CONTENTS

Section 1: Time Tested Hypothesis

CASE 1 'Patient' Hearing a Must 4

CASE 2 History Begins with Age. How 'Old' are You? 6

CASE 3 History Begins with Age 8

CASE 4 Respect Chief Complaints 9

CASE 5 Respect Chief Complaints 10

CASE 6 Origin Matters 12

CASE 7 Origin Matters 14

CASE 8 Do not Ignore Clinical Setting 15

CASE 9 Do not Ignore Clinical Setting 16

CASE 10 Duration is Important 17

CASE 11 Caution against Unexpected Progress 19

CASE 12 Sudden Improvement may be Ominous 20

CASE 13 Beware of Partial Improvement 21

CASE 14 Monitor Progress of Fever: Biphasic Fever 23

CASE 15 Past—A Lead for the Future 25

CASE 16 Attention to Personal History 26

CASE 17 First Impression 28

CASE 18 General Examination is Special 30

CASE 19 Correlate Temperature, Pulse and Respiration (TPR) 31

CASE 20 Observe Pattern of Breathing 32

CASE 21 Listen to the Sounds that Breathing Makes 33

CASE 22 Nail Down the Diagnosis 34

CASE 23 Stick Out the Neck 35

CASE 24 Stretch your Imagination 36

CASE 25 Head Start 37

Section 2: Management Dilemmas in Office Practice

CASE 26 Viral Fever 42
CASE 27 Enteric Fever 45
CASE 28 Enteric Fever 48
CASE 29 Enteric Fever 51
CASE 30 Frequent Illnesses Diagnosed as Primary Complex Twice 53
CASE 31 Short Stature due to IUGR with Malpositioned Kidney 56
CASE 32 Breastfed Baby with Intermittent Blood in Stools 58
CASE 33 Breastfed Baby with Suspected GI Infection Who Recovered Fast 61
CASE 34 Empyema 63
CASE 35 Empyema Who was Given Steroids 66
CASE 36 Rheumatic Fever 69
CASE 37 UTI—1st Episode at 4-year of Age 72
CASE 38 Constipation 75
CASE 39 Nephrotic Syndrome 77
CASE 40 Immune Thrombocytopenic Purpura 79
CASE 41 Reactive Arthritis Secondary to Mediastinal Malignancy 82
CASE 42 Mismanaged Gastroenteritis 86
CASE 43 Inadequate Feeding Investigated for Failure to Thrive 90
CASE 44 Infant with Atypical Kawasaki Disease 93
CASE 45 Fungal Pneumonia 96
CASE 46 Palatopharyngeal Incompetence 101
CASE 47 Hemophagocytic Syndrome 104
CASE 48 Leukemia Presenting as Scurvy 107
CASE 49 Poststreptococcal Reactive Arthritis 110
CASE 50 Suspected Kawasaki Disease Presenting in 2nd Week 112
CASE 51 Galactosemia 115
CASE 52 Mismanaged UTI Presenting as Breathlessness 118
CASE 53 Gaucher Disease 120
CASE 54 Autoimmune Disorder 121
CASE 55 Idiopathic Thrombocytopenic Purpura 123

CASE 56 Sudden Falls in a 12-year-old 125
CASE 57 Dengue Shock Syndrome 127
CASE 58 *Capillaria Hepatica* 129
Fever with Skin Rash 131
CASE 59 Systemic Inflammatory Disorder 133
CASE 60 Meningococcemia 135
CASE 61 Stevens–Johnson Syndrome 137
CASE 62 Dengue Shock Syndrome 138
CASE 63 Rickettsial Disease 139
CASE 64 Severe Combined Immunodeficiency 140
CASE 65 Streptococcal Infection 141
CASE 66 Hodgkin's Lymphoma 142
Inborn Errors of Metabolism 144
CASE 67 Metabolic Disorder Presenting as Complication of Diarrhea 146
CASE 68 Metabolic Disorder Presenting as Unexplained Encephalopathy 148
CASE 69 Urea Cycle Defect 149
CASE 70 Galactosemia 151
CASE 71 Phenylketonuria 152
CASE 72 Mitochondrial Encephalopathy with Lactic Acidosis 153
CASE 73 Metabolic Disorder with Cardiomyopathy 154
CASE 74 Ataxia Presenting as Metabolic Disorder 155

Section 3: Recurrent Problems

An Approach to Recurrent/Persistent Pneumonia 160
CASE 75 Clinical Recovery, Radiological Persistence 164
CASE 76 Clinical Recovery, Radiological Persistence 166
CASE 77 Clinical Recovery, Radiological Persistence 167
CASE 78 Clinical and Radiological Persistence 169
CASE 79 Clinical Persistence, Radiological Recovery 171
CASE 80 Recurrent Pneumonia at the Same Site 174
CASE 81 Subacute Pneumonia 176
CASE 82 Nonbacterial Etiology 177

CASE 83 Complication 179
CASE 84 Complication 180
CASE 85 True Recurrence 182
CASE 86 True Recurrence 184
Recurrent Cough With or Without Wheezing 186
CASE 87 Wheeze Associated Lower Respiratory Infection 187
CASE 88 Gastroesophageal Reflux Disease (GERD) 189
CASE 89 Achalasia Cardia 191
CASE 90 Coarctation of Aorta 193
CASE 91 Cystic Fibrosis 195
CASE 92 Foreign Body 196
CASE 93 Miliary Tuberculosis 197
Recurrent Cough, Cold and Fever in Office Practice 198
CASE 94 Frequent Viral Infections 199
CASE 95 Asthma 200
CASE 96 Bacterial Infection Secondary to Adenoid Hypertrophy 201
CASE 97 Recurrent Cold and Fever 203
Recurrent Abdominal Pain 204
CASE 98 Habitual Constipation 205
CASE 99 Meckel's Diverticulum 207
CASE 100 Dyspepsia 209
CASE 101 Functional Abdominal Pain 210
CASE 102 Inflammatory Bowel Disease 211
CASE 103 Irritable Bowel Syndrome 212
Recurrent Diarrhea 213
CASE 104 Recurrent GI Infection 214
CASE 105 HIV Infection 215
CASE 106 Gluten Induced Enteropathy 216
CASE 107 Chronic Giardiasis 218
Miscellaneous 219
CASE 108 Recurrent Swelling around Angle of Mandible 219

Section 4: Vagaries in Tuberculosis

Host Chooses Pathology and Decides the Outcome 223

CASE 109 Lobar Emphysema as a Presentation of Large Mediastinal Lymph Node 237

CASE 110 Missed Mediastinal Lymph Node Enlargement on Routine Chest X-ray 239

CASE 111 Missed Mediastinal Lymph Node Enlargement on Routine Chest X-ray 240

CASE 112 Acute Onset Pleural Effusion that was TB 242

CASE 113 Localized Pleural Effusion 243

CASE 114 Tuberculous Empyema 245

CASE 115 Bilateral Pleural Effusion 246

CASE 116 Subacute Pneumonia Missed as Acute Bacterial Pneumonia 248

CASE 117 Mediastinal Lymph Node, Cavity and Miliary Lesion in Same Child at a Time 250

CASE 118 Fever, Cough, Breathlessness (TB Lymph Node and Miliary) 254

CASE 119 Recurrent Arthritis as an Immune-mediated Manifestation of TB 256

CASE 120 Persistence of Fever for Months in Spite of Radiological Improvement 258

CASE 121 Suspected MDR TB 260

CASE 122 MDR TB 262

CASE 123 Extensive Tuberculosis in Infant Poorly Responsive to Treatment 264

CASE 124 Worsening Mediastinal Lymph Node Enlargement on Recovery of Primary Complex 267

CASE 125 Development of Cervical Lymph Node on Recovery of TB Pneumonia 270

CASE 126 Recurrence of Meningitis on Compliant Anti-TB Therapy 271

CASE 127 Development of Tuberculoma on Recovery of TBM 272

CASE 128 BCG Lymphadenitis 273

CASE 129 Flaring of BCG Scar as a Manifestation of Immune Disorder 274

CASE 130 Psoriatic Arthritis Mistaken for TB 275

CASE 131 Suspected Abdominal TB 277

CASE 132 Multiple Recovering Bony Lesions of Hodgkin's Mistaken as TB 279

CASE 133 TB Lymphadenitis Which was Lymphoma 281

Index *283*