Guest Editorial

Leading specialists review current developments in pediatrics.

In this issue of Pediatric Annals, we present four articles describing various presentations of cardiac or vascular disease. Patients with eventual diagnoses of cardiac pathology often present with common pediatric symptoms including dyspnea, dizziness, or fussiness. Each of the following cases with common presentations but uncommon diagnoses had subtle clues to cardiac pathology.

Jarrett Linder, MD; Emily C. Dawson, MD; and I present the case of a neonate who was well at her newborn checkup in the morning and developed cardiogenic shock due to ductal-dependent structural heart disease by early evening of her sixth day after birth. This rare presentation showcases the value of a thorough physical exam and appropriate screening in all neonates. Included is a discussion of neonatal pulse oximetry screening, which has been mandated by law in several states, with many more following suit.

The second paper of this group is presented by Sima Thakkar Bhatt, MD, and coauthors. In their discussion, a patient presents with another common childhood illness, but with a circuitous presentation. Their case highlights the workup of respiratory symptoms in a neonate, which led to the eventual cardiac finding. It is not uncommon for cardiologists to be referred patients with cardiac disease found by pulmonologists in a workup of dyspnea.

Finally, we return to structural congenital heart disease. Colleen H. Rusciolelli, MD, and coauthors share with us a patient who presented with dyspnea and wheezing. The article highlights the workup of respiratory symptoms in a neonate, which led to the eventual cardiac finding. It is not uncommon for cardiologists to be referred patients with cardiac disease found by pulmonologists in a workup of dyspnea.

I enjoyed working with all of the authors on the articles in this collection. They were the primary physicians involved in the early and later stages of these patients’ presentations, providing them valuable exposure to the evaluation, diagnosis, and natural history of these entities. Their learning was further augmented in writing these articles, and I hope you find them equally educational.

I would like to thank all of the authors for their time and effort in preparing these articles. I would also like to thank Joseph R. Hageman, MD, who provided enthusiasm and expertise to all involved. He is a retired neonatologist/intensivist who encountered similar patients to those presented during his tenure and provided invaluable historic perspective and mentorship.

Acquired and Congenital Pediatric Cardiac Disease

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