# 10th Edition Pediatrics Core

**Adolescent Medicine:**

**Page 5-13, The Developing Adolescent > Sexual Development > Female Issues > Amenorrhea > Definition and Causes**

| *Text currently reads:* | *Text should read:* |
|---|---|
| By definition, a pituitary microadenoma measures < 10 mm; a macroadenoma measures **> 10 mm**. | By definition, a pituitary microadenoma measures < 10 mm; a macroadenoma measures **≥ 10 mm**. |

**Page 5-33, Sexually Transmitted Infections (STIs) > Infections with Vaginal Discharge > Trichomoniasis**

| *Text currently reads:* | *Text should read:* |
|---|---|
| Treatment of trichomoniasis:<br>• Metronidazole 500 mg PO 2×/day for 7 days (for women),<br>• Metronidazole 2 g PO in 1 dose (for men), or<br>• Tinidazole 2 g PO in 1 dose (for women and men) | Treatment of trichomoniasis:<br>• **Preferred**<br>  ○ Metronidazole 500 mg PO 2×/day for 7 days for women<br>  ○ Metronidazole 2 g PO in a single dose for men<br>• **Alternate**<br>  ○ Tinidazole 2 g PO in a single dose for both men and women |

**Allergy & Immunology:**

**Page 16-11, Allergic Disorders > Latex Allergy**

| *Text currently reads:* | *Text should read:* |
|---|---|
| Although latex-allergic patients can show elevated IgE levels to multiple fruits, vegetables, and nuts, the clinically relevant ones are **PKB PACT ("PeeKaBoo PACT")**:<br>• **P**apaya, **k**iwi, **b**anana<br>• **P**otato, **a**vocado, **c**hestnut, **t**omato | Although latex-allergic patients can show elevated IgE levels to multiple fruits, vegetables, and nuts, the clinically relevant ones are **PKB FACT** ("**PeeKaBoo FACT**"):<br>• **P**apaya, **potato**, **k**iwi, **b**anana<br>• **Fig**, **a**vocado, **c**hestnut, **t**omato |

**Page 16-19, Lymphoid Cells > Lymphocytes > T Regulatory / Suppressor Cells**

| *Text currently reads:* | *Text should read:* |
|---|---|
| Genetic mutations in *FoxP3* lead to **autoimmune lymphoproliferative syndrome (ALPS)**, a condition characterized by overwhelming systemic autoimmunity. | Genetic mutations in *FoxP3* lead to **IPEX (immune dysregulation, polyendocrinopathy, enteropathy, X-linked) syndrome**, a condition characterized by overwhelming systemic autoimmunity. |

**Page 16-30, Immunodeficiencies > Phagocyte Disorders > Phagocyte Chemotaxis Disorders**

| *Text currently reads:* | *Text should read:* |
|---|---|
| Patients with **LAD1** have intellectual disabilities, Bombay blood type, and poor growth. | Patients with **LAD2** have intellectual disabilities, Bombay blood type, and poor growth. |

**Behavioral Medicine:**
**Page 6-2, Behavioral Medicine and Substance Use Disorders > Common Behavioral Issues > Colic**

| *Text currently reads:* | *Text should read:* |
|---|---|
| Limited data suggests some benefit to the use of whey hydrolysate formula, and a trial of such formula is reasonable if other interventions fail. There is good evidence that the following are not helpful: lactase, soy protein formula, **probiotics**, herbal teas, and simethicone. | Limited data suggests some benefit to the use of whey hydrolysate formula, and a trial of such formula is reasonable if other interventions fail. **In addition, there is data showing the probiotic L. reuteri DSM 17938 is effective in reducing colic in breastfed infants, but not in formula-fed infants.** There is good evidence that the following are not helpful: lactase, soy protein formula, herbal teas, and simethicone. |

**Gastroenterology:**
**Page 10-14, Stomach Disorders > Esophageal Varices**

| *Text currently reads:* | *Text should read:* |
|---|---|
| **In children, the most common causes are from congenital biliary obstruction, such as biliary atresia or Alagille syndrome.** | **Some causes in children include biliary atresia and Alagille syndrome.** |

**Infectious Disease:**
**Page 17-9, Infectious Disease Syndromes > Central Nervous System (CNS) Infections > Bacterial Meningitis > Treatment of Bacterial Meningitis**

| *Text currently reads:* | *Text should read:* |
|---|---|
| For empiric treatment of **neonates** (< 2 months of age), use ampicillin (for Listeria) and 3rd generation cephalosporin (cefotaxime if available, ceftriaxone if ≥ 3 weeks of age, ceftazidime if neither available). Gentamicin can be additive to ampicillin + a 3rd generation cephalosporin in situations where extended-spectrum β-lactamases are prevalent. Do not replace a cephalosporin in the setting of bacterial meningitis. Vancomycin can be included in empiric therapy of meningitis in **neonates** > 29 days of age, especially if the **neonate** is in day care or has older siblings (concern for resistant **S. pneumonia**). | For empiric treatment of **infants** < 2 months of age, use ampicillin (for Listeria) and 3rd generation cephalosporin (cefotaxime if available, ceftriaxone if ≥ 3 weeks of age, ceftazidime if neither available). Gentamicin can be additive to ampicillin + a 3rd generation cephalosporin in situations where extended-spectrum β-lactamases are prevalent. Do not replace a cephalosporin in the setting of bacterial meningitis. Vancomycin can be included in empiric therapy of meningitis in **infants** > 29 days of age, especially if the **infant** is in day care or has older siblings (concern for resistant ***S. pneumoniae***). |

**Nephrology:**
**Page 14-2, Renal Testing > Renal Function**

| *Text currently reads:* | *Text should read:* |
|---|---|
| An elevated BUN:Cr ratio (> 20:1) can indicate prerenal azotemia (i.e., low blood flow to kidney with increased reabsorption, as seen in heart failure, cirrhosis, **nephritic** syndrome, and true intravascular volume depletion). | An elevated BUN:Cr ratio (> 20:1) can indicate prerenal azotemia (i.e., low blood flow to kidney with increased reabsorption, as seen in heart failure, cirrhosis, **nephrotic** syndrome, and true intravascular volume depletion). |

**Ophthalmology:**
**Page 21-18, Neck > Cervical Lymphadenopathy (LA)**

| *Text currently reads:* | *Text should read:* |
|---|---|
| Bacterial causes include pharyngitis with GAS (*Streptococcus pyogenes*), ***Streptococcus** aureus*, *Mycoplasma pneumoniae*, *Arcanobacterium haemolyticum*, diphtheria, tuberculosis, and *Bartonella henselae* (catscratch fever). | Bacterial causes include pharyngitis with GAS (*Streptococcus pyogenes*), ***Staphylococcus** aureus*, *Mycoplasma pneumoniae*, *Arcanobacterium haemolyticum*, diphtheria, tuberculosis, and *Bartonella henselae* (catscratch fever). |

**Rheumatology:**
**Page 20-1, Juvenile Idiopathic Arthritis (JIA)**

| *Text currently reads:* | *Text should read:* |
|---|---|
| 3) **Polyarthritis** rheumatoid factor (RF) negative (poJIA RF–)—affecting ≥ 5 joints during the first 6 months of disease and RF–<br>4) **Polyarthritis** RF positive (poJIA RF+)—affecting ≥ 5 joints during the first 6 months of disease and RF+ | 3) **Polyarticular** rheumatoid factor (RF) negative (poJIA RF–)—affecting ≥ 5 joints during the first 6 months of disease and RF–<br>4) **Polyarticular** RF positive (poJIA RF+)—affecting ≥ 5 joints during the first 6 months of disease and RF+ |