

PEDIATRIC INFECTIOUS DISEASES

DISORDER	EPI	PATHO	CLINICAL	DIAGNOSIS	TREATMENT
Atypical mycobacterial disease	1-5yo due to putting things in mouth	Mycobacteria other than tubercle bacillus	unilateral, firm, painless, progressive LAD → anterior cervical or submand.	Culture	tetracyclines, fluoroquinolones, macrolides, sulfonamides for 4-6 weeks
EBV	mono → "kissing disease"	Epstein-Barr mononucleosis	Classic triad: fever, LAD, Pharyngitis Splenomegaly	Monospot - heterophile Ab screen Atypical lymphocytes w/ enlarged nuclei	Supportive
Erythema infectiosum	humans are only host	Parvovirus B19	"Slapped cheek" rash on face lacy, reticular on body, hands, feet	Clinical	Supportive anti-inflammatories
Hand-foot-and-mouth disease	Children <10yo	Coxsackievirus type A	Sores in mouth rash on hands, feet, butt, mouth	Clinical	Supportive anti-inflammatories
Herpes	HSV1 oral lesions • encephalitis HSV2 genital lesions • neonatal • meningitis	HHV3 varicella and herpes zoster	HHV4 EBV mono, hepatitis, lymphoma, encephalitis HHV5 CMV retinitis, pneumonia	HHV6 roseola otitic media w/ fever, encephalitis	HHV8 Kaposi's Sarcoma not acute illness
Influenza	risk factors for comp → >65yo, immunocomp, pregnant	Orthomyxovirus strains A, B, C	fever, coryza, cough, malaise, headache	rapid antigen gold standard is PCR/culture PNA: bilateral, diffuse	if sx <48hr → Tamiflu (oseltamivir), inhaled reenza (zanamivir)
Measles	Comp → AOM, pneumonia, diarrhea, encephalitis	Paramyxovirus transmitted via resp. droplets 10-12d incubation	Cough, coryza, conjunctivitis → Koplik spots High fever, rash → starts on face	Clinical w/ serologic confirmation	Supportive + Vitamin A MMR vaccine @ 12m + 4y
Mumps	unvaccinated child between 2-9yo	Paramyxovirus transmitted via resp. droplets 12-14d incubation	fever, malaise, HA, anorexia → parotitis Comp → orchitis, aseptic meningitis	Clinical labs → leukopenia, lymphocytosis, ↑ amylase	Self-limiting → supportive MC cause of pancreatitis
Pertussis	Usually <2yo consider in adults w/ cough >2wks	Bordetella pertussis gram- bacteria	Cold sx, ↓ feeding → inspiratory whoop → residual cough (100 day cough)	nasopharyngeal swab → culture ↑ amylase	Macrolide abx Azithromycin or TMP-SMX
Pinworms	children	Enterobiasis vermicularis deposit eggs in perianal area	anal itching worse at night	tape test Can see eggs on microscopy	Albendazole OR mebendazole
Roseola	6 months to 2 years old	HHV 6 and 7	high fever → recover → rash Spreads from trunk → face/limbs	Clinical	Supportive
Rubella	congenital syndrome ← deafness, TTP, cataracts, ID	rubella virus	"3d rash" - pink maculopapular w/ cephalocaudal spread teratogenic 1st Tri	If congenital → serologic, EIA IgM ab but stay + for >1 year	Supportive MMR vaccine @ 12m + 4y
Varicella	unvaccinated	Varicella zoster → becomes latent in dorsal root ganglion	cluster of vesicles on erythym. base dewdrops on rose petal in various stages	Clinical tzandx smear → multinucleated giant cell	Symptomatic ± acyclovir

