

2022–2023 Pediatrics Review Syllabus

Dermatology:

Page 170, Atopic Dermatitis > Treatment / Management

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Topical Tacrolimus (Protopic)</p> <ul style="list-style-type: none"> • FDA approved (2000) as 2nd line agent for treatment of moderate-to-severe AD in patients ≥ 2 years of age • To be used for short-term or intermittent treatment <ul style="list-style-type: none"> – 0.03% tacrolimus for children 2–15 years of age – 0.1% tacrolimus for patients > 15 years of age 	<p>Topical Tacrolimus (Protopic)</p> <ul style="list-style-type: none"> • FDA approved (2000) as 2nd line agent for treatment of moderate-to-severe AD in patients ≥ 2 years of age • To be used for short-term or intermittent treatment <ul style="list-style-type: none"> – 0.03% tacrolimus for children 2–15 years of age – 0.1% tacrolimus for patients > 15 years of age

Emergency Medicine & Maltreatment Syndromes:

Page 212, Table of Contents

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Iron Ingestion..... 219</p> <p>Anticholinergic Toxicity 219</p> <p>Tricyclic Antidepressants..... 220</p> <p>“One Pill Kill” 220</p>	<p>Iron Ingestion..... 219</p> <p>Anticholinergic Toxicity 219</p> <p>Tricyclic Antidepressants..... 219</p> <p>“One Pill Kill” 220</p>

Page 219–220, Poisonings and Ingestions > Tricyclic Antidepressants

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>TRICYCLIC ANTIDEPRESSANTS</p> <ul style="list-style-type: none"> • Onset of symptoms usually within 2 hours <ul style="list-style-type: none"> – Major complications within 6 hours • Sodium channel blockade <ul style="list-style-type: none"> – PR and QRS prolongation, ventricular dysrhythmias, myocardial suppression: bradycardia = bad sign, hypotension • Potassium channel inhibition <ul style="list-style-type: none"> – QT_c prolongation • Muscarinic (M₁), α-adrenergic and H₁ blockade <ul style="list-style-type: none"> – Tachycardia, seizures, anticholinergic syndrome, coma 	<p>TRICYCLIC ANTIDEPRESSANTS</p> <p>AR 8</p> <p>A 15-year-old presents with a significant tricyclic antidepressant overdose.</p> <p>Which of the following ECG findings is the <u>least</u> likely?</p> <p>A. Tachycardia</p> <p>B. QRS prolongation</p> <p>C. PR prolongation</p> <p>D. ST segment elevation</p> <p>Answer: _____</p>

Page 220, Poisonings and Ingestions > Serotonin Syndrome and Neuroleptic Malignant Syndrome

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Neuroleptic Malignant Syndrome</p> <ul style="list-style-type: none"> • Similar to serotonin syndrome <ul style="list-style-type: none"> – Increased temp – Tachycardia – Labile BP – Motor rigidity – Agitation • Treatment: dantrolene <ul style="list-style-type: none"> – Bradyreflexic – Slow onset (days–weeks) 	<p>Neuroleptic Malignant Syndrome</p> <ul style="list-style-type: none"> • Similar to serotonin syndrome <ul style="list-style-type: none"> – Increased temp – Tachycardia – Labile BP – Motor rigidity – Agitation • Treatment: dantrolene • Different from serotonin syndrome <ul style="list-style-type: none"> – Bradyreflexic – Slow onset (days–weeks)

Page 221, Environmental Ingestions and Exposures > Carbon Monoxide (CO) Poisoning

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Laboratory <ul style="list-style-type: none"> – Obtain carbon monoxide concentration – A COhb level > 15–20% produces symptoms – pO₂ and pulse oximeter are normal! 	<ul style="list-style-type: none"> • Laboratory <ul style="list-style-type: none"> – Obtain carbon monoxide concentration – A COHb level > 15–20% produces symptoms – pO₂ and pulse oximeter are normal!

Page 235, Musculoskeletal Injuries > Subluxation of the Radial Head > Management

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Subluxation of the Radial Head — Management</p> <ul style="list-style-type: none"> • Hyperpronation method <ul style="list-style-type: none"> – Support arm at elbow – Exert moderate pressure on radial head with 1 finger – Grip distal forearm with other hand and hyperpronate forearm • When displacement reduced <ul style="list-style-type: none"> – Click often felt by finger over radial head, and/or – Audible “pop” 	<p>Subluxation of the Radial Head — Management</p> <ul style="list-style-type: none"> • Hyperpronation method <ul style="list-style-type: none"> – Support arm at elbow – Exert moderate pressure on radial head with 1 finger – Grip distal forearm with other hand and hyperpronate forearm – When displacement reduced <ul style="list-style-type: none"> • Click often felt by finger over radial head, and/or • Audible “pop”

Gastroenterology:

Page 275, Inflammatory Bowel Disease > Ulcerative Colitis and Crohn Disease

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>IBD Drugs</p> <ul style="list-style-type: none"> • Steroids <ul style="list-style-type: none"> – Powerful immunosuppression – Induce remission <ul style="list-style-type: none"> • Horrendous side effects • Short-term use • Risk for hepatosplenic T-cell lymphoma 	<p>IBD Drugs</p> <ul style="list-style-type: none"> • Steroids <ul style="list-style-type: none"> – Powerful immunosuppression – Induce remission <ul style="list-style-type: none"> • Horrendous side effects • Short-term use • Risk for hepatosplenic T-cell lymphoma

Genetics:

Page 290, Types of Genetic Disease > Small Chromosome Abnormalities — Chromosomal Deletion Syndromes > Chromosomal Microdeletion Syndromes — Williams Syndrome

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Hypercalcemia • Cardiovascular defects <ul style="list-style-type: none"> – Supraventricular aortic stenosis • Intellectual disability 	<ul style="list-style-type: none"> • Hypercalcemia • Cardiovascular defects <ul style="list-style-type: none"> – Supravalvular aortic stenosis • Intellectual disability

Growth & Development:

Page 329, Age-Specific Developmental Milestones > 5–6 Years of Age — Motor Skills

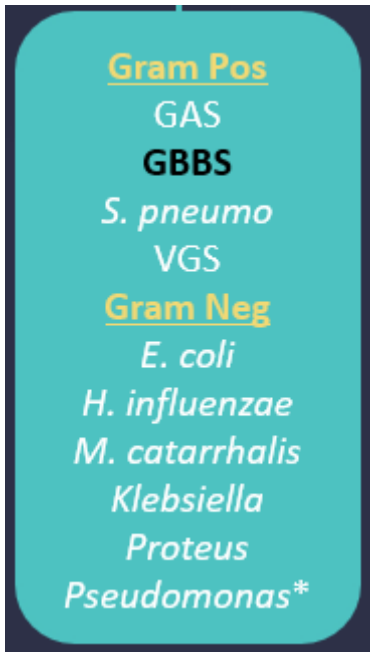

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>5–6 Years of Age — Motor Skills</p> <ul style="list-style-type: none"> • Walks downstairs, alternating feet, without using a handrail • Skips • Walks backward heel-to-toe • Copies triangle • Cuts with scissors 	<p>5–6 Years of Age — Motor Skills</p> <ul style="list-style-type: none"> • Walks downstairs, alternating feet, without using a handrail • Skips • Walks backward heel-to-toe • Copies triangle • Cuts with scissors

Page 330, Audience Response Answers > AR 11

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 11</p> <p>C. 3 years of age</p>	<p>AR 11</p> <p>D. 4 years of age</p>

Infectious Disease:

Page 350, β-Lactamase Antibiotics

Text currently reads:	Text should read:
 <p>Gram Pos GAS GBBS <i>S. pneumo</i> VGS</p> <p>Gram Neg <i>E. coli</i> <i>H. influenzae</i> <i>M. catarrhalis</i> <i>Klebsiella</i> <i>Proteus</i> <i>Pseudomonas*</i></p>	 <p>Gram Pos GAS GBS <i>S. pneumo</i> VGS</p> <p>Gram Neg <i>E. coli</i> <i>H. influenzae</i> <i>M. catarrhalis</i> <i>Klebsiella</i> <i>Proteus</i> <i>Pseudomonas*</i></p>

Page 371–372, Bacterial Diarrhea > AR 36, AR 37, & AR 38

Text currently reads:	Text should read:
<p>In order for him to return to day care, this patient must have fewer stools/day and which of the following:</p> <p>A. At least 3 stools samples that are negative for pathogen</p> <p>B. At least 2 stools samples that are negative for pathogen</p>	<p>In order for him to return to day care, this patient must have fewer stools/day and which of the following:</p> <p>A. At least 3 stools samples that are negative for pathogen</p> <p>B. At least 2 stools samples that are negative for pathogen</p>

Musculoskeletal & Sports Medicine:

Page 416, Chest Wall Malformations > Scoliosis > Adolescent Idiopathic Scoliosis

Text currently reads:	Text should read:
<ul style="list-style-type: none"> Onset > 10 years of age Lateral curvature of the spine > 10° Accompanied by rotation 10% of curves progress and require intervention Does not cause pain Thoracic curves > 50% can cause pulmonary compromise (PFTs show restrictive pattern) No clear underlying cause 	<ul style="list-style-type: none"> Onset > 10 years of age Lateral curvature of the spine > 10° Accompanied by rotation 10% of curves progress and require intervention Does not cause pain Thoracic curves > 50° can cause pulmonary compromise (PFTs show restrictive pattern) No clear underlying cause

Page 437, Audience Response Answers

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 8 E. Prolonged QT syndrome</p>	<p>AR 8 B. Trisomy 21 (a.k.a. Down syndrome)</p>

Neonatology:

Page 463, Neonatal Screening

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Inborn errors, hemoglobinopathies and other diseases per state guidelines <ul style="list-style-type: none"> – If possible, most states with a panel of tests, wait at least 24 hours to send – a.k.a. PKU or newborn screen 	<ul style="list-style-type: none"> • Inborn errors, hemoglobinopathies, and other diseases per state guidelines <ul style="list-style-type: none"> – If possible, most states with a panel of tests, wait at least 24 hours to send – a.k.a. PKU or newborn screen

Page 476, Neonatal Gastrointestinal Disease > Jaundice > Hyperbilirubinemia

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>JAUNDICE</p> <ul style="list-style-type: none"> • Hyperbilirubinemia <ul style="list-style-type: none"> – 1° from Hbg breakdown – Impaired conjugation 	<p>JAUNDICE</p> <ul style="list-style-type: none"> • Hyperbilirubinemia <ul style="list-style-type: none"> – 1° from Hgb breakdown – Impaired conjugation


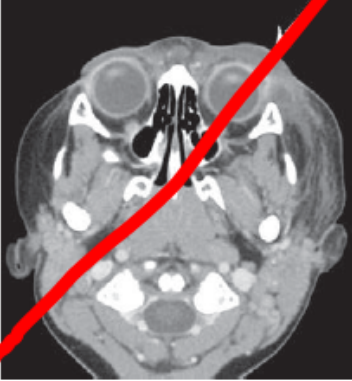
Neurology:

Page 526, Seizure Disorders > Febrile Seizures > Paroxysmal Spells by Age

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Paroxysmal Spells by Age</p> <ul style="list-style-type: none"> • Less than 2 years: apnea, GERD, jitteriness, infantile spasms • 2–5 years: breath-holding spells, self-stimulatory behaviors, night terrors, seizures, stereotypes 	<p>Paroxysmal Spells by Age</p> <ul style="list-style-type: none"> • Less than 2 years: apnea, GERD, jitteriness, infantile spasms • 2–5 years: breath-holding spells, self-stimulatory behaviors, night terrors, seizures, stereotypies

Ophthalmology & ENT:

Page 560, Preseptal and Orbital Cellulitis > Orbital Cellulitis

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Physical findings <ul style="list-style-type: none"> – Present <ul style="list-style-type: none"> • Unilateral ocular pain • Eyelid swelling • Erythema – In contrast to preseptal <ul style="list-style-type: none"> • Ophthalmoplegia • Visual impairment • Proptosis 	<p>Image depicts preseptal cellulitis, not orbital cellulitis.</p> <ul style="list-style-type: none"> • Physical findings <ul style="list-style-type: none"> – Present <ul style="list-style-type: none"> • Unilateral ocular pain • Eyelid swelling • Erythema – In contrast to preseptal <ul style="list-style-type: none"> • Ophthalmoplegia • Visual impairment • Proptosis 



Pulmonary Medicine:

Page 619, Acquired Cases of Stridor > Croup > Croup — High Yield Pearls

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Racemic epinephrine does not affect the course of the illness • Steeple sign on x-ray • Treatment: nebulized epinephrine 0.6–1 mg/kg of dexamethasone 	<ul style="list-style-type: none"> • Racemic epinephrine does not affect the course of the illness • Steeple sign on x-ray • Treatment: nebulized epinephrine, 0.6–1 mg/kg of dexamethasone

Rheumatology:

Page 641, Juvenile Idiopathic Arthritis (JIA) > Juvenile Psoriatic Arthritis

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Image depicts edema of proximal interphalangeal joint (PIP).</p> 	<p>Image depicts edema of distal interphalangeal joint (DIP). Credit: Used with permission by Dr. David Sherry.</p> 

Page 641, Reactive Arthritis > Juvenile Psoriatic Arthritis > Role of Antibiotics in JIA?

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Role of Antibiotics in JIA?^[5]</p> <ul style="list-style-type: none"> • Finland National Register: case-control study 1,298 JIA vs. 5,179 matched controls <ul style="list-style-type: none"> – OR JIA 1.6 (95% CI 1.3–1.9), $p < 0.001$ – Antibiotic groups lincosamide (e.g., clindamycin) and cephalosporin strongest association: OR 6.6 (95% CI 3.7–11.7) and OR 1.6 (95% CI 1.4–1.8) – Exposure < 2 years of age increases risk OR 1.4 (95% CI 1.2–1.6), $p < 0.001$ <p>Role of Antibiotics in JIA?^[6]</p> <ul style="list-style-type: none"> • UK database: nested case control study — 153 JIA with 1,530 matched controls <ul style="list-style-type: none"> – JIA associated with ABX, OR 2.6 – Risk increases with each additional prescription; 3–5 courses of ABX, OR 3.8 – No association with antifungals or antivirals; No association with age of exposure • Sign of JIA patient’s greater susceptibility to infections • Alterations in the gut microbiota caused by antibiotic use is a plausible contributor to the development of juvenile arthritis 	<p>Content was omitted from the presentation.</p>