8th Edition Pediatrics Core

Neonatology: Page 1-1, Mortality / Morbidity in Newborns > Common Terms

Text currently reads:	*Text should read:*
Preterm: an infant born before **the last day of** the 37th week (259th day) of gestation **(i.e., born before the 38th week of gestation)**.	Preterm: an infant born before the **37th week (259th day)** of gestation.

Nutrition: Page 3-7, Nutritional Disorders > Fat-Soluble Vitamin Deficiencies > Vitamin A

Text currently reads:	*Text should read:*
Vitamin A deficiency can result in night blindness, Bitot spots (keratinization of the **cornea**), xerophthalmia (dry eyes), corneal opacities, growth failure, and increased susceptibility to infection; in severe or prolonged cases, it can result in death as well.	Vitamin A deficiency can result in night blindness, Bitot spots (keratinization of the **conjunctiva**), xerophthalmia (dry eyes), corneal opacities, growth failure, and increased susceptibility to infection; in severe or prolonged cases, it can result in death as well.

Behavioral Medicine and Substance Abuse:
Page 6-22, Summary of Clinical Findings, Table 6-8

Text currently reads:	*Text should read:*
MDMA (3,4-methylenedioxymeth**ap**hetamine)	MDMA (3,4-methylenedioxymeth**amp**hetamine)

Behavioral Medicine and Substance Abuse:
Page 6-11, Rett Syndrome

Text currently reads:	*Text should read:*
It has a typically regressive course, beginning after several months of apparent normal development. Deceleration of head growth at 2–4 months of age is often the earliest finding. A period of developmental stagnation is then followed by a period of regression characterized by loss of purposeful hand skills, use of the hands, and loss of language milestones associated with development of hand stereotypies (hand wringing) and gait dyspraxia. Growth failure ensues with periods of apnea and peculiar sighing respirations during wakefulness. Oral-motor dysfunction, abnormal gut motility, progressive development of scoliosis, and autonomic dysfunction are common. Screaming episodes, sleep disturbances, and poor social interactions are also typical. No additional cognitive decline occurs following the period of regression; autistic-like behaviors persist. Most children with Rett syndrome develop a seizure disorder and continue to have difficulty with feeding and weight gain due to poor oral skills. Death occurs during adolescence or early adulthood.	**Rett Syndrome is considered a regressive neurological disorder. Infants appear normal at birth, but their growth stagnates and then regresses. Microcephaly or deceleration of head growth is a common feature in early infancy. Hypotonia is also often identified. Hallmark is loss of purposeful hand skills, development of hand stereotypies, loss of language milestones, and gait dyspraxia.** Growth failure ensues with periods of apnea and peculiar sighing respirations during wakefulness. Oral-motor dysfunction, abnormal gut motility, progressive development of scoliosis, and autonomic dysfunction are common. Screaming episodes, sleep disturbances, and poor social interactions are also typical. No additional cognitive decline occurs following the period of regression; autistic-like behaviors persist. Most children with Rett syndrome develop a seizure disorder and continue to have difficulty with feeding and weight gain due to poor oral skills. Death occurs during adolescence or early adulthood.

Gastroenterology:
Page 10-14, Stomach Disorders > Nonerosive Gastropathy > Helicobacter pylori Gastritis

Text currently reads:	*Text should read:*
The incidence of *H. pylori* is decreasing in the U.S., but it remains endemic in many parts of the world, including Africa, the Middle East, India, and Southeast Asia.	The incidence of *H. pylori* is decreasing in the U.S., but it remains endemic in many parts of the world, including Africa, the Middle East, India, and Southeast Asia, **and South America**.

Gastroenterology:
Page 10-22, Intestinal Disorders > Gluten-sensitive Enteropathy (Celiac Disease)

Text currently reads:	*Text should read:*
In susceptible individuals, gluten from wheat products (and similar proteins found in **rye and barley**) can induce the immune reaction to human transglutaminase and the resulting mucosal damage.	In susceptible individuals, gluten from wheat products (and similar proteins found in **rye, barley, and malt**) can induce the immune reaction to human transglutaminase and the resulting mucosal damage.

Gastroenterology:
Page 10-50, Diseases of the Liver and Biliary Tree > Biliary Atresia

Text currently reads:	*Text should read:*
Once the Kasai is done, these children are at risk for ascending cholangitis and must be followed carefully for signs of fever and worsening jaundice. If a patient with biliary atresia presents with fever and rising bilirubin, assume they have ascending cholangitis and admit for blood cultures and empiric antibiotics (preferably something that covers both gram negatives and anaerobes, like **piperacillin-sulbactam**).	Once the Kasai is done, these children are at risk for ascending cholangitis and must be followed carefully for signs of fever and worsening jaundice. If a patient with biliary atresia presents with fever and rising bilirubin, assume they have ascending cholangitis and admit for blood cultures and empiric antibiotics (preferably something that covers both gram negatives and anaerobes, like **piperacillin-tazobactam**).

Pulmonary Medicine:
Page 11-3, Diagnostic Testing > Pulse Oximetry > Oxyhemoglobin Dissociation Curve

Text currently reads:	*Text should read:*
The actual oxygen saturation of a particular hemoglobin (**Hbg**) molecule at a particular P_aO_2 is dependent on temperature, erythrocyte 2,3-DPG (2,3-diphosphoglycerate) level, and pH status.	The actual oxygen saturation of a particular hemoglobin (**Hgb**) molecule at a particular P_aO_2 is dependent on temperature, erythrocyte 2,3-DPG (2,3-diphosphoglycerate) level, and pH status.

Pulmonary Medicine:
Page 11-4, Diagnostic Testing > Pulse Oximetry > Oxyhemoglobin Dissociation Curve

Text currently reads:	*Text should read:*
When the curve is shifted to the right, it reflects a decrease in **Hbg** affinity for O_2 (so a decreased O_2 uptake by the **Hbg**). Decreased affinity promotes off-loading of the O_2 to the tissues. With a shift to the left (with decreased levels of TAP), it reflects an increased **Hbg** affinity for O_2 (so an increased S_aO_2 for a particular P_aO_2). Carbon monoxide (CO) binds tightly to **Hbg**, preventing O_2 from binding. With severe CO poisoning, the majority of **Hbg** is saturated with CO, leaving little room for O_2. Methemoglobin is produced when the iron in the **Hbg** molecule is oxidized from the ferrous (Fe^{+2}) to the ferric (Fe^{+3}) form, and the resulting methemoglobin molecule cannot hold onto O_2 or CO_2—with disastrous results to the tissues. Methemoglobin, like COHb, causes regular ferrous **Hbg** to hold much more tightly to O_2, thereby shifting the oxyHb dissociation curve to the left (or up for a set P_aO_2). Treat methemoglobinemia with removal of the cause, 100% O_2, and methylene blue (which causes rapid reduction of methemoglobin back to **Hbg**).	When the curve is shifted to the right, it reflects a decrease in **Hgb** affinity for O_2 (so a decreased O_2 uptake by the **Hgb**). Decreased affinity promotes off-loading of the O_2 to the tissues. With a shift to the left (with decreased levels of TAP), it reflects an increased **Hgb** affinity for O_2 (so an increased S_aO_2 for a particular P_aO_2). Carbon monoxide (CO) binds tightly to **Hgb**, preventing O_2 from binding. With severe CO poisoning, the majority of **Hgb** is saturated with CO, leaving little room for O_2. Methemoglobin is produced when the iron in the **Hgb** molecule is oxidized from the ferrous (Fe^{+2}) to the ferric (Fe^{+3}) form, and the resulting methemoglobin molecule cannot hold onto O_2 or CO_2—with disastrous results to the tissues. Methemoglobin, like COHb, causes regular ferrous **Hgb** to hold much more tightly to O_2, thereby shifting the oxyHb dissociation curve to the left (or up for a set P_aO_2). Treat methemoglobinemia with removal of the cause, 100% O_2, and methylene blue (which causes rapid reduction of methemoglobin back to **Hgb**).

Ophthalmology & ENT:
Page 21-16, Neck > Neck Mass

Text currently reads:	*Text should read:*
Lymphatic malformation (**previously cystic hygroma**; **multilobular** cyst filled with lymph; transilluminates well)	Lymphatic malformation (**includes cystic hygroma, lymphangioma circumscriptum, and mixed type**; **multilocular** cyst filled with lymph; transilluminates well)

Oncology:
Page 25-9, Other Kidney Problems

Text currently reads:	*Text should read:*
Mesoblastic nephroma is the most common congenital renal **disorder**, presenting as a firm, solitary mass of the kidney.	Mesoblastic nephroma is the most common congenital renal **tumor**, presenting as a firm, solitary mass of the kidney.