

PEDIATRICS SPOTTERS

Scabies

Caused by *Sarcoptes scabiei*

Treatment - oral - ivermectin, topical - permethrine and benzyl benzoate



Koilonychia- Spoon shaped nails

Iron deficiency anemia



Undescended testes - cryptorchidism

Complications - torsion, trauma and seminoma

Should be corrected in one year by surgery - orchidopexy



Purpura
DD - Kawasaki disease



Epicanthal fold

Seen in Down's and turners, Mongolian race, Kawasaki disease. Sometimes normally seen in newborn but disappears in 1-2 months of age



Congenital hypothyroidism

Macroglossia, cretin facies

Should be diagnosed within 72 hours by heel prick blood sample. Maximum by 1 month and thyroxine should be started

Dose of T4 - 10-15 micrograms per kg per day



Staphylococcal scalded skin syndrome

Due to systemic spread of exotoxin of Staph. aureus

Treatment is supportive



Ambiguous genitalia

Causes - 46 XX -congenital adrenal hyperplasia, maternal virilisation, aromatase deficiency

46 XY - maternal virilisation



(Don't know for sure)

Cracked skin

DD - Kawasaki disease



Goitre



Clubbing

Causes - suppurative lung diseases, Crohn's disease, cyanotic heart disease, liver cirrhosis



Polymorphic varicella rash



Strawberry tongue - Scarlett fever

Also seen in Kawasaki disease, toxic shock syndr, and in Vitamin deficiencies(Niacin)



Sub-ungual peeling
DD - Kawasaki disease





Mantoux test

The two bars indicate the lines drawn to measure the diameter of induration

Delayed type 4 hypersensitivity reaction



Peri-orbital puffiness
Nephrotic syndrome



Polydactyly

Seen in Turner's, Trisomy 13

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Hypertelorism (maldevelopment of sphenoid bone)

Causes - Trisomy 21, congenital hypothyroidism, thalassemia major, turner's synd, william's syndrome



Vitamin A deficiency

Treatment - less than 6 months 50,000 IU

6 - 12 months - 1 lakh IU

Greater than 1 year - 2 lakh IU

Prophylaxis - 1 lakh IU at 9 months

2 lakh IU at 16-24 months



Collodion baby



collodion baby

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collodion baby

an infant born encased in a tight membrane resembling [collodion](#) or parchment, which is subsequently shed. This usually leaves fissures in the baby's skin and is a primary manifestation of some form of [ichthyosis](#), most often the lamellar type. Occasionally shedding of the membrane leaves relatively normal skin; see [lamellar exfoliation of newborn](#).

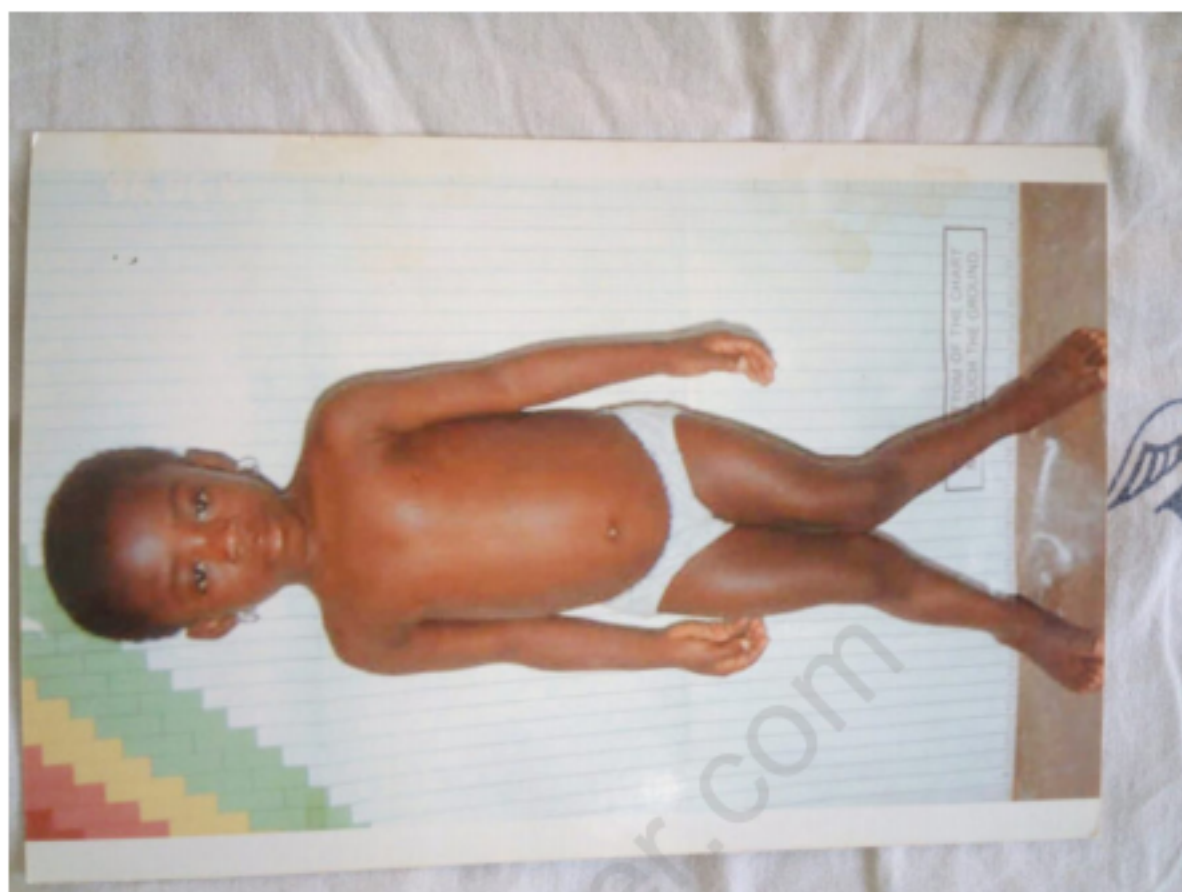


A



Genu valgum - knock knees

Causes - rickets, fracture of medial epiphyseal plates



Herpes zoster ophthalmicus



Congenital adrenal hyperplasia
Gives the appearance of a male genitalia to a female baby

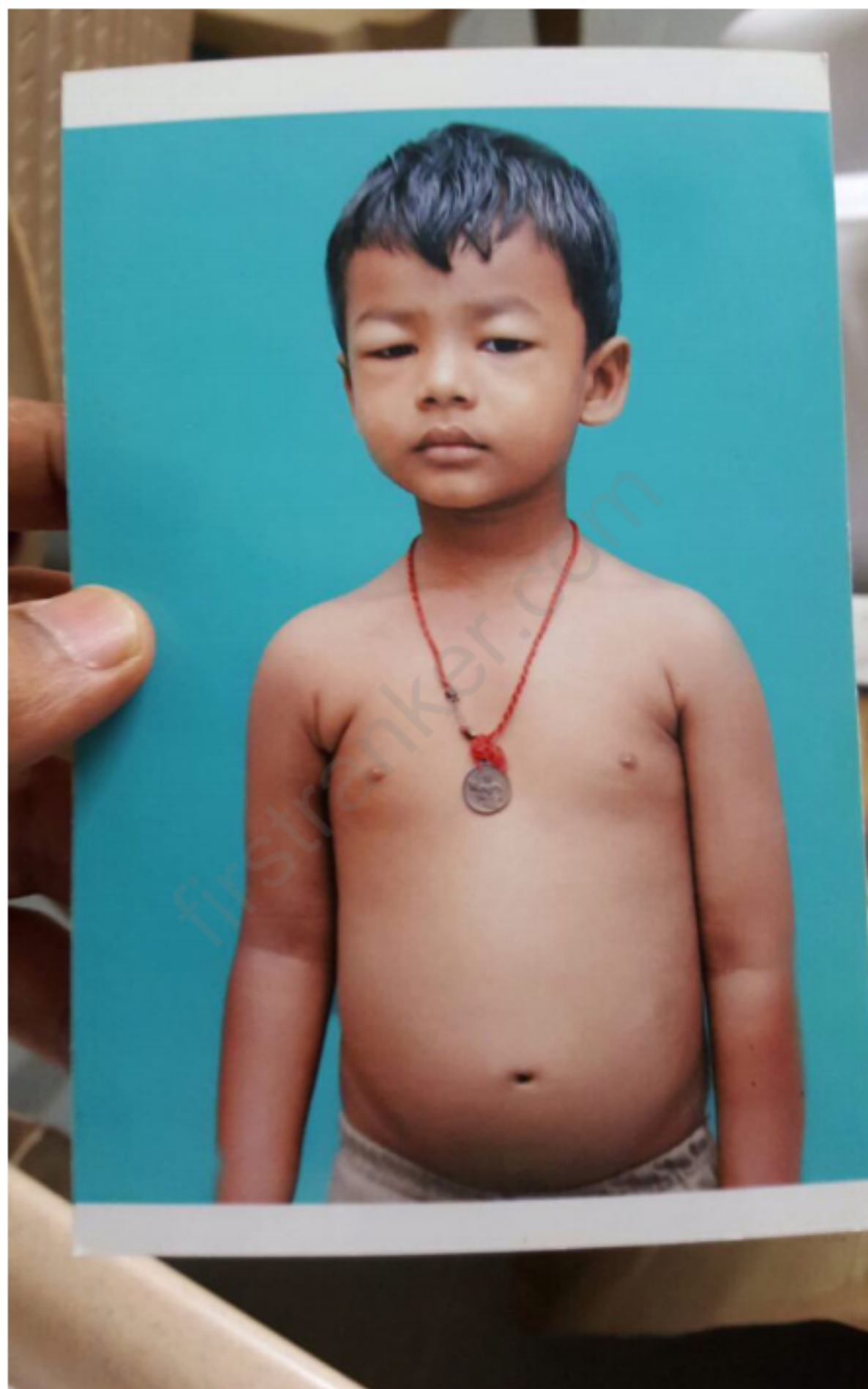


Palmar erythema/carotinemia



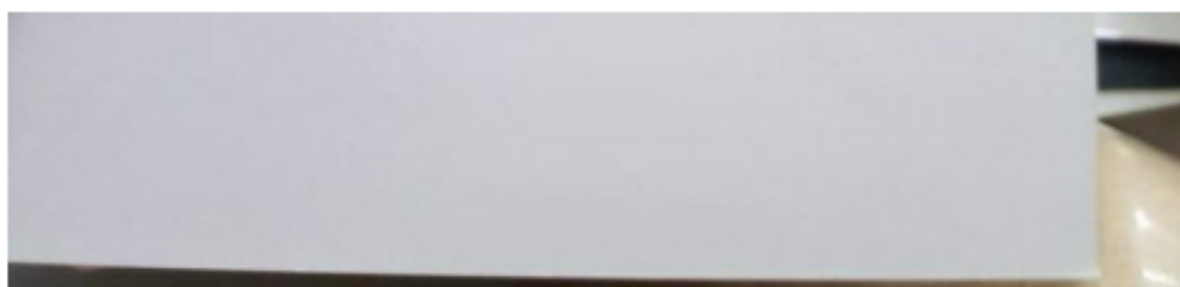
Nephrotic syndrome



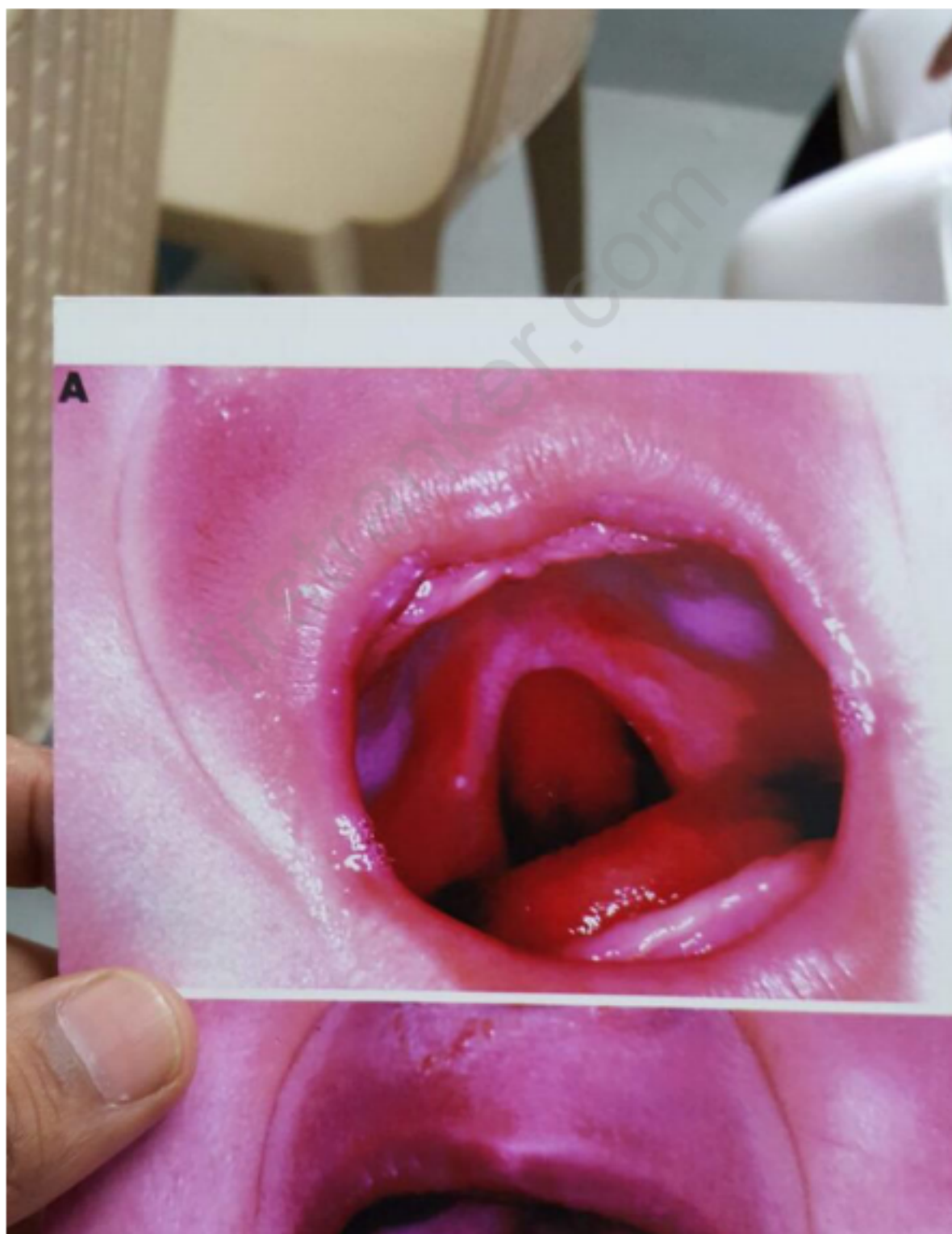


Mumps - parotid swelling
Paramyxovirus





Cleft palate

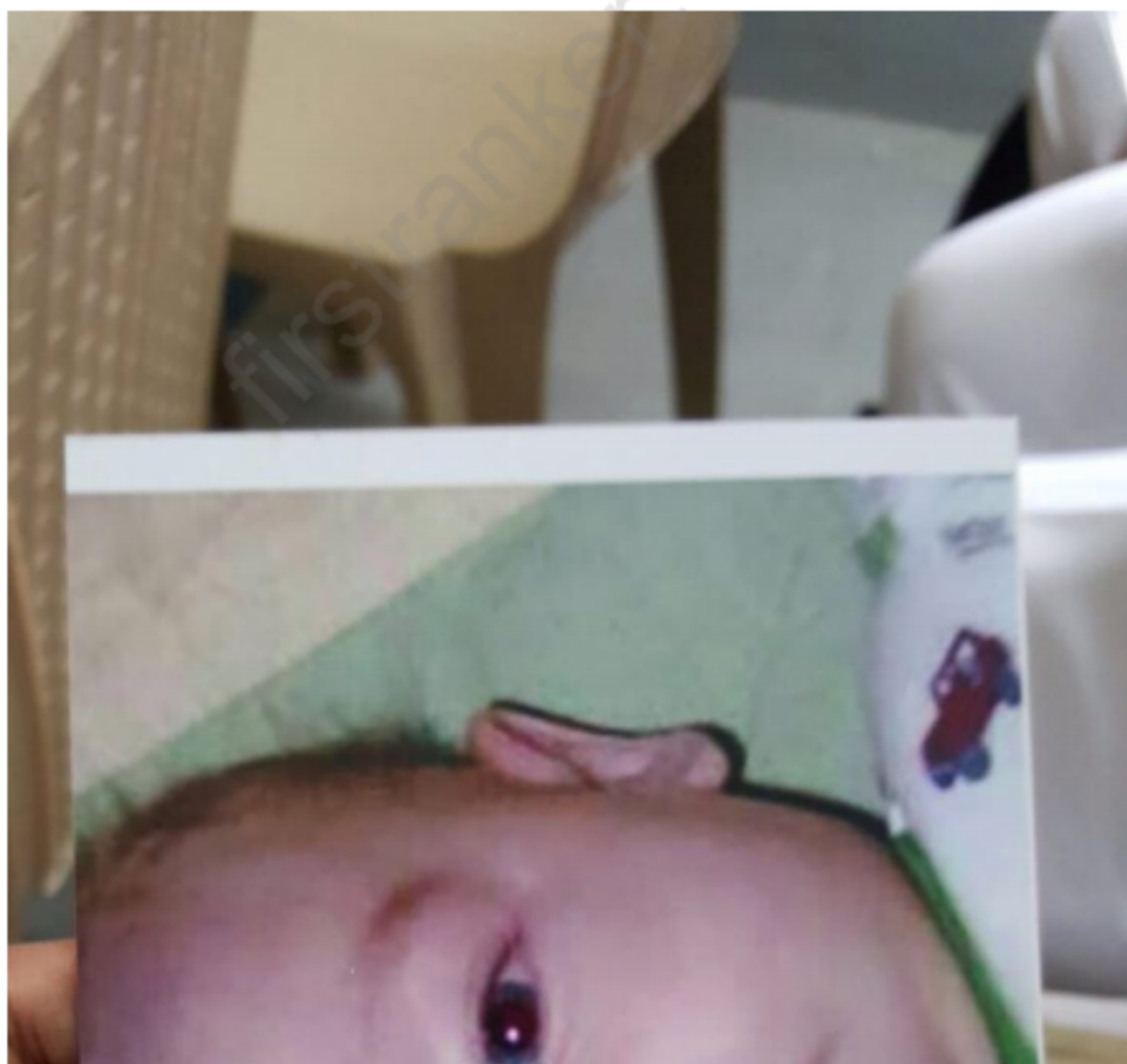




Sturge-Weber syndrome

Facial nevus flammeus usually in the distribution of the first branch of trigeminal nerve

Surgery is necessary for symptomatic cases





Dengue rash





Turner's syndrome

A - webbed neck

B - cubitus valgus (increased carrying angle)

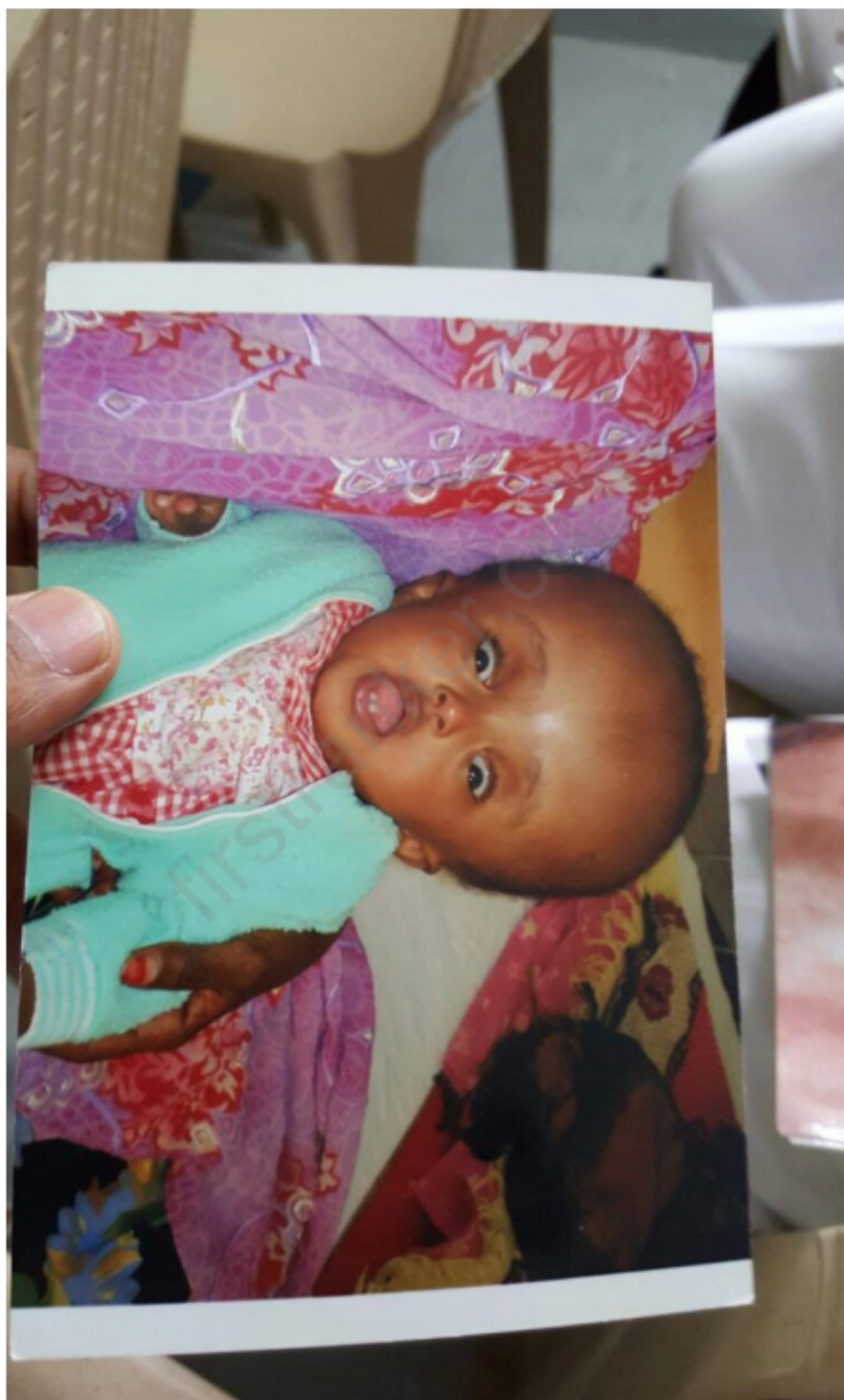
C - lymphedema





Hydrocephalus

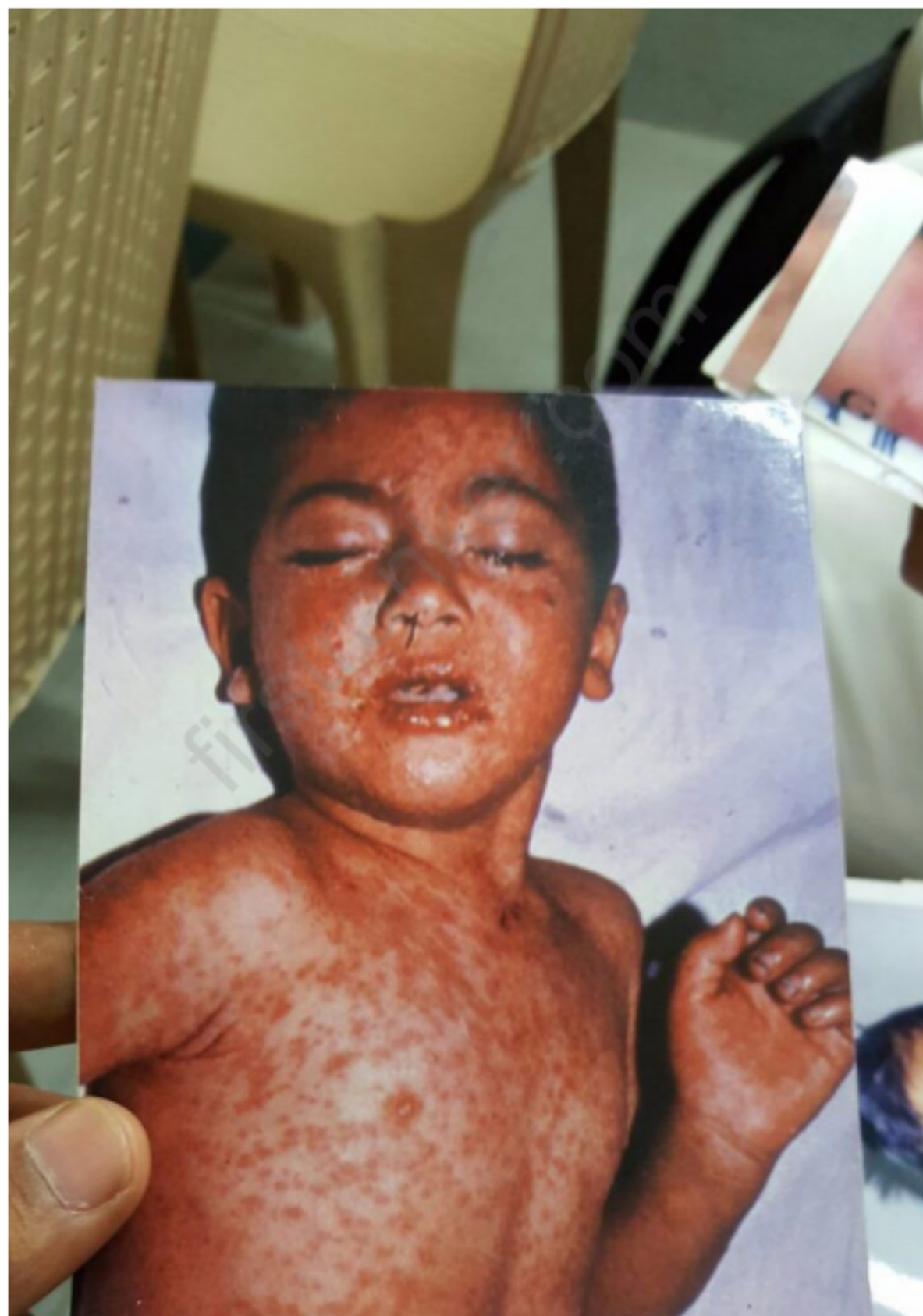






Measles

Maculopapular rash - morbilliform rash





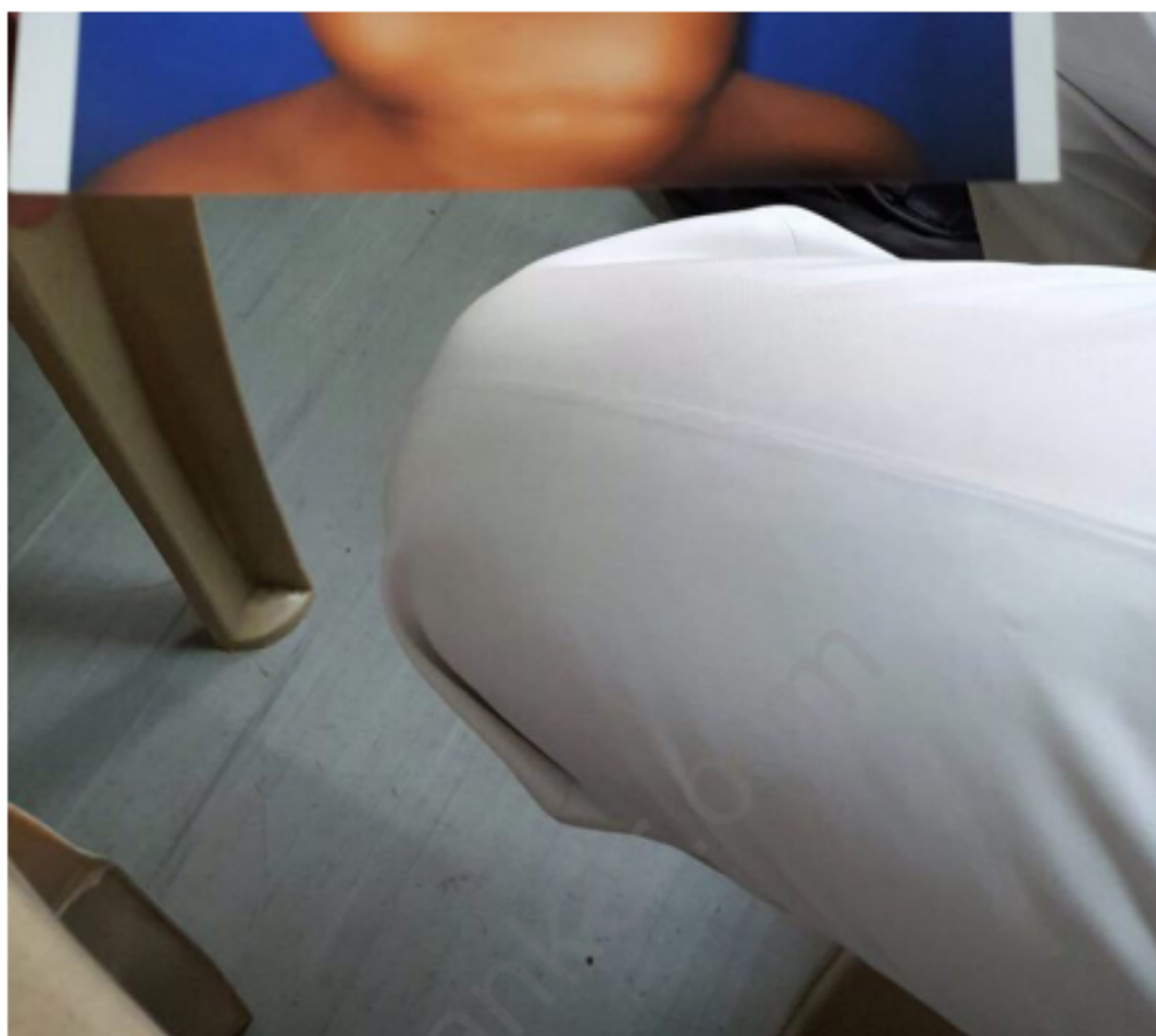
Microcephaly



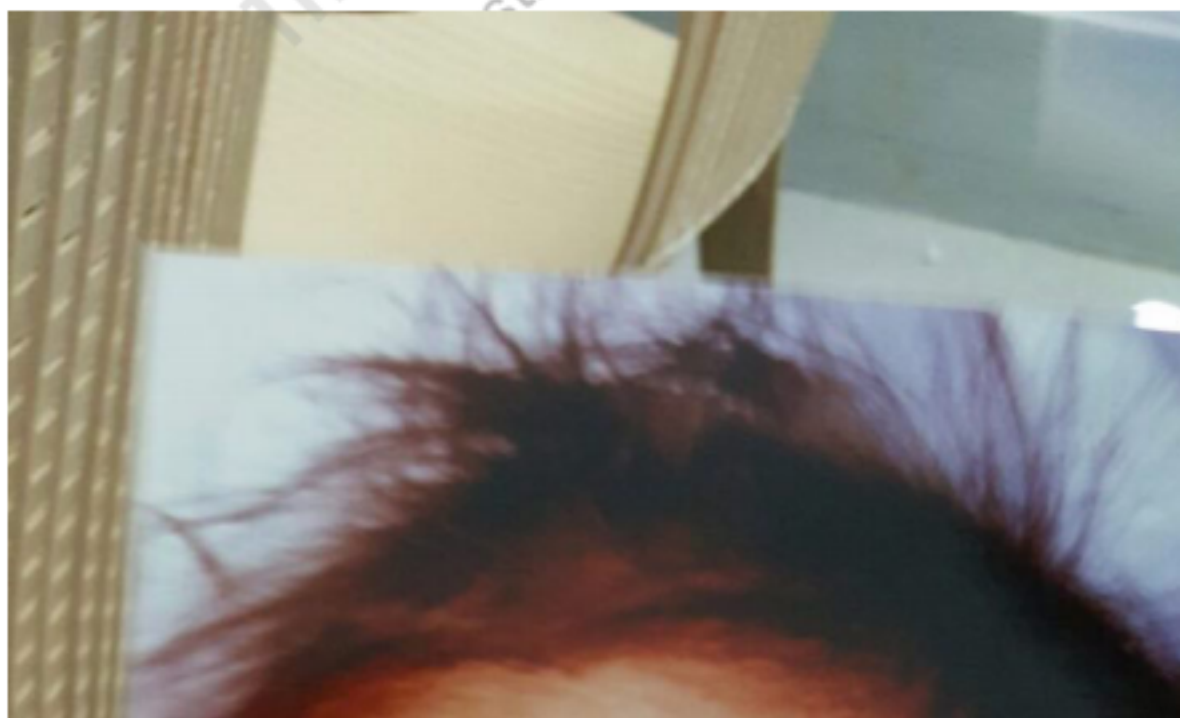


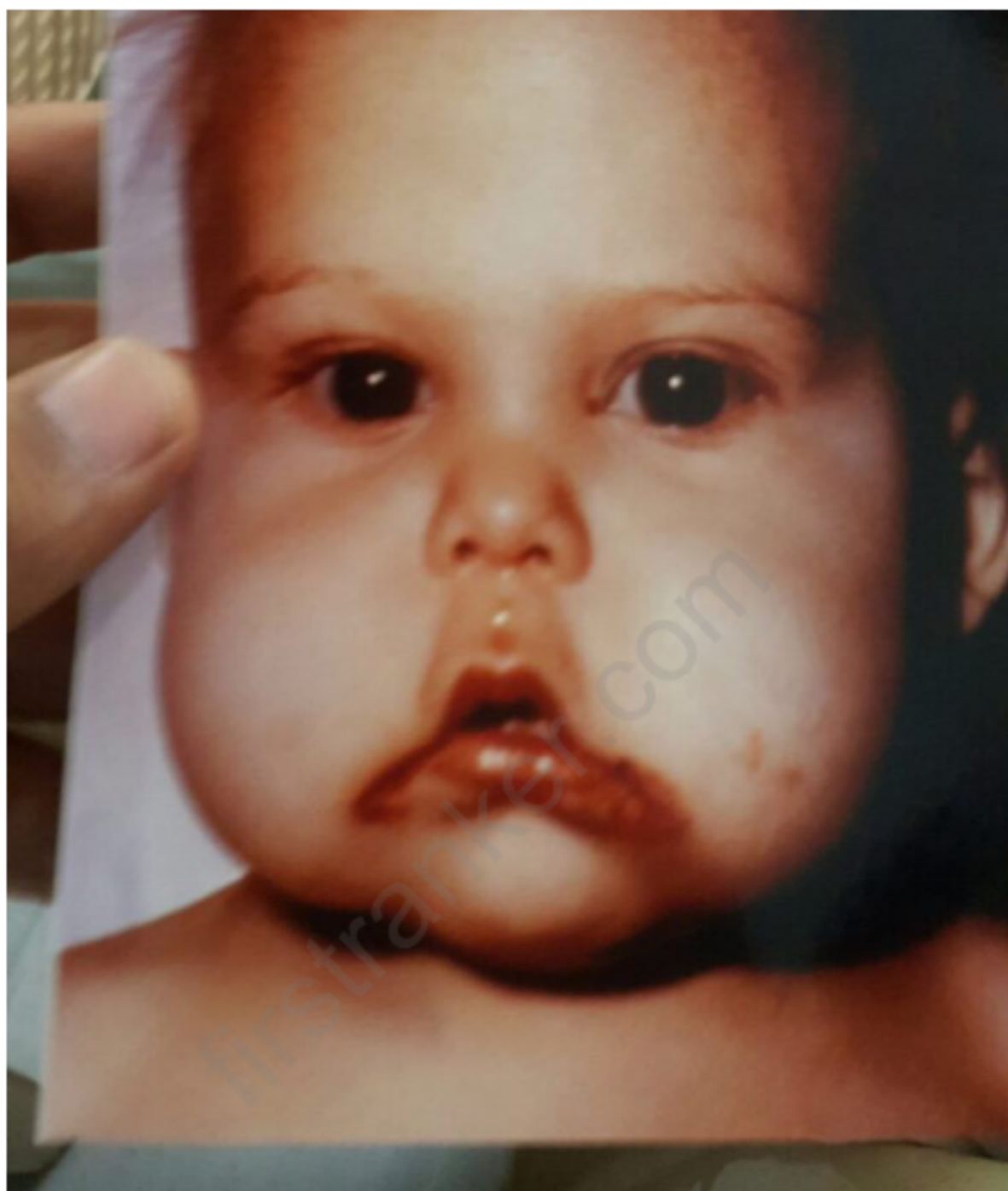
Goitre





(Jayawardane sir told this won't be kept for exam)
Kwashiorkor





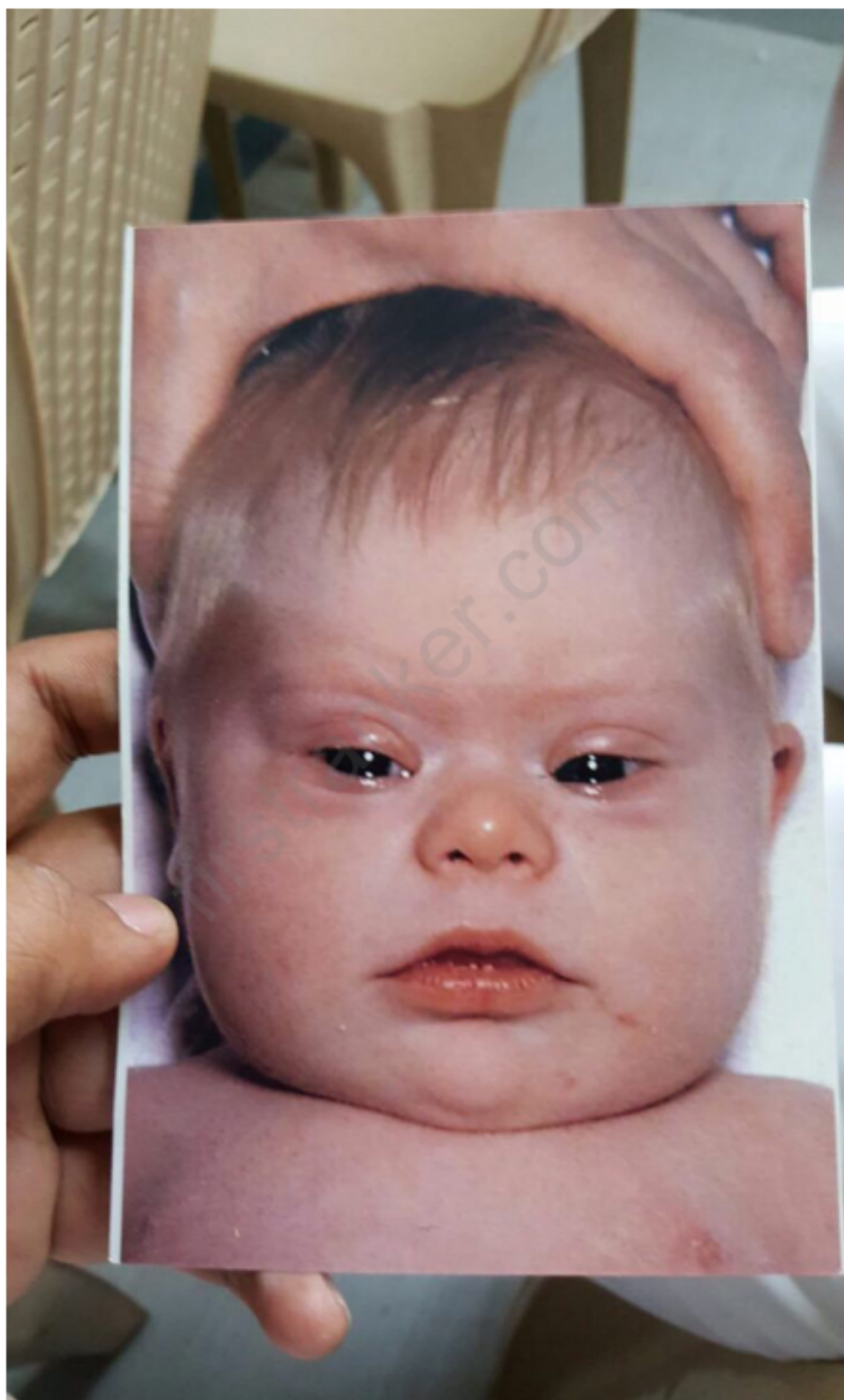
Congenital inguinal hernia or hydrocoele





Down's syndrome
Mongoloid facies

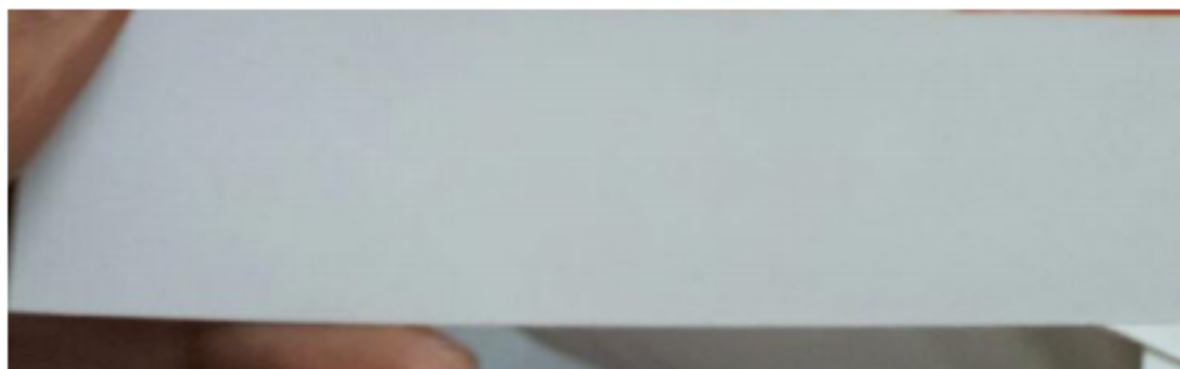






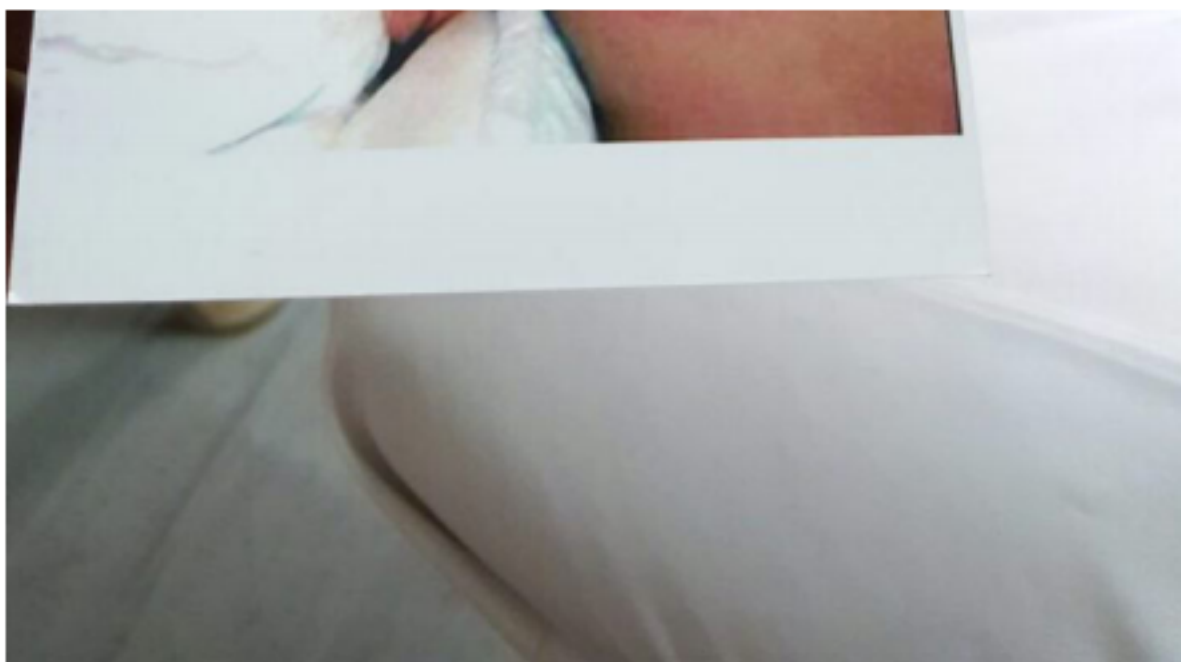
Cleft palate





Diaper rash - inflammation of the skin by persistent contact with anemia





Right-sided facial palsy





Henoch-Schönlein purpura / meningococcal rash (I don't know)

Small vessel vasculitis.

Purpura found over buttocks and lower limbs and is palpable

Complications - renal failure, CNS vasculitis, GB syndrome, coma

Treatment - prednisolone and supportive





Congenital hypothyroidism



