

2020 Pediatrics Review Course Syllabus

Adolescent Medicine & Sexual Health:

Page 24, Contraception

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Oral Contraceptives — Noncontraceptive Benefits</p> <ul style="list-style-type: none"> • Hypothalamic hypoestrogenism <ul style="list-style-type: none"> – Eating disorders – Excessive exercise – Female athletic triad 	<p>Oral Contraceptives — Noncontraceptive Benefits</p> <ul style="list-style-type: none"> • Hypothalamic hypoestrogenism <ul style="list-style-type: none"> – Eating disorders – Excessive exercise – Female athlete triad

Page 33, Sexually Transmitted Infections (STIs) > Granuloma Inguinale >

Genital Chlamydia Infections — Lymphogranuloma Venereum (LGV)

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • <u>Secondary stage</u> <ul style="list-style-type: none"> – Appears 2–6 weeks later – Tender (usually unilateral) suppurative matted inguinal nodes with inflamed overlying skin 	<ul style="list-style-type: none"> • <u>Secondary stage</u> <ul style="list-style-type: none"> – Appears 2–6 weeks later – Tender (usually unilateral or bilateral) suppurative matted inguinal nodes with inflamed overlying skin

**Behavioral Medicine & Substance Abuse:
Page 6, Attention Deficit Hyperactivity Disorder**

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>ADHD — Treatment</p> <ul style="list-style-type: none"> • General considerations • Time of day of target symptoms • Desire to avoid administration of medicine at school • Duration of desired coverage — e.g., coverage into the evening for completion of homework or driving to job • Ability to swallow pills or capsules • Expense • Adverse effects • General considerations • Comorbidities <ul style="list-style-type: none"> – α_2-adrenergic agonists (guanfacine, clonidine) may be warranted in: <ul style="list-style-type: none"> • Tic disorders • Children who are over-aroused, easily frustrated, highly active, or aggressive – Substance abuse <ul style="list-style-type: none"> – Avoid stimulants or use stimulants with less potential for abuse (e.g., lisdexamfetamine or methylphenidate patch) – Consider atomoxetine • Preschool (4–5 years) <ul style="list-style-type: none"> – Parent, teacher, and/or counselor-administered behavior therapy → 1st line of treatment – If behavioral interventions unsuccessful with continued moderate-to-severe disturbance in daily function → methylphenidate (short-acting forms) • Preschool (4–5 years) 	<p>ADHD — Treatment</p> <ul style="list-style-type: none"> • General considerations – Time of day of target symptoms – Desire to avoid administration of medicine at school – Duration of desired coverage — e.g., coverage into the evening for completion of homework or driving to job – Ability to swallow pills or capsules – Expense – Adverse effects — General considerations – Comorbidities <ul style="list-style-type: none"> • α_2-adrenergic agonists (guanfacine, clonidine) may be warranted in: <ul style="list-style-type: none"> – Tic disorders – Children who are over-aroused, easily frustrated, highly active, or aggressive – Substance abuse <ul style="list-style-type: none"> • Avoid stimulants or use stimulants with less potential for abuse (e.g., lisdexamfetamine or methylphenidate patch) • Consider atomoxetine – Preschool (3–5 years) <ul style="list-style-type: none"> • Parent, teacher, and/or counselor-administered behavior therapy → 1st line of treatment • If behavioral interventions unsuccessful with continued moderate-to-severe disturbance in daily function → methylphenidate (short-acting forms) — Preschool (4–5 years)

Page 9, Mental Health Disorders > Psychotic (Thought) Disorders

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Schizophreniform disorder <ul style="list-style-type: none"> – Schizophrenia-like disorder – Symptoms last < 1 month 	<ul style="list-style-type: none"> • Schizophreniform disorder <ul style="list-style-type: none"> – Schizophrenia-like disorder – Symptoms last 1–6 months

Cardiology:

Page 9, Cardiac Arrhythmias and Conduction Disturbances > Supraventricular Tachycardia (SVT)

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Case 4 A 2-month-old male infant presents to the emergency department with a 2-day history of poor feeding and labored breathing. There is no history of fever. The baby had been well previously. On examination, the baby is somewhat mottled and breathing at 70 breaths per minute with retractions. The liver is 4 cm below the right costal margin. The HR is 280 beats per minute. Your approach to this patient?</p>	<p>Case 4 A 2-month-old male infant presents to the emergency department with a 2-day history of poor feeding and labored breathing. There is no history of fever. The baby had been well previously. On examination, the baby's skin is somewhat mottled and breathing at 70 breaths per minute with retractions. The liver is 4 cm below the right costal margin. The HR is 280 beats per minute. Your approach to this patient?</p>

Dermatology:

Page 172, Skin Conditions in Infants > Langerhans Cell Histiocytosis (LCH)

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 5 A 10-month-old male presents to the office with a several-month history of multiple orange-brown patches and thin plaques. The lesions resemble café au lait (CAL) macules, but the borders are not well defined and some of the lesions appear somewhat erythematous and edematous. The parents report that the lesions often hive up after bathing and occasionally blister.</p> <p>What is the mostly likely diagnosis in this child?</p> <p>A. Neurofibromatosis type 1 B. Noonan syndrome C. Langerhans cell histiocytosis D. Urticaria pigmentosa</p> <p>Answer: _____</p>	<p>AR 5 A 10-month-old male presents to the office with a several-month history of multiple orange-brown patches and thin plaques. The lesions resemble café au lait (CAL) macules, but the borders are not well defined and some of the lesions appear somewhat erythematous and edematous. The parents report that the lesions often hive up after bathing and occasionally blister.</p> <p>What is the most likely diagnosis in this child?</p> <p>A. Neurofibromatosis type 1 B. Noonan syndrome C. Langerhans cell histiocytosis D. Urticaria pigmentosa</p> <p>Answer: _____</p>

**Emergency Medicine & Maltreatment Syndromes:
Page 1, Table of Contents**

<i>Text currently reads:</i>	<i>Text should read:</i>
TABLE OF CONTENTS	TABLE OF CONTENTS
Poisonings and Ingestions 3 Pharmaceutical Ingestions..... 7 Environmental Ingestions and Exposures..... 10	Poisonings and Ingestions 3 Pharmaceutical Ingestions..... 7 Salicylate Ingestions 8 Environmental Ingestions and Exposures..... 10

Page 8, Poisonings and Ingestions

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 5 A child presents with a 250 mg/kg ingestion of acetaminophen 3 hours prior to presentation.</p> <p>Immediate management should include:</p> <p>A. Immediate acetaminophen level B. Activated charcoal C. <i>N</i>-acetylcysteine D. Induction of emesis</p> <p>Answer: _____</p> <ul style="list-style-type: none"> • Previously a common ingestion — less frequent now — Aspirin, oil of wintergreen, antidiarrheal products • Uncouples oxidative phosphorylation • Activates respiratory center • Dose-related symptoms 	<p>AR 5 A child presents with a 250 mg/kg ingestion of acetaminophen 3 hours prior to presentation.</p> <p>Immediate management should include:</p> <p>A. Immediate acetaminophen level B. Activated charcoal C. <i>N</i>-acetylcysteine D. Induction of emesis</p> <p>Answer: _____</p> <p>SALICYLATE INGESTIONS</p> <ul style="list-style-type: none"> • Previously a common ingestion — less frequent now — Aspirin, oil of wintergreen, antidiarrheal products • Uncouples oxidative phosphorylation • Activates respiratory center • Dose-related symptoms

Page 16, Bites and Stings > Snake Bites

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Management <ul style="list-style-type: none"> – Identifying the species of snake – Immobilize extremity and apply wound pressure – No ice or “cut and suck” – Establish venous access line – CBC, PT/PTT (for crotalids) – Pain medication, tetanus • Antivenom based on severity of bite <ul style="list-style-type: none"> – No treatment <ul style="list-style-type: none"> • Puncture wounds but no other symptoms • Normal labs – Treat <ul style="list-style-type: none"> • Swelling extending beyond a joint • Abnormal labs • Shock 	<ul style="list-style-type: none"> • Management <ul style="list-style-type: none"> – Identifying the species of snake – Immobilize extremity and apply wound pressure – No ice or “cut and suck” – Establish venous access line – CBC, PT/PTT (for crotalids) – Pain medication, tetanus – Antivenom based on severity of bite <ul style="list-style-type: none"> • No treatment <ul style="list-style-type: none"> – Puncture wounds but no other symptoms – Normal labs • Treat <ul style="list-style-type: none"> – Swelling extending beyond a joint – Abnormal labs – Shock

Page 27, Child Abuse and Maltreatment, AR 18

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 18 EMS arrives with an intubated 4-month-old infant. The father states that he found the infant unresponsive in the bed with him. On exam, he is tachycardic, unresponsive, and has a bulging fontanel. An emergent head CT reveals acute and chronic subdural hematomas.</p> <p>What is the most likely etiology of his presentation?</p> <p>A. Birth trauma B. Sudden infant death syndrome (SIDS) C. Abusive head trauma D. Short vertical fall</p> <p>Answer: _____</p>	<p>AR 18 EMS arrives with an intubated 4-month-old infant. The father states that he found the infant unresponsive in the bed with him. On exam, he is tachycardic, unresponsive, and has a bulging fontanelle. An emergent head CT reveals acute and chronic subdural hematomas.</p> <p>What is the most likely etiology of his presentation?</p> <p>A. Birth trauma B. Sudden infant death syndrome (SIDS) C. Abusive head trauma D. Short vertical fall</p> <p>Answer: _____</p>

Endocrinology:

Page 11, Thyroid > Hypothyroidism

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Subacute Thyroiditis</p> <ul style="list-style-type: none"> • Viral infection, post-URI • Patient with fever and tender goiter • Labs <ul style="list-style-type: none"> – Elevated ESR – Cycle of abnormal TFTs <ul style="list-style-type: none"> • Hypothyroid → hyperthyroid ↔ or euthyroid • Tx with medications appropriate for thyroid state 	<p>Subacute Thyroiditis</p> <ul style="list-style-type: none"> • Viral infection, post-URI • Patient with fever and tender goiter • Labs <ul style="list-style-type: none"> – Elevated ESR – Cycle of abnormal TFTs <ul style="list-style-type: none"> • Hyperthyroid → hypothyroid ↔ or euthyroid • Tx with medications appropriate for thyroid state

Page 15, Adrenals > Adrenal Insufficiency

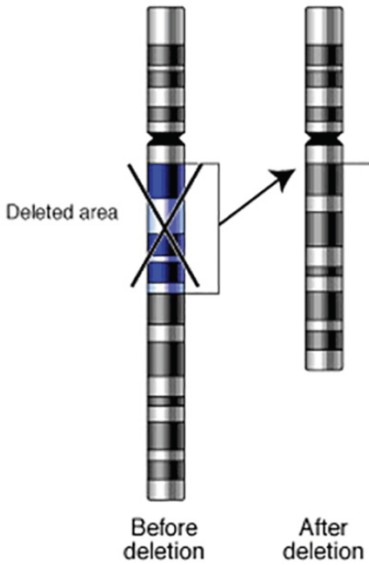
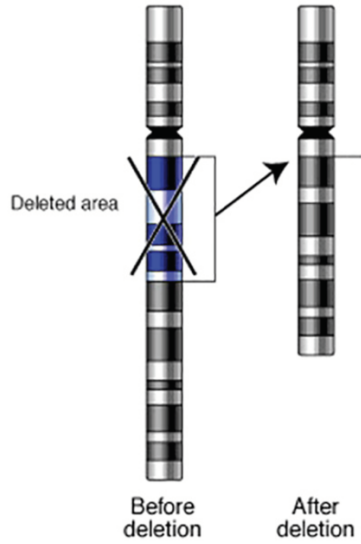
<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Adrenal Insufficiency 1° vs. 2° / 3°</p> <ul style="list-style-type: none"> • Primary adrenal insufficiency (AI) <ul style="list-style-type: none"> – Disorders of the adrenal gland – All sections of the adrenal cortex affected – Increased pigmentation (tan) due to increased POMC → increased ACTH and melanocyte-stimulating hormone (MSH) • Secondary/Tertiary AI <ul style="list-style-type: none"> – Disorder of hypothalamus (2°) or pituitary (3°) – Most common: idiopathic or tumor (craniopharyngioma) – Low ACTH and cortisol <ul style="list-style-type: none"> • Mineralocorticoid pathway intact (RAAS) – No increased pigmentation due to low ACTH 	<p>Adrenal Insufficiency 1° vs. 2° / 3°</p> <ul style="list-style-type: none"> • Primary adrenal insufficiency (AI) <ul style="list-style-type: none"> – Disorders of the adrenal gland – All sections of the adrenal cortex affected – Increased pigmentation (tan) due to increased POMC → increased ACTH and melanocyte-stimulating hormone (MSH) • Secondary/Tertiary AI <ul style="list-style-type: none"> – Disorder of pituitary (2°) or hypothalamus (3°) – Most common: idiopathic or tumor (craniopharyngioma) – Low ACTH and cortisol <ul style="list-style-type: none"> • Mineralocorticoid pathway intact (RAAS) • No increased pigmentation due to low ACTH

Page 22, Type 2 Diabetes

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Acute Complications of Type 2 DM</p> <ul style="list-style-type: none"> • Nonketotic hyperosmolar state <ul style="list-style-type: none"> – Glucose > 600 mg/dL – Serum carbon dioxide > 15 mmol/L – Small ketonuria, absent-to-low ketonemia – Serum osmolality > 320 mOsm/kg – Significant dehydration (assume 12–15% body weight) – Stupor or coma 	<p>Acute Complications of Type 2 DM</p> <ul style="list-style-type: none"> • Nonketotic hyperosmolar state <ul style="list-style-type: none"> – Glucose > 600 mg/dL – Serum bicarbonate > 15 mmol/L – Small ketonuria, absent-to-low ketonemia – Serum osmolality > 320 mOsm/kg – Significant dehydration (assume 12–15% body weight) – Stupor or coma

Genetics:

Page 8, Types of Genetic Disease > Small Chromosome Abnormalities — Chromosomal Deletion Syndromes

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Chromosomal Microdeletion Syndromes</p>  <p style="text-align: center;">Before deletion After deletion</p>	<p>Very Small Chromosome Abnormalities — Chromosomal Microdeletion Syndromes</p>  <p style="text-align: center;">Before deletion After deletion</p>

Growth & Development:
Page 7 & 8, Specific Growth Disorders

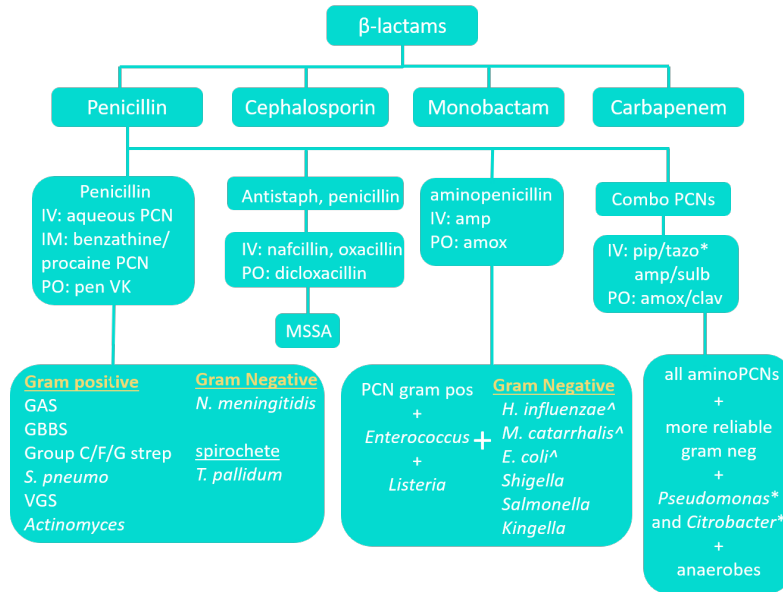
<p><i>Image currently shows:</i></p>	<p><i>Image should show:</i></p>
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Page 8, Specific Growth Disorders

<p><i>Image currently shows:</i></p>	<p><i>Image should show:</i></p>
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Infectious Disease:
Page 3, β -Lactamase Antibiotics

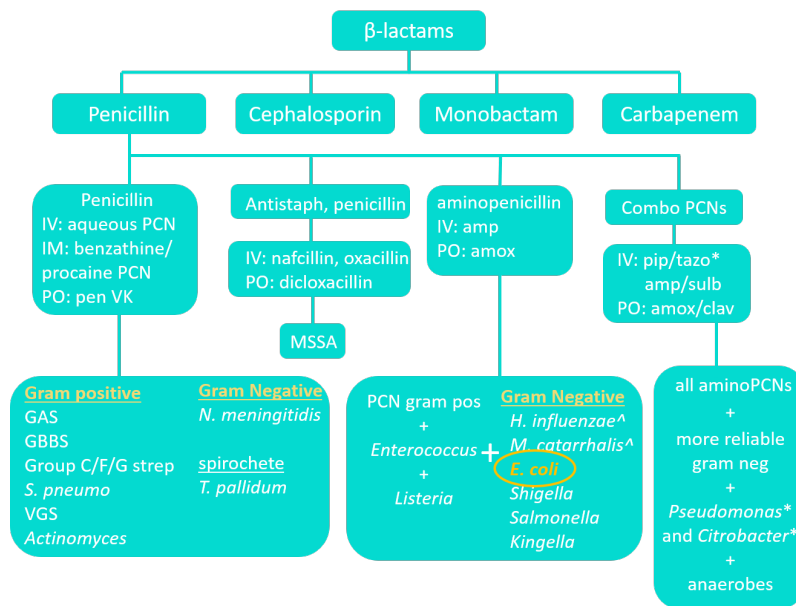
Figure currently reads: *E. coli*[^]



[^]Empirical indication for these pathogens.

*Piperacillin and tazobactam effective against *Pseudomonas* and *Citrobacter* pathogens.

Figure should read: *E. coli*

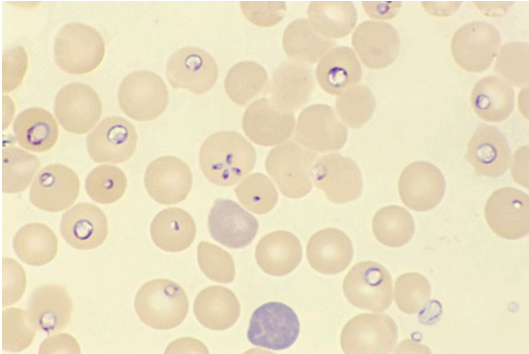
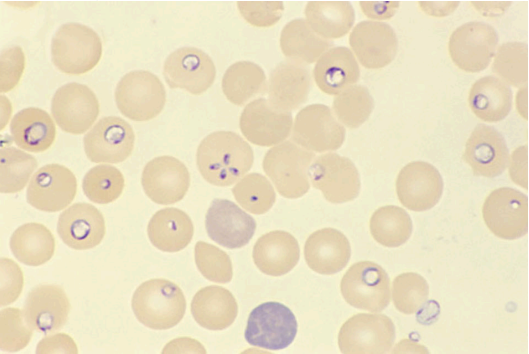


[^]Empirical indication for these pathogens.

*Piperacillin and tazobactam effective against *Pseudomonas* and *Citrobacter* pathogens.

<i>Image caption is currently associated with:</i>	<i>Image caption should be associated with:</i>
	
<p><i>Postnatal rubella with maculopapular rash</i></p>	
	 <p><i>Postnatal rubella with maculopapular rash</i></p>

Page 21, Spirochetes, Case 30

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Case 30 — History, Exam, Labs A 13-year-old immunized male who just returned from “summering” in Martha’s Vineyard (New England) presents with progressive fatigue and myalgias for just over a week. He has had fever intermittently for the past few days, along with chills. Exam notes enlarged spleen and 2 erythematous circular rashes. A thin smear is performed:</p> 	<p>Case 30 — History, Exam, Labs A 13-year-old immunized male who just returned from “summering” in Martha’s Vineyard (New England) presents with progressive fatigue and myalgias for just over a week. He has had fever intermittently for the past few days, along with chills. Exam notes enlarged spleen and 2 erythematous circular patches. A thin smear is performed:</p> 

Neonatology:

Page 20, Neonatal Resuscitation

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Endotracheal Intubation — Tube Size</p> <ul style="list-style-type: none"> • Weight in kg + 6 = lip-to-tip length <ul style="list-style-type: none"> – Size < 1.5 kg = 2.5-mm tube <ul style="list-style-type: none"> • 1.5–2.5 kg = 3.0-mm tube • > 2.5 kg = 3.5-mm tube • NEW: 4.0 ETT no longer recommended 	<p>Endotracheal Intubation — Tube Size</p> <ul style="list-style-type: none"> • Weight in kg + 6 = lip-to-tip length <ul style="list-style-type: none"> – Size < 1.0 kg = 2.5-mm tube <ul style="list-style-type: none"> • 1.0–2.0 kg = 3.0-mm tube • > 2.0 kg = 3.5-mm tube • NEW: 4.0 ETT no longer recommended

Nephrology:

Page 11, Acid-Base Disorders

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 6 A 5-year-old boy with FTT and diarrhea × 2 days has the following labs: ABG: pH 7.34 Chem: Na⁺ 135 pCO₂ 34 K⁺ 3.1 HCO₃⁻ 18 Cl⁻ 110 HCO₃⁻ 16</p> <p>Urine pH 5.5, UAG +10, AG 9</p>	<p>AR 6 A 5-year-old boy with FTT and diarrhea × 2 days has the following labs: ABG: pH 7.34 Chem: Na⁺ 135 pCO₂ 34 K⁺ 3.1 HCO₃⁻ 18 Cl⁻ 110 HCO₃⁻ 16</p> <p>Urine pH 5.5, UAG -10, AG 9</p>

Page 12, Glomerulonephritis

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Infectious-Related Glomerulonephritis (IRGN)</p> <ul style="list-style-type: none"> • Formerly known as postinfectious glomerulonephritis (PIGN) • Most common acute GN in children • 5- to 15-year-olds; Males > females • Inflammation due to glomerular deposition of Ab-Ag complexes • Occurs 7–14 days after: <ul style="list-style-type: none"> – Strep infections (certain nephritogenic strains) – Bacterial, viral, parasitic infections • Abrupt onset of symptoms Hematuria, often macroscopic (cola- or tea-colored) <ul style="list-style-type: none"> – Edema – Hypertension – Malaise 	<p>Infection-Related Glomerulonephritis (IRGN)</p> <ul style="list-style-type: none"> • Formerly known as postinfectious glomerulonephritis (PIGN) • Most common acute GN in children • 5- to 15-year-olds; Males > females • Inflammation due to glomerular deposition of Ab-Ag complexes • Occurs 7–14 days after: <ul style="list-style-type: none"> – Strep infections (certain nephritogenic strains) – Bacterial, viral, parasitic infections • Abrupt onset of symptoms Hematuria, often macroscopic (cola- or tea-colored) <ul style="list-style-type: none"> – Edema – Hypertension – Malaise

Neurology:

Page 8, Brain Malformations > Migrational Anomalies

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Differentiation of the Neural Tube</p> <ul style="list-style-type: none"> The anterior portion of the neural tube segments into 3 main sections: <ol style="list-style-type: none"> Forebrain/Prosencephalon <ul style="list-style-type: none"> Telencephalon-cerebral hemispheres, some of the basal ganglia Diencephalon-thalamus, hypothalamus, optic nerves, pineal gland Mesencephalon/Midbrain Rhombencephalon/Hindbrain <ul style="list-style-type: none"> Metencephalon-pons and granule cells of cerebellum Myelencephalon-medulla 	<p>Differentiation of the Neural Tube</p> <ul style="list-style-type: none"> The anterior portion of the neural tube segments into 3 main sections: <ol style="list-style-type: none"> Forebrain/Prosencephalon <ul style="list-style-type: none"> Telencephalon — cerebral hemispheres, some of the basal ganglia Diencephalon — thalamus, hypothalamus, optic nerves, pineal gland Mesencephalon/Midbrain Rhombencephalon/Hindbrain <ul style="list-style-type: none"> Metencephalon — pons and granule cells of cerebellum Myelencephalon — medulla

Rheumatology:

Page 3

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Assessing the child with Musculoskeletal Complaints</p>	<p>Assessing the child with Musculoskeletal Complaints</p>

Page 13, Pediatric Vasculitis > Multisystem Inflammatory Syndrome in Children (MIS-C)

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> Potentially associated with COVID19 Reported in 19 states and Washington DV Symptoms similar to toxic shock or Kawasaki in patients < 21 years of age Males > females Sx (start weeks after initial exposure) include fever, rash, LAD, abdominal pain/GI symptoms, conjunctivitis, cardiac involvement (coronary aneurysms). <u>Less</u> pulmonary symptoms Higher risk of MAS and shock Rx: IVIG ± ASA, methylprednisolone 	<ul style="list-style-type: none"> Potentially associated with COVID19 Reported in 42 states and Washington DV Symptoms similar to toxic shock or Kawasaki in patients < 21 years of age Males > females Sx (start weeks after initial exposure) include fever, rash, LAD, abdominal pain/GI symptoms, conjunctivitis, cardiac involvement (coronary aneurysms). <u>Less</u> pulmonary symptoms Higher risk of MAS and shock Rx: IVIG ± ASA, methylprednisolone

Page 14, Pediatric Vasculitis > Granulomatosis with Polyangiitis

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Granulomatosis with Polyangiitis</p> <ul style="list-style-type: none"> • <u>c-ANCA</u> positive (targets PR-3 antigen) 67% • Diagnosis: biopsy (lung: necrotizing granulomas; renal (pauci-immune segmental necrotizing glomerulonephritis) • Rx: steroids, rituximab, cyclophosphamide, methotrexate, azathioprine • Use PJP prophylaxis! • TMP/SMX shown useful to prevent relapses • Relapses common (30–50% of patients) • CYP side effects: infertility, lymphoma, hemorrhagic cystitis, and secondary cancers 	<p>Granulomatosis with Polyangiitis</p> <ul style="list-style-type: none"> • <u>c-ANCA</u> positive (targets PR-3 antigen) 67% • Diagnosis: biopsy (lung — necrotizing granulomas; renal — pauci-immune segmental necrotizing glomerulonephritis) • Rx: steroids, rituximab, cyclophosphamide, methotrexate, azathioprine • Use PJP prophylaxis! • TMP/SMX shown useful to prevent relapses • Relapses common (30–50% of patients) • CYP side effects: infertility, lymphoma, hemorrhagic cystitis, and secondary cancers

Page 17, Pediatric Systemic Lupus Erythematosus (SLE)

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>2019 ACR/EULAR-Criteria</p> <ul style="list-style-type: none"> • +ANA > 1:80 (entry criteria) • Fever > 100.9°F (38.3°C) 	<p>2019 ACR/EULAR-Criteria</p> <ul style="list-style-type: none"> • +ANA ≥ 1:80 (entry criteria) • Fever > 100.9°F (38.3°C)

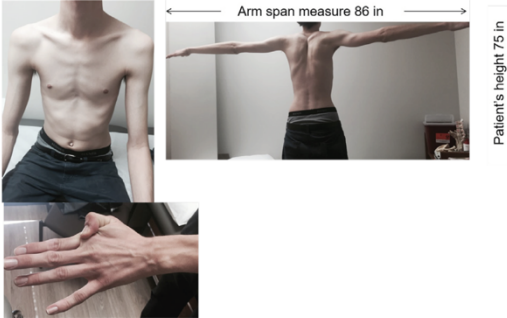
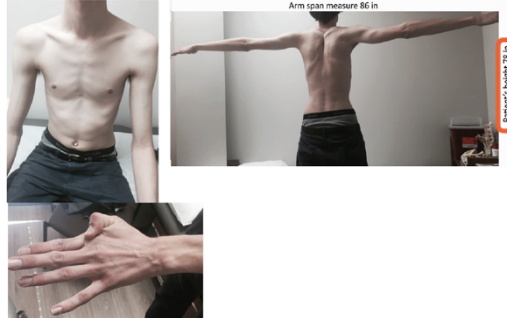
Page 17, Pediatric Systemic Lupus Erythematosus (SLE)

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • Proteinuria > 0.5 g/24 hours • Renal biopsy with lupus nephritis class 2 to 5 • Positive antiphospholipid antibodies (anticardiolipin IgG/A/M at medium or high titers or antiB2GP1 or lupus anticoagulant) • Low C3 or C4 • +dsDNA or +anti-Sm antibodies 	<ul style="list-style-type: none"> • Proteinuria > 0.5 g/24 hours • Renal biopsy with lupus nephritis class 2 to 5 • Positive antiphospholipid antibodies (anticardiolipin IgG/A/M at medium or high titers or anti-β₂GP-1 or lupus anticoagulant) • Low C3 or C4 • +dsDNA or +anti-Sm antibodies

Page 19, Pediatric Systemic Lupus Erythematosus (SLE)

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • When tapering prednisone is not possible, use a DMARD <p>Only 4 drugs are FDA approved for SLE:</p> <ul style="list-style-type: none"> • ASA • Prednisone • Hydroxychloroquine • Belimumab (approved in children 12/2019) • Antimalarial drugs 	<ul style="list-style-type: none"> • When tapering prednisone is not possible, use a DMARD <p>Only 4 drugs are FDA approved for SLE:</p> <ul style="list-style-type: none"> – ASA – Prednisone – Hydroxychloroquine – Belimumab (approved in children 12/2019) <ul style="list-style-type: none"> • Antimalarial drugs

Page 22, Joint Hypermobility Syndrome

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 13 A 16-year-old male comes for evaluation of his joint pains. He notes his sister was recently diagnosed with Ehlers-Danlos syndrome and postural orthostatic tachycardia. He reports fatigue and pain in his shoulders, knees, neck, and back.</p> <p>Exam: Height 6' 6" (78 cm) BP 98/66 A 2/6 diastolic murmur is noted. His exam is shown.</p>  <p>[15]</p>	<p>AR 13 A 16-year-old male comes for evaluation of his joint pains. He notes his sister was recently diagnosed with Ehlers-Danlos syndrome and postural orthostatic tachycardia. He reports fatigue and pain in his shoulders, knees, neck, and back.</p> <p>Exam: Height 6' 6" (78 inches) BP 98/66 A 2/6 diastolic murmur is noted. His exam is shown.</p>  <p>[17]</p>