In this issue of *Pediatric Annals*, the articles discuss newborns who present with common neonatal symptomology, but have rare diagnostic outcomes.

In the first article, Drs. Alison Chu and Harvey K. Chiu discuss tachypnea and hypoglycemia, commonly presenting symptoms during the newborn period. In the illustrated case, the early and persistent hypoglycemia was a clue to the newborn’s underlying endocrinopathy, a known risk factor for necrotizing enterocolitis in a full-term newborn.

In the next article, Dr. Theodore De Beritto and colleagues present an article discussing a vein of Galen arteriovenous malformation. The authors describe a newborn delivered secondary to decreased fetal movements, decreased fetal heart rate variability, and late decelerations. After delivery, the newborn had unusual physical findings including bilateral neck swelling, a varicosity over the left carotid area, a fontanel with a bruit, and an active precordium.

Next, Dr. Joyce Woo and colleagues discuss tachycardia in a newborn. Tachycardia in the fetus that persists in the newborn period warrants prompt evaluation. A lack of treatment can result in up to a 20% mortality rate. The most common causes of fetal and neonatal tachycardia are sinus tachycardia and supraventricular tachycardia.

The final article, by Dr. Owais A. Khan and colleagues, describes acute renal failure (ARF) in the neonate. Their illustrative case details a neonate with ARF secondary to renal vein thrombosis, which is an unusual cause of intrinsic ARF that can be serious, often leading to a need for dialysis.

Neonatal symptomology often leads to common neonatal diagnoses. In the articles presented in this issue, the common symptoms of tachypnea, hypoglycemia, fetal distress, tachycardia, and the signs of acute renal failure ultimately lead the physicians to much less common diagnoses.

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Leslie Caldarelli, MD, is an Assistant Professor of Pediatrics in the Division of Neonatology at the Ann & Robert H. Lurie Children’s Hospital of Chicago. She is an active physician with a longstanding track record at the undergraduate and graduate medical education levels, including leadership, teaching, and curriculum development. In addition to medical education, Dr. Caldarelli participates in quality improvement and patient safety in neonatology and is an active member of state collaborative and hospital-based initiatives.

Address correspondence to Leslie Caldarelli, MD, via email: lcaldarelli@luriechildrens.org.