In this issue of Pediatric Annals, we present four articles in the first of a special two-part issue that illustrate the common signs and symptoms of children and adolescents who may have unusual clinical diagnoses.

Dominic O. Ansari, MD, PhD, and his coauthors illustrate in a case of a newborn with a vesicular rash that, in addition to an infection like Herpes simplex or a “normal baby rash” like erythema toxicum or a congenital disorder like the vesicular stage of incontinentia pigmenti, other etiologies are possible. In this case, a hematological disorder, transient myeloproliferative disorder, is the diagnosis. The clue is that this baby also has Down syndrome. The authors present an excellent discussion of this problem with the ongoing risk for the development of acute megakaryocytic leukemia.

The second case, presented by Jaime Holbrook, MD, and coauthors, is a 3-year-old with intermittent abdominal pain who, when she presents to the emergency department for evaluation, is found to have an abdominal mass in her pelvis on the computed tomography scan. In addition to an abundance of stool, she also proves to have torsion of her entire uterus and one of her ovaries—which is proven after laparotomy and examination of the specimen by the pathologist. The authors present an interesting discussion of this very unusual clinical problem.

Hypertension is becoming more common in children and new guidelines for screening have been presented in the literature. However, hypertension may be secondary to unusual clinical etiologies as in the third case presented by Nicole Poole, MD, MPH, and her colleagues. A 9-year-old African-American male presents with hypertension on serial measurements and is found to have an adrenal pheochromocytoma.

Infectious mononucleosis is common in adolescents, but an unusual course in a 15-year-old female is presented by Richa Garg, MD, and coauthors. She has Crohn’s disease and is on immunomodulator therapy at the time of presentation. She also has IgM (Immunoglobulin M) and IgG (Immunoglobulin G) antibodies against Epstein-Barr virus (EBV) measured on two occasions during her course with negative results. Proof of EBV infection is obtained with a positive EBV polymerase chain reaction test on tonsillar tissue after acute tonsillectomy and adenoidectomy for persistent severe upper airway obstruction despite corticosteroid therapy.

I would like to thank all of the contributors who present their case findings in this issue.

REFERENCE

About the Guest Editor

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