This is the second issue of Pediatric Annals in which we present five additional articles illustrating that children and adolescents may present with common signs and symptoms but have unusual clinical diagnoses.

Dr. Molly Diaz and colleagues present an adolescent girl who presents with abdominal and hip pain with fever, who has a psoas abscess, that is found to be secondary to Crohn’s disease. She had a previous drainage of an abscess in the same position that was thought to be secondary to acute appendicitis. The authors present an interesting discussion of this rare presentation of Crohn’s disease.

Hand preference or “handedness” in an infant is felt by those of us who are left handed to represent an advantage. However, handedness is only normal after age 1 year (12-18 months) so when an infant demonstrates a preference before the first year as determined by history and physical examination, it is suspect. Dr. Kathleen Kastner and colleagues present a full-term infant who presents with a right-handed preference at age 7 months. They present a clinically relevant discussion regarding the reason for the handedness in this infant and a summary of how to evaluate such a patient in the office.

As we found in the article by Poole et al.1 in Part 1 of this special issue, hypertension was secondary to pheochromocytoma. Now, in Part 2, Drs. Siddhartha Dante and Catherine Glunz discuss an adolescent who presents for a military physical examination and is found to have hypertension; her urinalysis demonstrates proteinuria. Further diagnostic evaluation reveals that she has low C3 glomerulonephritis or what used to be referred to as membranoproliferative glomerulonephritis. The authors present an approach to the evaluation of hypertension in the adolescent and discuss the specifics of why this is now referred to as low C3 glomerulonephritis.

Drs. Karen E. Schultz, Ann Giese, and Abraham Groner describe a 5-year-old girl who presents with vomiting. She is found to have tachycardia and hypotension and initially responds to isotonic fluid challenge. What is initially felt to be hypovolemic shock is later determined to be cardiogenic shock secondary to dilated cardiomyopathy, which is actually secondary to a rare form of supraventricular tachycardia. The purpose of including this case is the importance of serial re-evaluation of the patient after fluid challenge and to realize the vomiting maybe a sign of a rare condition other than infection, inborn of metabolism, or increased intracranial pressure.

Finally, Dr. Melissa Andrianov and colleagues present an adolescent with intermittent abdominal pain and iron-deficiency anemia. The initial etiology of this constellation is felt to be a gastritis or an ulcer that proves to be partially true. However, after diagnostic endoscopy, he is found to have a large gastric mass that proves to be secondary to Helicobacter pylori.

As clinicians and teachers, we emphasize that, more frequently, common signs and symptoms are caused by common diagnostic diseases. However, it is also important to remember that sometimes unusual clinical problems are the cause.

REFERENCE
doi: 10.3928/00904481-20150313-07

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