

<p>CC: Fever/Fiebre/Febre, bukhaar/Sot HPI: 9 Y.O 3 days of fever</p> <p><u>Day 1:</u> 38-39C, cough with white sputum (<10mL). Fever slightly improve with antipyretic, then continued with nausea and anorexia. Diagnosed with acute respiratory infection</p> <p><u>Day 3:</u> Persistent fever, another institution and came to this institution.</p>	<p>Vitals: T: 38.5C HR: 100 BP: 80/70 RR: 38 SpO₂: 98% (3L)</p> <p>Exam: Gen: Alert, tired appearance HEENT: Pink eye, dry mouth, no JVD CV: RR, S1, S2, no murmurs/ gallops Pulm: Normal Abd: Tenderness RUQ, palpable liver 2 cm Neuro: No focal Extremities/Skin: Cold, CRT 4s, no rash, no petechiae</p>	<p>Problem Representation: ENG: Pediatric patient presents w/ acute onset and persistent fever associated with hypotension, hepatomegaly, thrombocytopenia and hemoconcentration. ESP: Paciente pediátrico ingresa por fiebre persistente de inicio agudo asociado a hipotensión, hepatomegalia, plaquetopenia y hemoconcentración. POR: Paciente pediátrico se apresenta com febre aguda e persistente associada com hipotensão, hepatomegalia, plaquetopenia e hemoconcentração.</p>	
<p>Past Medical History: Cesarean (Oligohydramnios and prolonged pregnancy), febrile seizures (3 yo)</p> <p>Meds: Updated vaccines</p>	<p>Family History: Unremarkable</p> <p>Social History: Southern vietnam. 2 reported cases of hemorrhagic fever</p> <p>Health Related Behaviours:</p> <p>Allergies: None</p>	<p>Notable Labs & Imaging: Hematology: WBC: 3.42 (N:73.4 %) Htc 50 % → 40.5% Plt: 107</p> <p>Chemistry: Glucose: 97 AST: 60 ALT: 57</p> <p>Na1Ag +ve Administered refortan 6% 500 mL. After symptoms improved, pulse, BP, RR improved too.</p> <p>Final Diagnosis: Dengue shock syndrome</p>	<p>Teaching Points (Rafa):</p> <ul style="list-style-type: none"> ● FEVER IN A 9 YEAR OLD PATIENT IMADE - infection, malignancy, autoimmune, drugs, endocrinopathy Pediatrics population - infection, autoimmune - is this patient with vaccinations up to date? Any history of immunodeficiencies (selective IgA deficiency being the most common) Import to find the center of the gravity - any symptoms that could localize the clinical syndrome? Eg, cough could be the lungs ● KAWASAKI - mucocutaneous lymph node syndrome 5 day of persistent fever - strawberry tongue (also seen w/ scarlet fever), cervical lymphadenopathy, conjunctivitis, peripheral edema, maculopapular rash - increased risk for coronary aneurysms and thrombosis. Tx- IV immunoglobulin and aspirin - the only time you could use aspirin in a pediatric population - risk for Reye syndrome: often follows viral illnesses like influenza - diffuse mitochondrial insult - encephalopathy, liver failure ● PANCYTOPENIA <u>Bone marrow aplasia</u> (primary or secondary to viral infections, cytotoxic medications, radiation)+ <u>bone marrow infiltration</u> (cancer, fibrosis, granulomatous infections) + <u>mature blood cell destruction</u> (DIC) ● DENGUE SHOCK SYNDROME Flavivirus transmitted by Aedes aegypti. Dx: <5 days: PCR or NS1 antigen # >5 days: IgM Clues: increased hemoglobin (hemoconcentration - leaky vasculature) + thrombocytopenia, leukopenia , elevated transaminases Can affect many organs including the liver (hepatomegaly and the llungs (pleural effusion)