2019 Pediatrics Comprehensive Review Course Syllabus

Adolescent Medicine & Sexual Health:

Page 9, Eating Disorders > Anorexia Nervosa – Other Physical Findings: Gastrointestinal

*The content below, which currently appears **before AR 6**, **should appear immediately following AR 6***

Anorexia Nervosa — Other Physical Findings: Gastrointestinal
• Constipation
• Acute pancreatitis
• Gastroparesis
  – Delayed emptying of the stomach
• Superior mesenteric artery syndrome
  – Symptoms relieved by lying prone, in the left lateral decubitus, or in a knee-chest position
  – These positions open the space between superior mesenteric artery and aorta
• CT demonstrating: Duodenal compression (black arrow) by the superior mesenteric artery (red arrow) and the abdominal aorta (blue arrow)
 

Allergy & Immunology:

Page 10, Immunodeficiencies > Phagocyte Disorders > Job Syndrome (Hyper-IgE Syndrome)

Text currently reads:	*Text should read:*
• Recurrent abscesses, eczema, scoliosis, hyperextensibility, delayed eruption of primary **team**, pneumatoceles	• Recurrent abscesses, eczema, scoliosis, hyperextensibility, delayed eruption of primary **teeth**, pneumatoceles

Emergency Medicine and Maltreatment Syndromes:

Page 14, Toxicology > Toxicology High-Yield Pearls

Text currently reads:	*Text should read:*

• Opiate ingestion
  – **CNS** depression, AMS, miosis
	• Opiate ingestion
	  – **Respiratory** depression, AMS, miosis

Endocrinology:
Page 9, Calcium / Phosphorus > Causes of Hypoparathyroidism — DiGeorge Syndrome

Text currently reads:	*Text should read:*
• Clinical features • **C**ardiac disease • Interrupted aortic arch, ASD, VSD, pulmonary stenosis, right aortic arch, truncus – **A**bnormal facies – **T**hymus — absence or hypoplasia, immunodeficiency – **C**left palate – **H**ypoparathyroidism — leading to hypocalcemia	• Clinical features – **Cardiac disease** • Interrupted aortic arch, ASD, VSD, pulmonary stenosis, right aortic arch, truncus – **A**bnormal facies – **T**hymus — absence or hypoplasia, immunodeficiency – **H**ypoparathyroidism — leading to hypocalcemia

Gastroenterology:
Page 12, Liver and Gallbladder Disorders > Gilbert Syndrome

Text currently reads:	*Text should read:*
• Presents with jaundice when ill or **lasting** and resolves with illness; Benign, no treatment needed	• Presents with jaundice when ill or **fasting** and resolves with illness; Benign, no treatment needed

Genetics:
Page 3, Types of Genetic Disease > Large Chromosome Abnormalities > Autosomes: Trisomy 18 and 13 Syndromes

Text currently reads:	*Text should read:*
• Etiology (statistics vary) – Full trisomy 80% – Mosaic and translocations 20% • **T**13;14 — common for T13	• Etiology (statistics vary) – Full trisomy 80% – Mosaic and translocations 20% • **t**13;14 — common for T13

Genetics:
Page 15, Common Syndromes Organized by Presenting Symptom > Anomalies, Sequences, Associations – Pierre Robin Sequence

Text currently reads:	*Text should read:*
• Seen often in Stickler syndrome (AD) – Associated hearing loss and retinal **dislocation**	• Seen often in Stickler syndrome (AD) – Associated hearing loss and retinal **detachment**

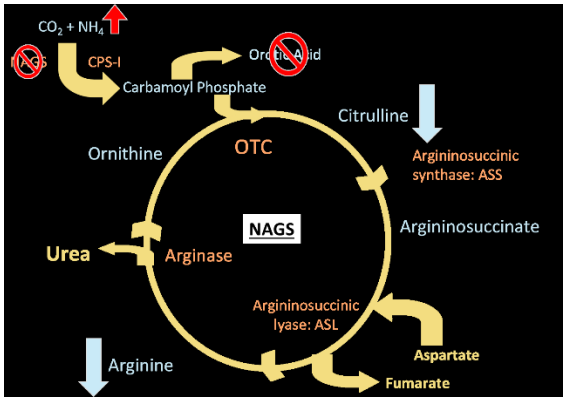
Hematology:
Page 5, Part 1 — Red Cell Disorders > Sickle Cell Anemia

Text currently reads:	*Text should read:*
• Lab features – Normocytic anemia – Increased reticulocyte count – Thrombocytosis – Leukocytosis – Peripheral smear: Sickle cells, polychromasia, Howell-Jolly bodies – **Hbg** profile: HbSS (>> 50% HbS); NB screen: FS	• Lab features – Normocytic anemia – Increased reticulocyte count – Thrombocytosis – Leukocytosis – Peripheral smear: Sickle cells, polychromasia, Howell-Jolly bodies – **Hgb** profile: HbSS (>> 50% HbS); NB screen: FS

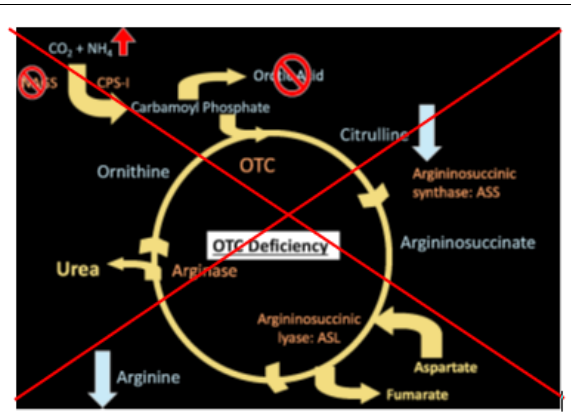
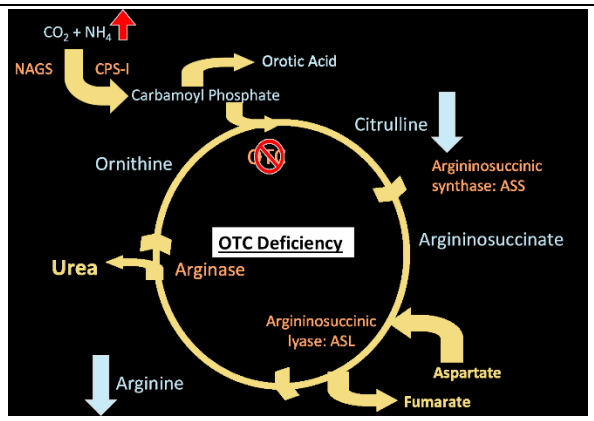
Hematology:
Page 8, Part 2 — White Cell Disorders > Chronic Benign Neutropenia

Text currently reads:	*Text should read:*
• Diagnosis – Antineutrophil antibody usually positive – BM exam: **Maturation arrest** at earlier stages	• Diagnosis – Antineutrophil antibody usually positive – BM exam: **Rule out maturation arrest** at earlier stages

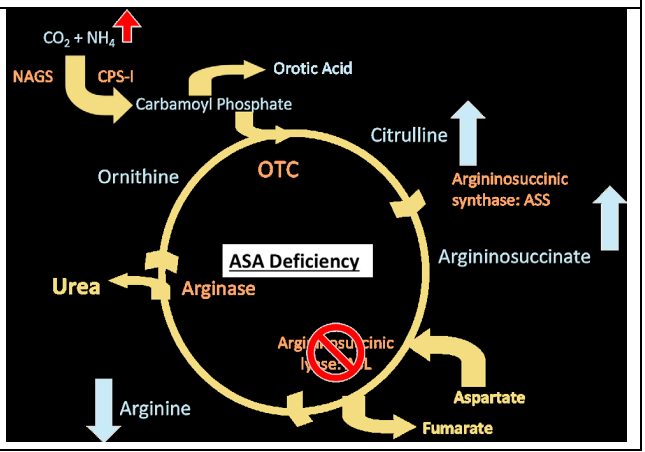
Metabolic Disorders:
Page 5, Disorders of Intoxication > Intoxications – Urea Cycle Disorders > CPS I and NAGS Deficiencies

Text currently shows this figure:	*Text should show this figure:*
	

Metabolic Disorders:
Page 6, Disorders of Intoxication > Intoxications – Urea Cycle Disorders > OTC Deficiency

Text currently shows this figure:	*Text should show this figure:*
	

Metabolic Disorders:
Page 5-6, Disorders of Intoxication > Intoxications — Urea Cycle Disorders > ASA Deficiency

Text currently shows this figure:	*Text should show this figure:*
	

Musculoskeletal & Sports Medicine:
Page 3, Congenital Disorders > Intoeing

Text currently reads:	*Text should read:*
• Causes – Metatarsus adductus (intrauterine **crowing**) — infants	• Causes – Metatarsus adductus (intrauterine **crowding**) — infants

Musculoskeletal & Sports Medicine:
Page 5, Chest Wall Malformations > Scoliosis – Treatment

Text currently reads:	*Text should read:*
• Bracing – **30–39°** curves	• Bracing – **25–39°** curves

Musculoskeletal & Sports Medicine:
Page 20, Concussions and Sports Injuries > Knee Injuries

Text currently reads:	*Text should read:*
Prepatellar Bursitis Meniscal Tears • Bursa inflammation anterior to patella • From fall/direct blow to anterior knee • Sports: wrestling, basketball • Rx: Conservatively  • Twisting injury while foot is planted	**Prepatellar Bursitis ~~Meniscal Tears~~** • Bursa inflammation anterior to patella • From fall/direct blow to anterior knee • Sports: wrestling, basketball • RX: Conservatively  **Meniscal Tears** • Twisting injury while foot is planted

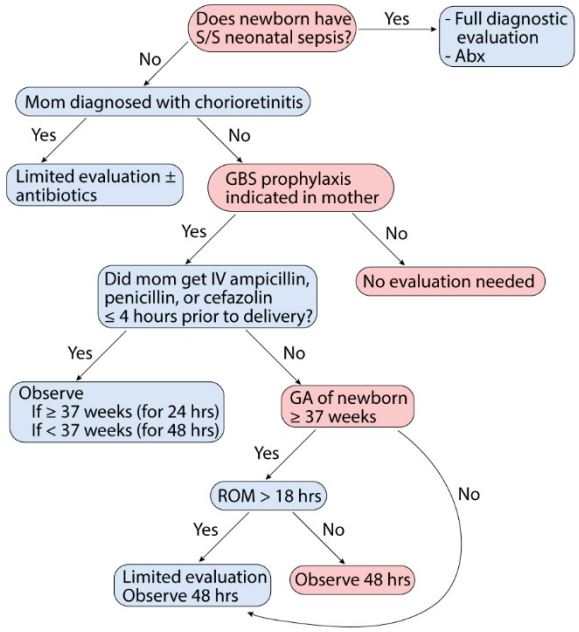
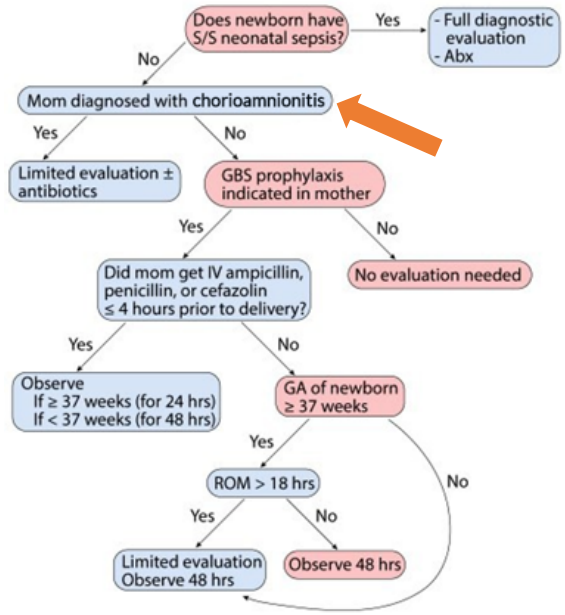
Musculoskeletal & Sports Medicine:
Page 22, High-Yield Pearls

Text currently reads:	*Text should read:*
• Developmental dysplasia of the hip is more common in females, firstborns, breech presentation, and infants with h/o intrauterine **crowing**	• Developmental dysplasia of the hip is more common in females, firstborns, breech presentation, and infants with h/o intrauterine **crowding**

Musculoskeletal & Sports Medicine:
Page 22, High-Yield Pearls

Text currently reads:	*Text should read:*
• **Severe** Dz is inflammation of the calcaneal growth plate, common cause of heel pain	• **Sever** Dz is inflammation of the calcaneal growth plate, common cause of heel pain

Neonatology:
Page 10, Prenatal Care > Group B Strep

Text in figure currently reads:	*Text in figure should read:*
Mom diagnosed with **chorioretinitis** 	Mom diagnosed with **chorioamnionitis** 

Nephrology:
Page 3, Part 1 – Urinalysis, GFR, Equations > Glomerular Filtration Rate

Text currently reads:	*Text should read:*
• Measurement of GFR – Updated Schwartz formula — (0.413 × Ht)/serum Cr • **24 hour urine creatinine clearance** • **Serum cystatin C**	• Measurement of GFR – Updated Schwartz formula — (0.413 × Ht)/serum Cr – **24 hour urine creatinine clearance** – **Serum cystatin C**

Nephrology:
Page 5, Part 2 – Fluids and Electrolytes > Rate of Replacement of Deficit

Text currently reads:	*Text should read:*
• Goal is Na+ change of less than 10–12 mEq/L/**hr** • Avoid **NS** complications related to movement of water into/out of brain cells	• Goal is Na+ change of less than 10–12 mEq/L/**day** • Avoid **CNS** complications related to movement of water into/out of brain cells

Nephrology:
Page 5, Part 2 – Fluids and Electrolytes > Euvolemic Hyponatremia

Text currently reads:	*Text should read:*
• Diagnosis – POsm **elevated**	• Diagnosis – POsm **low**

Nephrology:
Page 15, Part 7 – Hereditary Kidney Diseases > Alport Syndrome

Text currently reads:	*Text should read:*
• Hematuria, proteinuria, progressive CKD with **SRD** in young adulthood	• Hematuria, proteinuria, progressive CKD with **ESRD** in young adulthood

Nephrology:
Page 16, Part 7 – Hereditary Kidney Diseases > Autosomal Dominant Polycystic Kidney Disease

Text currently reads:	*Text should read:*
• ESRD in **> 50-year-olds**	• ESRD in **50%**

Ophthalmology & ENT:
Page 7, Preseptal and Orbital Cellulitis > Preseptal Cellulitis

Text currently reads:	*Text should read:*
• Unilateral ocular pain, eyelid swelling, and erythema • **Absence of ophthalmoplegia, pain with eye movements, visual impairment, proptosis, chemosis, edema extending beyond eye margins**	• **Present:** Unilateral ocular pain, eyelid swelling, and erythema • **Absent: Ophthalmoplegia, pain with eye movements, visual impairment, proptosis, chemosis, and edema extending beyond eye margins**

Ophthalmology & ENT:
Page 13, Acute Otitis Media and Otitis Externa > AOM – Causes and Symptomatic Treatment

Text currently reads:	*Text should read:*
• **Common pathogens** – *Haemophilus influenzae* (nontypeable) – ***Streptococcus pneumoniae*** – *Moraxella catarrhalis*	• **Common pathogens** – ***Streptococcus pneumoniae*** – *Haemophilus influenzae* (nontypeable) – *Moraxella catarrhalis*

Preventive Pediatrics:
Page 14, Immunizations > Meningococcal Vaccine (MCV4)

Text currently reads:	*Text should read:*
High-risk with asplenia • 2–23 months of age • Menveo: – 2, 4, 6, and 12–15 months – Previously unimmunized at age 7–23 months: • Two doses; 12 weeks apart • Second dose after first birthday – Previously unimmunized at age ≥ 24 months • Two doses; 8 weeks apart • Menactra: – **Not** recommended at < 24 months of age – **At ≥ 24 months of age:** • **Two doses; 8 weeks apart** – **First dose ≥ 4 weeks after completion of all PCV13 doses** » **Menactra may interfere with pneumococcal antibody production when vaccines given together** **High-risk with normal splenic function** • **2–24 months of age** – **Menveo: 2, 4, 6, and 12–15 months** – **Menactra: 2-dose series (12 weeks apart)** • **Begin at 9–23 months** • **Second dose must be after first birthday** • 2–10 years of age (including HIV+) – 2-dose series — either vaccine; 8 weeks apart • ≥ 11 years of age: – 2-dose series — either vaccine; 8 weeks apart • Booster (either vaccine) – Primary series at < 7 years • Booster dose in 3 years; Repeat q 5 years – Primary series at ≥ 7 years • Booster dose q 5 years	~~High-risk with asplenia~~ • 2–23 months of age • Menveo: – 2, 4, 6, and 12–15 months – Previously unimmunized at age 7–23 months: • Two doses; 12 weeks apart • Second dose after first birthday – Previously unimmunized at age ≥ 24 months • Two doses; 8 weeks apart • Menactra: – **Not** recommended at < 24 months of age ~~– At ≥ 24 months of age:~~ ~~• Two doses; 8 weeks apart~~ ~~– First dose ≥ 4 weeks after completion of all PCV13 doses~~ ~~» Menactra may interfere with pneumococcal antibody production when vaccines given together~~ ~~High-risk with normal splenic function~~ ~~• 2–24 months of age~~ ~~– Menveo: 2, 4, 6, and 12–15 months~~ ~~– Menactra: 2-dose series (12 weeks apart)~~ ~~• Begin at 9–23 months~~ ~~• Second dose must be after first birthday~~ • 2–10 years of age (including HIV+) – 2-dose series — either vaccine; 8 weeks apart • ≥ 11 years of age: – 2-dose series — either vaccine; 8 weeks apart • Booster (either vaccine) – Primary series at < 7 years • Booster dose in 3 years; Repeat q 5 years – Primary series at ≥ 7 years Booster dose q 5 years

Pulmonary Medicine:
Page 4, Acquired Causes of Stridor > Croup > Croup — High-Yield Pearls

Text currently reads:	*Text should read:*
• Rx: Racemic epinephrine nebulizers, 0.6–1 **mg** of dexamethasone	• Rx: Racemic epinephrine nebulizers, 0.6–1 **mg/kg** of dexamethasone

Rheumatology:
Page 19, Joint Hypermobility Syndrome Hypermobility Syndrome > AR 11

Text currently reads:	*Text should read:*
Which of the following is the most appropriate next step? A. Order physical therapy. B. Refer to a geneticist **to rule to** confirm Ehlers-Danlos syndrome.	**Which of the following is the most appropriate next step?** A. Order physical therapy. B. Refer to a geneticist **to rule out or to** confirm Ehlers-Danlos syndrome.