"> • Occur in the field (e.g., thyroid cancer in Hodgkin's patients with mediastinal masses) • Cranial radiation increases risk for low-grade (meningioma) and high-grade (glioblastoma multiforme [GBM]) tumors – Hormonal effects

Ophthalmology & ENT:**Page 587, Hearing Assessment > Hearing Loss – Risk Factors**

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> – Prolonged QT syndrome <ul style="list-style-type: none"> • Jervell and Lange-Nielsen syndrome (JLNS) – QT_c <ul style="list-style-type: none"> • Normal: < 0.44 seconds (440 ms) • Borderline: 0.44–0.46 seconds <ul style="list-style-type: none"> – Only significant if symptomatic • Prolonged: > 0.46 seconds 	<ul style="list-style-type: none"> – Prolonged QT syndrome <ul style="list-style-type: none"> • Jervell and Lange-Nielsen syndrome (JLNS) – QT_c <ul style="list-style-type: none"> • Normal: < 0.44 seconds (440 ms) • Borderline: 0.44–0.46 seconds <ul style="list-style-type: none"> – Only significant if symptomatic • Prolonged: > 0.46 seconds

Preventative Pediatrics:**Page 624, Immunizations > Human Papillomavirus**

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 12</p> <p>An 18-year-old mother of a 6-week-old, breastfed girl who received 1 dose of 4vHPV (quad valent human papillomavirus vaccine) a year earlier requests that she receive another HPV vaccine.</p> <p>What is the most appropriate next step in the treatment of this patient?</p>	<p>AR 12</p> <p>An 18-year-old mother of a 6-week-old, breastfed girl who received 1 dose of 9vHPV (9-valent human papillomavirus vaccine) a year earlier requests that she receive another HPV vaccine.</p> <p>What is the most appropriate next step in the treatment of this patient?</p>

Rheumatology:**Page 672, Pediatric Systemic Lupus Erythematosus (SLE) > Childhood-Onset SLE (cSLE)***Text currently reads:*

Additive criteria Do not count a criterion if there is a more likely explanation than SLE. Occurrence of a criterion on at least one occasion is sufficient. SLE classification requires at least one clinical criterion and ≥ 10 points. Criteria need not occur simultaneously. Within each domain, only the highest weighted criterion is counted toward the total score.			
Clinical domains and criteria	Weight	Immunology domains and criteria	Weight
Constitutional Fever	2	Antiphospholipid antibodies Anticardiolipin antibodies or Anti β 2GP1 antibodies or Lupus anticoagulant	2
Hematologic Leukopenia Thrombocytopenia Autoimmune hemolysis	3 4 4		
Neuropsychiatric Delirium Psychosis Seizure	2 3 5	Complement proteins Low C3 or low C4 Low C3 and low C4	3 4
		Neuropsychiatric Anti-dsDNA antibody or Anti-Smith antibody	6
Mucocutaneous Nonscarring alopecia Oral ulcers Subacute cutaneous or discoid lupus Acute cutaneous lupus	2 2 4 6		
Serosal Pleural or pericardial effusion Acute pericarditis	5 6		
Musculoskeletal Joint involvement	6		
Renal Proteinuria > 0.5 g/24 hr Renal biopsy Class 2 or 5 lupus nephritis Renal biopsy Class 3 or 4 lupus nephritis	4 8 10		

Text should read:

Additive criteria Do not count a criterion if there is a more likely explanation than SLE. Occurrence of a criterion on at least one occasion is sufficient. SLE classification requires at least one clinical criterion and ≥ 10 points. Criteria need not occur simultaneously. Within each domain, only the highest weighted criterion is counted toward the total score.			
Clinical domains and criteria	Weight	Immunology domains and criteria	Weight
Constitutional Fever	2	Antiphospholipid antibodies Anticardiolipin antibodies or Anti- β_2 GP-1 antibodies or Lupus anticoagulant	2
Hematologic Leukopenia Thrombocytopenia Autoimmune hemolysis	3 4 4		
Neuropsychiatric Delirium Psychosis Seizure	2 3 5	Complement proteins Low C3 or low C4 Low C3 and low C4	3 4
		SLE-specific antibodies Anti-dsDNA antibody or Anti-Smith antibody	6
Mucocutaneous Nonscarring alopecia Oral ulcers Subacute cutaneous or discoid lupus Acute cutaneous lupus	2 2 4 6		
Serosal Pleural or pericardial effusion Acute pericarditis	5 6		
Musculoskeletal Joint involvement	6		
Renal Proteinuria > 0.5 g/24 hours Renal biopsy Class 2 or 5 lupus nephritis Renal biopsy Class 3 or 4 lupus nephritis	4 8 10		