CLINICAL PITFALLS IN PEDIATRICS

Lessons from Misses and Mistakes
(A Case-based Approach)





REAL CASES
Real Lessons from Practice

REFLECT
Understand the Why

LEARN
Apply Clinical Wisdom

IMPROVE
Enhance Patient Safety

Sunil Srinivasan

JAYPEE

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Contents

SECTION 1: Adolescence

1. Missing Depression in an Angry Teen 3
2. Missing Substance Use in an "Overconfident" Teen 5
3. Missing an Eating Disorder in a "Health-conscious" Teen 7
4. Missing Juvenile Arthritis in a "Lazy" Morning Walker 9
5. Missing Slipped Capital Femoral Epiphysis in a Teen with Limp 11
6. Missing Psychogenic Cough in Adolescents 13
7. Missing *Trichomonas* Infection in a Teen with Vaginal Discharge 15
8. Missing Appendicitis in a Teenager with Only Mild Abdominal Pain 17
9. Missing Iron and Vitamin D Supplementation in Adolescents 19
10. Missing Cyberbullying in a Depressed Adolescent 21
11. Missing Chronic Migraine in "Recurrent Headache" in Adolescents 23
12. Missing POTS in a Teenager with "Dizziness and Fatigue" 25
13. Missing Early Pregnancy in the Adolescent 27
14. Missing Internet/Gaming Addiction 29

SECTION 2: Advice

15. Missing to Warn Parents about Correct Paracetamol Formulation 33
16. Missing to Instruct Parents on Correct Antibiotic Reconstitution 34
17. Missing to Demonstrate the Route of Administering the Medicine 35
18. Missing Telling Parents about Continued Laxative Use 36
19. Failing to Reassure Parents of a Child with Buried Penis 38
20. Failing to Warn Parents about Teeth Staining from Iron Drops 39
21. Failing to Start Early Physiotherapy in Sternomastoid Tumor 40
22. Failing to Counsel Parents for Rigorous Physiotherapy in Clubfoot 41
23. Failing to Counsel Parents on Household Child Protection 42

JAYPEE BROTHERS

24. Missing Giving Medicine Storage Information 44
25. Missing Advice on ORS Preparation during Diarrhea 46
26. Missing to Inform Parents about Warning Signs after Head Injury 47
27. Missing Counseling Parents about Screen Exposure 49
28. Missing Helmet Counseling in a Child with Head Injury after Cycling 51

SECTION 3: Anthropometry

29. Missing to Record All Anthropometric Parameters 55
30. Missing to Document Vital Signs in a Child with Fever 57
31. Failing to Compare Head Circumference with Chest Circumference at One Year 59
32. Failure to Check Capillary Refill Time in a Child with Fever 61
33. Missing Hypoxia in an Infant with Bronchiolitis 62
34. Missing Triceps Skinfold Thickness in a Teenager 64
35. Missing Measurement Errors (Wrong Technique/Equipment) 66
36. Missing Obesity by Not Calculating BMI-for-Age 68
37. Missing Disproportion (Upper/Lower Segment Ratio, Arm Span) 70
38. Missing Central Obesity by Not Measuring Waist Circumference 72
39. Missing Pubertal Growth Delay (Height Velocity Not Calculated) 74

SECTION 4: Behavior/Development

40. Missing Clinical Psychologist's Evaluation in Learning Difficulty 79
41. Missing Neurodevelopmental Delay in a "Lazy" Toddler 81
42. Missing Autism in a "Shy" Preschooler 83
43. Missing ADHD in a Daydreaming Student 85
44. Missing Behavioral Components in Functional Constipation 87
45. Missing Anxiety Disorder in a Teen with Stomach Pain 89
46. Missing Panic Disorder in a Teen with Chest Pain 91
47. Missing Conversion Disorder in a Teen with Fainting Spells 93
48. Missing Somatic Symptom Disorder in a Teen 95

JAYPEE BROTHERS

49. Missing Developmental Regression in a Young Boy 97
50. Missing Dyspraxia in a "Clumsy Child" 99
51. Mistaking Childhood Apraxia of Speech for "Articulation Problem" 101
52. Mistaking Giftedness as Behavioral Problem 103
53. Missing Sensory Processing Disorder in a "Difficult" Child 105
54. Missing Parental Counseling in a Child with Tantrums 107
55. Missing Screen Time Counseling in a Child with Behavioral Issues 108

SECTION 5: Cardiovascular System

56. Missing Congenital Heart Disease in Recurrent Pneumonia 113
57. Missing Early Hypertension in an Overweight Teen 115
58. Mistaking Congenital Long QT Syndrome for Vasovagal Syncope 117
59. Missing Pulsus Paradoxus in a Child with Cardiac Tamponade 119
60. Missing Systemic Hypertension in a Child with Epistaxis 121
61. Mistaking Hypercyanotic Spell for Pneumonia 122
62. Missing Pulmonary Edema in a Child with Acute Glomerulonephritis and Hypertension 123
63. Mistaking Silent PDA in the Preterm for Sepsis 125
64. Missing Anomalous Coronary Artery While Evaluating Chest Pain 127
65. Mistaking Dilated Cardiomyopathy for "Viral Illness" and Fatigue 128
66. Missing Renal Artery Stenosis Behind "Essential Hypertension" 130
67. Mistaking Restrictive Cardiomyopathy for Liver Disease 132
68. Mistaking Ebstein Anomaly for Respiratory Disease 134
69. Missing Duct-dependent Cardiac Lesion after Discharge 136
70. Missing Pericarditis in a Child with Chest Pain 138
71. Missing WPW Syndrome in a Child with Palpitations 140
72. Mistaking Myocarditis for Sepsis 142

SECTION 6: Drugs

73. Missing to Check Renal Functions of a Child on Aminoglycosides 147
74. Missing to Recognize Ototoxicity from Aminoglycosides 148

JAYPEE BROTHERS

75. Missing Tonic Dystonia in a Child with Metoclopramide Overdose 150
76. Missing Vitamin A Overdose in an Infant with Bulging Fontanelle..... 152
77. Missing Antihistamine Overdose in a Child with Agitation 153
78. Missing Herbal Medication Toxicity in a Girl with Liver Disease 154
79. Missing Calcium Channel Blocker Ingestion in a Child with Shock 155
80. Missing Camphor Ingestion in a Child with Seizures 156
81. Mistaking Tricyclic Antidepressant Poisoning for Myocarditis 157
82. Missing Iron Poisoning in Hematemesis and Diarrhea 159

SECTION 7: Ear, Nose, and Throat

83. Missing a Nasal Foreign Body in a Child with Purulent Nasal Discharge..... 163
84. Missing a Foreign Body in the Ear in a Child with Hiccups..... 165
85. Neglecting Aggressive Treatment of Nasal Bone Fracture in a Child..... 166
86. Mistaking Mastoiditis for Simple Ear Infection..... 168
87. Missing Orbital Cellulitis in a Swollen Eye..... 170

SECTION 8: Endocrine

88. Missing Adrenal Insufficiency in a Child with Hyperpigmentation 175
89. Missing Hypothyroidism in a "Normal-looking" One-Year-Old 177
90. Missing Type 1 Diabetes in a Child with Excessive Thirst..... 179
91. Missing Hypothyroidism in a Teen with Depression/Weight Gain 181
92. Missing Hyperthyroidism in a Girl with Insidious Proptosis..... 183
93. Mistaking Cushing's Syndrome for Simple Obesity..... 185
94. Missing Subclinical Hypocalcemia (Latent Tetany) 186
95. Missing Congenital Adrenal Hyperplasia in an Infant with Recurrent Vomiting and Failure to Thrive 187
96. Mistaking Growth Hormone Deficiency for Familial Short Stature 189
97. Mistaking Precocious Puberty for Normal Variation..... 190
98. Missing Hypogonadism in an Adolescent with Delayed Puberty 191
99. Mistaking MODY for Type 1 Diabetes 192

JAYPEE BROTHERS

100. Mistaking Pheochromocytoma for Migraine 194
101. Missing SIADH in a Child with CNS Infection 196
102. Missing PCOS in an Adolescent Girl with Irregular Periods 197
103. Missing Congenital Hypothyroidism in a Baby with "Normal" TSH 198
104. Missing Central Hypothyroidism in a Child with Short Stature 199

SECTION 9: Eye

105. Missing Congenital Cataract on Routine Eye Check 203
106. Missing Congenital Buphthalmos in an Infant 205
107. Missing the Kayser–Fleischer Ring in Persistent Jaundice 207
108. Missing Retinoblastoma in a Child with Squint 209
109. Missing Corneal Ulcer in a "Red Eye" Treated as Conjunctivitis 211
110. Missing Herpetic Keratitis in Recurrent Red Eye 213
111. Missing Ptosis Affecting Visual Development 215

SECTION 10: Fluid/Electrolytes

112. Missing Dilutional Hyponatremia in an Infant with Seizures 219
113. Missing Dehydration in an Obese Child 220
114. Missing Hypomagnesemia in an Infant with Refractory Seizures 221
115. Missing Hypercalcemia in a Child with Vomiting 223
116. Missing Severe Dehydration in an Infant 224
117. Severe Dehydration Misdiagnosed as Seizure Disorder 226

SECTION 11: Gastrointestinal System

118. Missing Early Surgical Referral of Unilateral Inguinal Hernia 229
119. Missing Early Appendicitis in a Young Child 230
120. Missing Intussusception in a Crying Infant 232
121. Missing Celiac Disease in a Fussy Eater 234
122. Missing GERD in a Child with Chronic Cough 236
123. Missing Constipation in a Child with Abdominal Pain 238

JAYPEE BROTHERS

124. Missing Cow's Milk Protein Allergy in a Vomiting Infant 240
125. Missing Pyloric Stenosis in a Vomiting Infant 241
126. Missing Appendicitis in a Child with Diarrhea 243
127. Missing Intestinal Obstruction in a Vomiting Child 244
128. Missing Liver Disease in a Child with Pruritus 246
129. Missing Patent Urachus in a Child with Persistent Umbilical Discharge 248
130. Mistaking Umbilical Polyp for Granuloma 249
131. Mistaking Temporomandibular Joint Pain for Migraine 250
132. Missing a Rectal Polyp in a Child with Minimal Rectal Bleeding 252
133. Missing Parotitis Mistaken for Submandibular Lymphadenitis 253
134. Mistaking Henoch–Schönlein Purpura for Appendicitis 255

SECTION 12: General Examination

135. Missing to Palpate All Peripheral Pulses 259
136. Missing to Note Clubbing in a Young Boy 260
137. Missing to Note Mild Cyanosis in an Infant with No Murmur 262
138. Forgetting to Examine Vesicles Over the Trunk 263
139. Missing Undescended Testis in a 9-Month-Old Boy 264
140. Missing Jaundice in a Vomiting Child 265
141. Missing Hyperpigmentation of Knuckles: Vitamin B_{12} Deficiency 266
142. Missing Hypospadias during Routine Checkup 268
143. Failure to Examine the Buttocks in Hand–Foot–Mouth Disease 269
144. Missing Neurocutaneous Markers in a Young Boy 271
145. Missing Harrison's Sulcus in a Child with Chronic Asthma 273
146. Missing Subcutaneous Nodules in Rheumatic Chorea 275
147. Forgetting to Examine the Scrotal Region for an Eschar 277
148. Forgetting to Examine the Ear in a Febrile Infant 278
149. Missing Early Meningism in a Young Boy 279
150. Missing a Spinal Tuft of Hair in a Child with Dribbling 281
151. Missing a Posterior Cleft Palate in an Infant 282

JAYPEE BROTHERS

152. Missing Trigger Thumb in a Preschooler 283
153. Missing Café-au-lait Spots in a Young Boy 285

SECTION 13: Genetics

154. Missing Prader–Willi Syndrome in an Infant with Hypotonia 289
155. Missing Noonan Syndrome in a Child with Short Stature 290
156. Missing Williams Syndrome in a Girl with Short Stature 291
157. Missing Mosaic Down Syndrome in a Child with Learning Difficulty 292

SECTION 14: Genitourinary System

158. Mistaking Improperly Collected Urine Sample for UTI 295
159. Mistaking Tight Prepuce for Phimosis 297
160. Mistaking Beeturia for Hematuria 299
161. Missing Testicular Torsion in a Crying Child 300
162. Missing Chronic Kidney Disease in a Child with Poor Appetite 302
163. Missing Neurogenic Bladder in a Child with Recurrent UTIs 304
164. Missing Fused Labia Minora in a Young Girl 306
165. IgA Nephropathy Missed after Empirical Treatment 308
166. Missing Mild Posterior Urethral Valves in a Child with Poor Stream 309
167. Missing Renal Tubular Acidosis in an Infant with Failure to Thrive 310
168. Missing Varicocele in an Adolescent 311
169. Missing Organic Cause in Daytime Urinary Incontinence 313

SECTION 15: Hematology

170. Missing Hemolytic Anemia in a Jaundiced Child 317
171. Missing Hemophilia in a Child with Joint Swelling 319
172. Missing Thalassemia Minor in Chronic Microcytic Anemia 321
173. Missing Congenital Hemolytic Disease in Day-1 Jaundice Baby 323
174. Mistaking Hemophagocytic Lymphohistiocytosis (HLH) for Sepsis 324

JAYPEE BROTHERS

175. Mistaking Von Willebrand Disease for "Normal Heavy Bleeding" 326
176. Mistaking Autoimmune Hemolytic Anemia for Infection 328
177. Mistaking Leukemoid Reaction for Leukemia 329

SECTION 16: Immune System

178. Missing Early Immunodeficiency in a Child with Recurrent Respiratory Infections 333
179. Missing Severe Lymphopenia in an Infant with Failure to Thrive 334
180. Missing Combined Immunodeficiency in an Infant with Persistent Candidiasis 335
181. Mistaking Hyper-IgE Syndrome for Eczema 336
182. Failure to Recognize Anaphylaxis in a Child 338
183. Missing Selective IgA Deficiency in Recurrent Colds 339
184. Missing Leukocyte Adhesion Deficiency in Delayed Cord Separation 340
185. Missing Hyper IgM Syndrome in a Child with Recurrent Infections 341

SECTION 17: Infectious Diseases

186. Missing Signs of Sepsis in a Young Girl 345
187. Missing Meningococcal Rash for Exanthem 347
188. Missing Sepsis in a Child with High Fever But Good Activity 349
189. Mistaking Roseola Infantum for Measles in a 2-Year-Old Child 351
190. Missing Leptospirosis in a Child with Prolonged Fever 353
191. Missing Chlamydia Infection in a Young Infant with Staccato Cough 355
192. Missing Brucellosis in a Child with Prolonged Fever 357
193. Missing the Vesicles in the Posterior Pharynx in Herpangina 359
194. Missing Dengue in a Child with Fever and Abdominal Pain 361
195. Missing Scabies in a 3-Month-Old Irritable Infant 363
196. Missing UTI in an Afebrile Young Child 365
197. Missing Subconjunctival Hemorrhage Leading to Delayed Diagnosis of Pertussis 367

JAYPEE BROTHERS

198. Missing Early Signs of Rabies in a Child with Psychiatric Symptoms 369
199. Missing the Diagnosis of Tetanus in a Child with Trismus 370
200. Mistaking Dengue with Warning Signs for Acute Appendicitis 372
201. Mistaking Cellulitis for Allergic Reaction 374
202. Missing MIS-C in Postviral Fever 376
203. Missing Congenital Infections (TORCH) in Developmental Delay 378
204. Missing Fungal Infection in Nonresolving Pneumonia 380

SECTION 18: Investigations

205. Missing Microcytic Anemia as a Clue to Chronic Lead Exposure 385
206. Mistaking Physiologic Leukocytosis for Infection 386
207. Missing Chronic Disease from "Borderline" Lab Values 387
208. Missing CNS Tuberculosis on an Early Scan 389
209. Missing Early Osteomyelitis in a Child with Normal X-ray 391
210. Mistaking Elevated CRP for Bacterial Sepsis 392
211. Missing Hemolyzed Sample for False Electrolyte Abnormalities 393

SECTION 19: Malignancies

212. Missing Leukemia in a Child with Bone Pain 397
213. Missing Wilms Tumor Screening in a Child with Aniridia 399
214. Missing Neuroblastoma during a Vaccination Visit 400
215. Missing a Biopsy Before Empirical ATT in Lymphadenopathy 401
216. Rule Out Leukemia Before Starting Steroids 403
217. Mistaking Hodgkin Lymphoma for Abdominal Tuberculosis 404
218. Missing Brain Tumor in "Recurrent Vomiting/Gastritis" 406
219. Missing Brain Tumor in Behavioral Change and School Decline 408
220. Missing Soft Tissue Sarcoma in a Slowly Growing Painless Mass 410
221. Missing Ewing Sarcoma in "Chronic Osteomyelitis" 412
222. Missing Osteosarcoma in a Teenager with Persistent Limb Pain 414

JAYPEE BROTHERS

SECTION 20: Nervous System

223. Mistaking Focal Seizures for Tics 417
224. Missing Nonconvulsive Status Epilepticus in a Confused Child 419
225. Mistaking Rett Syndrome for Autism 420
226. Mistaking ADEM for Viral Encephalitis 422
227. Mistaking Reflex (Photosensitive) Epilepsy for Syncope 423
228. Missing Guillain–Barré Syndrome in Child Who Refused to Walk 425
229. Missing Leukodystrophy in a Child with Gait Disturbance 427

SECTION 21: Neuromuscular Diseases

230. Missing Muscular Dystrophy in a "Clumsy" Child 431
231. Missing Early Juvenile Dermatomyositis (JDM) 433
232. Mistaking Myasthenia Gravis for Acute Wheeze 435
233. Missing Congenital Myasthenic Syndrome in a "Sleepy" Baby 437
234. Mistaking Diabetic Neuropathy for Growing Pains 439
235. Mistaking Acute Flaccid Myelitis for Myositis 440
236. Mistaking Carnitine Deficiency Myopathy for Anemia 442
237. Mistaking Hypokalemic Periodic Paralysis for Functional Disorder 443

SECTION 22: Newborn

238. Mistaking Newborn Crying for Inadequate Milk 447
239. Mistaking Normal Stools in an Exclusively Breastfed Infant as Diarrhea 449
240. Noisy Breathing Mistaken as Lower Respiratory Infection 451
241. Prescribing Routine Multivitamin Drops in Infants Below 6 Months 453
242. Mistaking Erythema Toxicum for a Septic Rash 455
243. Mistaking Neonatal Acne for Bacterial Folliculitis 456
244. Missing *Candida* Intertrigo in the Neck Folds 457
245. Missing Hip Clicks in Developmental Dysplasia of the Hip 458

JAYPEE BROTHERS

246. Missing an Asymmetrical Moro Reflex in Early Infancy 459
247. Missing Volvulus in a Newborn with Vomiting 461
248. Missing Maternal Postpartum Depression Behind Infant Feeding Problems 463
249. Missing Silent Dehydration in the "Apparently Well" Newborn 465
250. Mistaking Early Seizures for "Jitteriness" in the Newborn 467
251. Missing Failure to Regain Birth Weight by 2 Weeks 469
252. Missing Inborn Errors of Metabolism in the Newborn 471
253. Mistaking Apnea for "Normal Periodic Breathing" in the Newborn 473

SECTION 23: Nutrition

254. Missing Vitamin D Deficiency in a Teenager with Myalgia 477
255. Missing Iron Deficiency in a Teen with Fatigue 479
256. Missing Micronutrient Deficiencies in Restrictive Diets 481
257. Missing Inadequate Complementary Feeding Practices 483
258. Missing Exclusive Milk Diet Causing Iron Deficiency 485

SECTION 24: Orthopedics

259. Missing Septic Arthritis in a Limping Child 489
260. Missing Osteomyelitis in a Febrile Child with Limb Pain 491
261. Missing Early Scoliosis in a Tall Teen with Back Pain 493
262. Missing Hypermobility Syndrome in a Teen with Joint Pains 495
263. Missing Tietze Syndrome as a Cause of Chest Pain 497
264. Missing Hip Pathology When Evaluating Knee Pain 499
265. Treating Toe-in and Toe-out Aggressively in a 4-Year-Old Child 500
266. Mistaking Osgood–Schlatter Disease for Trauma 502
267. Missing Osteochondritis Dissecans in Chronic Knee Pain 503
268. Missing Spinal Tumor in a Child with Back Pain 504

JAYPEE BROTHERS

269. Missing Supracondylar Fracture in a Boy with Elbow Pain 505
270. Missing Patellofemoral Pain Syndrome in a Girl with Knee Pain 506

SECTION 25: Poisoning/Envenomation

271. Missing Naphthalene Poisoning in an Infant with Cyanosis 509
272. Failure to Admit a Normal-looking Child after Caustic Ingestion 511
273. Missing Lead Intoxication in a Child with Abdominal Pain 512
274. Mistaking Neurotoxic Snake Bite for Croup 514
275. Missing Kerosene Aspiration in "Sudden Pneumonia" 516
276. Missing Alcohol Intoxication in Sudden Hypoglycemia and Coma 518
277. Missing Rodenticide Poisoning in Unexplained Bleeding 520
278. Missing Benzodiazepine Poisoning in Altered Sensorium 522
279. Missing Carbon Monoxide Poisoning in Headache and Collapse 524

SECTION 26: Respiratory System

280. Missing Improper Inhaler Technique in a Child with Poor Asthma Control 529
281. Missing Allergic Rhinitis as a Trigger for Poor Asthma Control 531
282. Missing Obstructive Sleep Apnea in an Obese Teen with Fatigue 533
283. Mistaking Acidotic Breathing for Wheezing 535
284. Mistaking Hyperventilation Syndrome for Asthma 536
285. Missing Psychogenic (Habit) Cough in Adolescents 537
286. Mistaking Vocal Cord Dysfunction for Asthma 538
287. Missing Exercise-induced Asthma Presenting as Chest Pain 539
288. Precordial Catch Syndrome Mistaken for Cardiac Pain 540
289. Missing Tracheoesophageal Fistula in Recurrent Pneumonias 541
290. Missing Pulmonary Edema in a Child with Acute Glomerulonephritis and Hypertension 543
291. Mistaking Congenital Diaphragmatic Hernia for Pneumothorax 545
292. Missing Foreign Body Aspiration in Sudden Wheeze/Cough 547
293. Missing Interstitial Lung Disease in Chronic Tachypnea 548

JAYPEE BROTHERS

294. Missing Pulmonary Hypertension in Persistent Respiratory Symptoms 549
295. Missing Pneumothorax in Sudden Respiratory Distress 550

SECTION 27: Screening

296. Missing Vision Defects in a Poor School Performer 555
297. Missing Amblyopia in a Child with "One Lazy Eye" 557
298. Missing Hearing Loss by Skipping OAE Screening 558
299. Missing to Screen Siblings in a Case of Lead Poisoning 559
300. Missing Features of Atlantoaxial Instability in a Child with Down's Syndrome 561

SECTION 28: Skin Problems

301. Missing Early Diabetes in an Obese Teen with Acanthosis 565
302. Missing Pediculosis in a Child with Enlarged Occipital Nodes 567
303. Mistaking Tuberculoid Leprosy for a Simple Nevus 569
304. Mistaking Photodermatitis for an Allergic Rash in a Teenager 571
305. Mistaking Mastocytosis for Insect Bites 572
306. Mistaking Erythromelalgia for Cellulitis 573
307. Failing to Treat Vitiligo Aggressively 575
308. Treating Tinea Corporis for Only One Week 577
309. Using Steroid-combination Creams in Fungal Infections 578
310. Mistaking Kerion for a Carbuncle 579
311. Mistaking Pityriasis Alba for Vitiligo 581
312. Mistaking Impetigo for Eczema 583
313. Mistaking Urticaria for Drug Allergy without Evidence 585
314. Missing Atopic Dermatitis in Recurrent "Skin Infection" 587
315. Mistaking Molluscum Contagiosum for Warts 589
316. Confusing Infantile Hemangioma with Vascular Malformation 591
317. Mistaking Contact Dermatitis for Fungal Infection 593
318. Missing Psoriasis in a "Chronic Rash" 595
319. Missing Langerhans Cell Histiocytosis in a Persistent Rash 597

JAYPEE BROTHERS

320. Missing Early Stevens–Johnson Syndrome in a Boy 599
321. Mistaking Erythema Multiforme for a Simple Viral Rash 601
322. Confusing Pityriasis Rosea with a Drug Rash 603
323. Mistaking Staphylococcal Scalded Skin Syndrome for Burns 605
324. Mistaking Postinflammatory Hypopigmentation for Vitiligo 606
325. Mistaking DRESS for Exanthematous Rash 607
326. Mistaking Serum Sickness-like Reaction for Viral Fever and Exanthem 608
327. Mistaking Fixed Drug Eruption for Insect Bite 609

SECTION 29: Vaccines

328. Missing to Check the Expiry Date of Vaccines before Injecting 613
329. Missing to Record Vaccine Details in the Child's File 615
330. Missing Vaccine Verification: BCG given Instead of Measles 617
331. Missing to Vaccinate a Child after being Bitten by Another Child 619
332. Missing to give Rabies Immunoglobulin after Dog Bite 620
333. Vaccine Administration Error in Twins 622
334. Ignoring Immunocompromised Status before Vaccination 623

SECTION 30: Miscellaneous

335. Missing Kawasaki Disease in a Febrile Child 627
336. Mistaking Kawasaki Disease for Measles 628
337. Mistaking Wilson's Disease for Viral Hepatitis 629
338. Missing Turner Syndrome in a "Normal-looking" Short Adolescent Girl 630
339. Missing Marfan Syndrome in a Child with Tall Stature 631
340. Mistaking Hypophosphatasia in a Child for Rickets 632
341. Missing Alport Syndrome in a Child with Microscopic Hematuria 633
342. Missing Kikuchi–Fujimoto Disease in a Child with Prolonged Fever and Cervical Lymphadenopathy 634
343. Failing to Report Suspected Child Sexual Abuse to Authorities 636
344. Missing Signs of Child Abuse/Neglect 638
Index 641

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CHAPTER 283

Mistaking Acidotic Breathing for Wheezing

The Case

A 10-year-old girl presented with fever, vomiting, and fast breathing. She was treated as acute asthma based on presumed "wheezing" and given nebulized salbutamol. Her breathing remained deep and rapid, and she became progressively drowsy. On reassessment, she had dehydration, fruity breath odor, and Kussmaul-type breathing.

Capillary glucose-480 mg/dL. ABG—severe metabolic acidosis (pH 7.08, HCO_3^- 8 mEq/L).

Final diagnosis: Diabetic Keto-acidosis.

What Went Wrong?

Missed Step	*Consequence*
Acidotic breathing mistaken for wheeze	Asthma misdiagnosis
No auscultation–pattern correlation	Assumed airway obstruction
Blood sugar not checked early	Missed DKA
Unnecessary nebulization	Worsened tachycardia and dehydration
Delay in fluids and insulin	Prolonged acidosis, altered sensorium

Why this is Missed?

Kussmaul breathing can sound "noisy" to the untrained ear; Hyperventilation mislabeled as respiratory distress; Reflex thinking: *"Fast breathing = asthma";* Systemic signs (dehydration, acetone odor) overlooked.

Clinical Consequences

Delayed diagnosis of DKA or other metabolic causes; Worsening acidosis and dehydration; Arrhythmias from unnecessary β-agonists; Preventable ICU admission; Medicolegal risk.

Diagnostic Pearl

Kussmaul breathing is a compensatory mechanism, not lung pathology.

Take-Home Message

- Always listen and observe before nebulizing
- Check blood sugar in every child with fast breathing.

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CLINICAL PITFALLS IN PEDIATRICS

Lessons from Misses and Mistakes
(A Case-based Approach)

Pediatricians should not have to spend years learning preventable lessons through trial and error. This book presents both common and uncommon clinical scenarios, examining how diagnostic errors arise, the consequences they may carry, and how careful observation and thoughtful clinical reasoning at the time of examination can change outcomes. Each case concludes with a *diagnostic pearl*—a practical lesson that can be applied in everyday pediatric practice. With 344 chapters spanning virtually every organ system, the book highlights real-life diagnostic pitfalls that pediatricians may encounter in clinical practice. The contributors include eminent pediatricians from across India, bringing together a wealth of experience, insight, and practical wisdom. Each chapter is presented in a concise, easy-to-read, and precise making the book particularly useful for quick reference at the bedside.

This book is intended for practicing pediatricians, postgraduate students, medical teachers, and examiners—in fact, for anyone committed to safer, sharper, and more reflective pediatric care.

Sunil Srinivasan MD DCH is a Consultant Pediatrician who has been practicing in South India for over four decades. He is a Past President of the Tamil Nadu State Branch of the Indian Academy of Pediatrics (IAP).

At the national level, he served as the convener of the *Art and Science of Pediatric Practice* and *Smart Clinic 2.0* modules and as a Faculty Member for the *Life Beyond Pediatrics* module of the Indian Academy of Pediatrics. He has traveled extensively across India, addressing numerous pediatric forums and sharing his experience and insights with fellow professionals.

He is also an internationally certified Tai Chi Instructor and has taught diverse groups of students and professionals. Despite his busy clinical practice, he finds time to conduct happiness workshops, deliver motivational talks on health and well-being, trek in the Himalayas, and pursue his interest in pen-and-ink sketching.
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