2023–2024 Pediatrics Review Syllabus

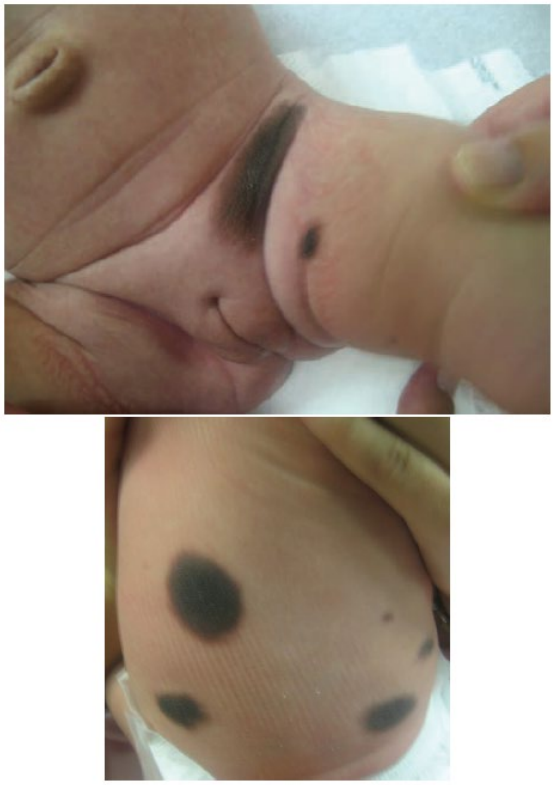
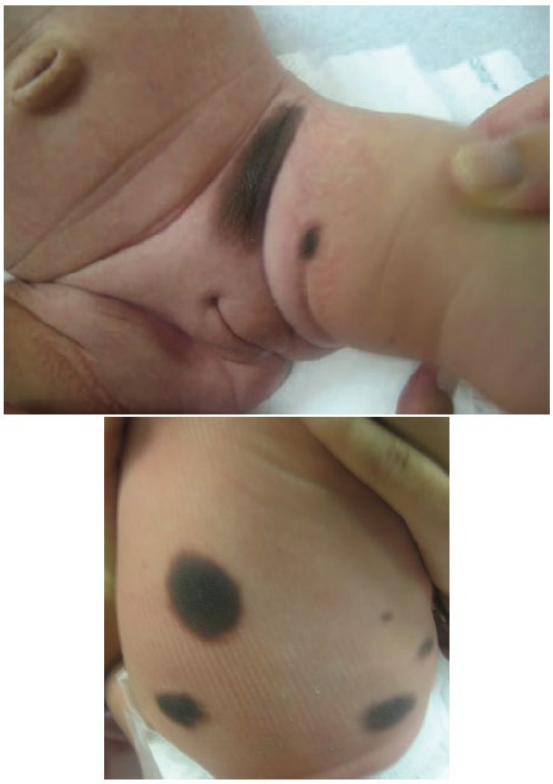
Adolescent Medicine & Sexual Health:

Page 24, Medical Issues in Females > Amenorrhea > Laboratory Assessment of Amenorrhea — FSH

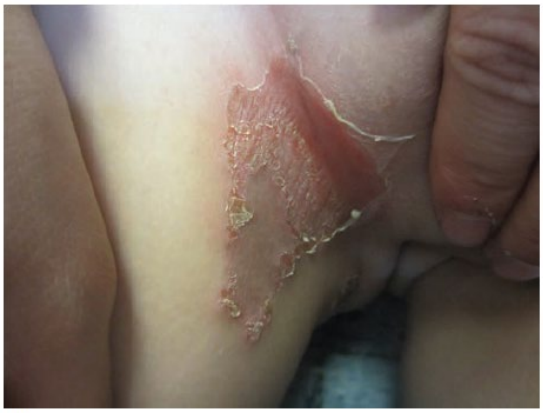
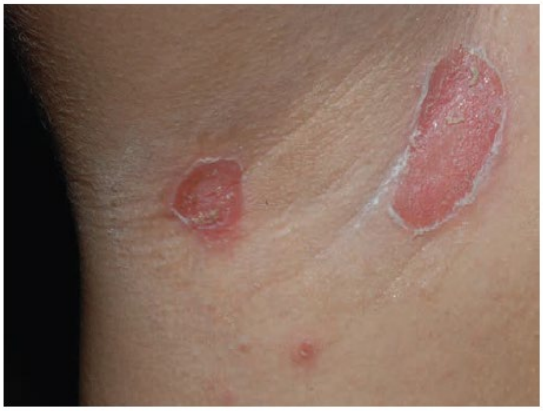
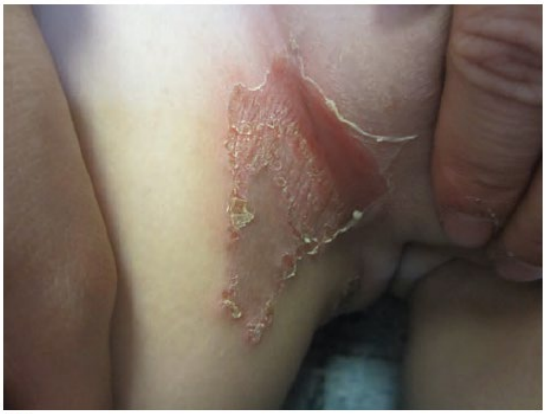
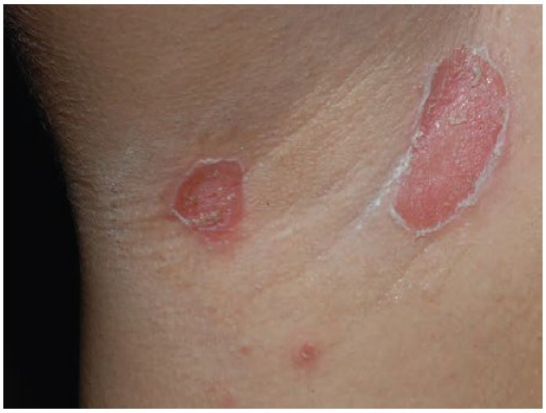
Text currently reads:	*Text should read:*
Laboratory Assessment of Amenorrhea — FSH • High FSH (secondary hypogonadism [a.k.a. hypogonadotropic hypogonadism])	Laboratory Assessment of Amenorrhea — FSH • High FSH (primary [hypergonadotropic] hypogonadism)

Dermatology:

Page 154, Neonatal Dermatology > Other Birthmarks and Congenital Lesions > Congenital Melanocytic Nevi (CMN)

Text currently reads:	*Text should read:*
 *Multiple small/medium CMN **with NCM***	 *Multiple small/medium CMN **without NCM***

Page 157, Skin Conditions in Infants > Diaper Dermatitis

Text currently reads:	*Text should read:*
 [10] *Bullous impetigo*  ***Candidal diaper dermatitis***	 [10] *Bullous impetigo*  ***Bullous impetigo***

Growth & Development:
Page 311, Developmental Milestones > Developmental Milestones

Text currently reads:	*Text should read:*
• New checklists do not replace AAP recommendations for: – Universal developmental screening with validated screening tools • At 9-, **18-, and 30-month** well-child visits – Autism screening • At 18- and 24-month well visits	• New checklists do not replace AAP recommendations for: – Universal developmental screening with validated screening tools • At 9-, **18-, 24-, and 30-month** well-child visits – Autism screening • At 18- and 24-month well visits

Infectious Disease:
Page 354, Immunodeficiency > AR 40

Text currently reads:	*Text should read:*
The test most likely to identify this patient's condition is: A. Serum IgM B. Stool culture C. Serum IgA D. Serum immunoglobulins to diphtheria E. Serum immunoglobulins to strains in the pneumococcal **conjugate** vaccine	**The test most likely to identify this patient's condition is:** A. Serum IgM B. Stool culture C. Serum IgA D. Serum immunoglobulins to diphtheria E. Serum immunoglobulins to strains in the pneumococcal **polysaccharide** vaccine

Metabolic Disorders:
Page 387, Complex Molecule Defects > Lysosomal Storage Disorders (LSDs) > LSDs — Sphingolipidoses: Tay-Sachs Disease

Text currently reads:

Course	Clinical Signs
0–6 months	Apathy, hypotonia, exaggerated startle reflex
6–12 months	Cherry-red **macule**, spasticity, rigidity, DD
12–18 months	Excessive drooling, bouts of unmotivated laughter, convulsions

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Ophthalmology & ENT:
Page 562, Neck > Cervical Lymphadenopathy (LA) > High Yield — Cervical LA: Physical Exam

Text currently reads:	*Text should read:*
• Pharyngitis – **GBS** – EBV – Adenovirus – PFAPA	• Pharyngitis – **GAS** – EBV – Adenovirus – PFAPA

Rheumatology:
Page 618, Juvenile Idiopathic Arthritis (JIA)

Text currently reads:	*Text should read:*
• Definition of JIA: – **< 16** years of age – Persistent synovitis in 1 or more joints – Must last for at least **6 weeks** – All other diagnoses excluded	• Definition of JIA: – **< 18** years of age – Persistent synovitis in 1 or more joints – Must last for at least **6 weeks** – All other diagnoses excluded

Page 618, Juvenile Idiopathic Arthritis (JIA) > PRINTO New International Classification Criteria (2019) — 5 Types

Text currently reads:	*Text should read:*
• New JIA Definition: < 18 years of age, Sx > 6 weeks 1) Systemic JIA (arthritis need not be present) 2) Early onset ANA+ JIA (two tests 3 months apart) 3) RF+ JIA (two tests 3 months apart or CCP+) 4) ERA/**PsA** JIA 5) Other JIA (includes PsA)	• New JIA Definition: < 18 years of age, Sx > 6 weeks 1) Systemic JIA (arthritis need not be present) 2) Early onset ANA+ JIA (two tests 3 months apart) 3) RF+ JIA (two tests 3 months apart or CCP+) 4) ERA/**SpA** JIA 5) Other JIA (includes PsA)