ne of the most rewarding aspects of an academic career is the opportunity to observe, interact with, and educate learners in various stages of training. Witnessing the professional growth and development as they progress from eager medical students to competent senior residents to subspecialty fellows, is both satisfying and inspirational. Thus, it is an honor and a privilege for us to co-guest edit this issue of *Pediatric Annals*, an issue that serves to highlight the intellectual curiosity and scholarly pursuits that our residents and fellows have demonstrated. Given that infectious diseases comprise a significant proportion of admissions to children’s hospitals nationwide and remain one of the most routine reasons for outpatient visits, the goal for this issue was to highlight less common infectious conditions that can appear in any inpatient or outpatient unit. From the challenging diagnostics in suspected neonatal herpes simplex virus (HSV) infection to the oftentimes elusive presentation of acute antiretroviral syndrome in an adolescent, these contributions serve as reminders that our roles as pediatric providers are more interconnected than we realize.

In the first article, “Herpes Simplex Virus in the Neonate,” Drs. Amy Wang, Julie Wohrley, and Julia Rosebush review the presentation, diagnosis, and treatment of neonatal HSV, a true medical emergency given the devastating rates of morbidity and mortality associated with this condition if untreated. This article is especially important due to the startling statistic that >75% of neonates with HSV are born to women without a history or clinical symptoms of HSV and are therefore, unaware of their own infection.1 Thus, emphasizing the importance of specific clinical indicators, historical factors, and laboratory abnormalities as harbingers of HSV disease can lead to proper investigations, diagnosis, and prompt institution of lifesaving treatment.

In the next article, “Diagnosing Acute HIV Infection,” Drs. Paul Devine Bottone and Allison H. Bartlett describe an illustrative case of an adolescent boy with clinical symptoms suggestive of aseptic meningitis who was eventually diagnosed with acute retroviral syndrome due to HIV-1 infection. This article serves as a stark reminder that the battle to end this epidemic is far from over. According to the Centers for Disease Control and Prevention, 1 in 4 new infections occur in youth age 13 to 24 years, and African-American men who have sex with men have a 1 in 2 lifetime risk of HIV-1 infection.2 In Chicago, where we reside, the incidence and prevalence rates are even higher—3 times the national rate—and the South Side population is disproportionately affected, making the routine screening of adolescents for HIV-1 infection of paramount importance.3

In the third contribution, “When the Great Masquerader Reveals Itself—Tuberculosis,” Drs. Brittany Hodgson, Benjamin D. Kornfeld, and Bridget M. Wild discuss an illustrative case of a patient with the common diagnosis of pneumonia and the relatively uncommon etiology of *Mycobacterium tuberculosis* (MTB), stressing the importance of contemplating alternative explanations when clinical and therapeutic failure for typical community-acquired pathogens ensues. Reviewing the screening methodologies for detection of MTB and the utility of advanced diagnostics in the setting of severe or atypical pneumonia, the authors highlight barriers to the definitive diagnosis of mycobacterial species. Although MTB remains rare in the United States, an increasingly mobile population and foreign travel behoove pediatric providers to think outside of the box when developing the differential diagnosis for common presenting complaints and symptoms.

In the article, “Infectious Diseases and Immunizations in International Adoption,” Dr. Emily Obringer and Linda Walsh provide a comprehensive review of international adoption medicine and the emphasis placed upon knowledge of infectious diseases in this specialized area of care. Ms. Walsh has been instrumental in building The University of Chicago Adoption Center that has been in operation for over a decade and continues to welcome new adoptees at an astonishing rate. With over 5,000 children adopted into the US each year,4 pediatric providers should be equipped...
with the basic skills necessary to assess immunization status, diagnose and treat common infectious conditions, and access recommendations regarding the initial screening process upon adoptee arrival.

The fifth article, “A Brief Resolved Unexplained Event and Congenital Neurosyphilis,” by Drs. Justin Triemstra, Kelsey Reno, Rebecca Chohlas-Wood, and Colleen Nash explores a potential association between a BRUE (brief resolved unexplained event) and undiagnosed congenital neurosyphilis. After 4 years of steady decline, between 2012 and 2014, the national rate of congenital syphilis cases increased by 38%, coinciding with a 22% increase in the rate of primary and secondary syphilis among women during the same period. This article reinforces the importance of obtaining maternal and birth histories in addition to prenatal syphilis screening.

The final contribution, “Necrotizing Pneumonia,” by Drs. Elitsa V. Nicolaou and Allison H. Bartlett highlights an interesting illustrative case of a neonate with cough and necrotizing pneumonia diagnosed (via bronchoscopy) with methicillin-resistant Staphylococcus aureus (MRSA), an uncommon pathogen in this age group. They review the literature on the diagnosis and management of necrotizing pneumonia and emphasize the importance of a thoughtful, multidisciplinary approach (in addition to obtaining cultures) in the testing of such a diagnostically challenging patient.

We would like to take this opportunity to thank the residents, fellows, and their mentors who have made this issue possible. We hope that the knowledge they share in their articles will contribute to improve the care of children and adolescents with less common infections.

REFERENCES

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About the Guest Editors

Julia Rosebush, DO, FAAP, completed her medical training at the Michigan State University College of Osteopathic Medicine and her pediatrics residency at Nationwide Children’s Hospital at The Ohio State University. Subsequently, she worked with the Baylor International Pediatric AIDS Initiative in Gaborone, Botswana, before completing a fellowship in infectious diseases at Emory University. In 2014, she became a member of the faculty at The University of Chicago in the Section of Pediatric Infectious Diseases where she currently serves as the Medical Director of the Care2Prevent (C2P) Pediatric/Adolescent HIV Program.

Dr. Rosebush’s clinical and academic interests focus on the diagnosis, management, and prevention of pediatric and adolescent HIV. With the assistance of a dedicated and passionate team, C2P has steadily expanded to provide comprehensive clinical care, supportive services, and prevention efforts to South Chicago’s most vulnerable youth and is working to increase network testing and the uptake of HIV pre-exposure prophylaxis.

Address correspondence to Julia Rosebush, DO, FAAP, via email: jrosebush@peds.bsd.uchicago.edu.

Ram Yogev, MD, is the Director of the Pediatric, Adolescent and Maternal HIV Infection section at Lurie’s Children’s Hospital of Chicago. He is the Susan B. DePree Founders’ Board Professor of Pediatrics at Northwestern University Feinberg’s School of Medicine. Dr. Yogev has a broad background in pediatric infectious diseases and clinical research with special emphasis on pediatric vaccines, respiratory viral infections, and HIV infection in children and adolescents. He has received multiple grants from the National Institutes of Health and pharmaceutical companies for studies on pediatric vaccines and antibiotics. In addition, Dr. Yogev was successful in continually receiving National Institute of Allergy and Infectious Diseases/National Institute of Child and Human Development grants for studies in pregnant women, infants, children, and adolescents who were HIV affected and infected. These studies led to multiple publications (more than 300) in peer-reviewed journals.

Address correspondence to Ram Yogev, MD, via email: RYogev@luriechildrens.org.