CONTENTS

COMMENTARIES

253 Acyclovir and Chickenpox
   Neonatal Hyperbilirubinemia
   Robert J. Haggerty

ARTICLES

255 Neonatal Resuscitation
   John E. Wimmer, Jr

266 Hemangiomas
   Julie E. Wahrmann and Paul J. Honig

272 Consultation with the Specialist: Cryptorchidism
   Ronald Rabinowitz and William C. Halbert, Jr

276 Cervical Adenopathy
   P. Joan Chesney

286 Consultation with the Specialist: Diagnosis of Inguinal Hernia and Hydrocele
   Moritz M. Ziegler

289 Index of Suspicion
   John C. Leopold, Andrew P. Sirotnak, Joseph Ryan,
   Vincent J. Menna

ABSTRACTS

253 Prerenal and Intrinsic Renal Failure

254 Passive Immunization with Varicella Zoster Immune Globulin

274 Splenectomy for Red Cell Membrane Disorders
   Should Be Accompanied by Prophylactic Measures to Prevent Sepsis

288 Micropenis

292 Gastroesophageal Reflux

COVER

“Le Gourmet,” painted in 1901 by Picasso (1881-1973) during his “Blue Period,” demonstrates the natural appetite of the small child, who appears well nourished and even is eating standing up. Eating problems in children are not inherent in their stage of development but are their response to adverse environments. The blue color, however, suggests a threat to this healthy state. Child health professionals must balance this innate healthy aspect of childhood against the environmental threats to their well-being and be advocates for the healthy development of children. (This painting is from the National Gallery of Art's Chester Dale collection and is reproduced with permission.)

ANSWER KEY


Pediatrics in Review
Vol 15 No 7
July 1994

EDITOR
Robert J. Haggerty
University of Rochester
School of Medicine and Dentistry
Rochester, NY

Editorial Office:
Department of Pediatrics
University of Rochester
School of Medicine and Dentistry
601 Elmwood Ave, Box 777
Rochester, NY 14642

ASSOCIATE EDITOR
Lawrence F. Nazarian
Panorama Pediatric Group
Rochester, NY

CONSULTING EDITOR
Evan Charney, Worcester, MA

ABSTRACTS EDITOR
Steven P. Shelov, Bronx, NY

MANAGING EDITOR
Jo Larget, Elk Grove Village, IL

EDITORIAL CONSULTANT
Victor C. Vaughan, III, Stanford, CA

EDITORIAL BOARD
Mors A. Angulo, Mineola, NY
Russel W. Chesney, Memphis, TN
Peggy Copple, Tucson, AZ
Richard B. Goldblom, Haitham, NS
John L. Green, Rochester, NY
Robert L. Johnson, Newark, NJ
Kathi Kemper, Seattle, WA
Alan M. Lake, Glen Arm, MD
Frederick H. Lovejoy, Jr, Boston, MA
John T. McBride, Rochester, NY
Vincent J. Menna, Doylestown, PA
Lawrence C. Pakula, Timmonum, MD
John M. Pascoe, Madison, WI
Ronald L. Poland, Hershey, PA
James E. Rasmussen, Ann Arbor, MI
Kenneth B. Roberts, Worcester, MA
James S. Siedel, Torrance, CA
Richard H. Sills, Newark, NJ
Laurie J. Smith, Washington, DC
William B. Strong, Augusta, GA
Jon Tingestad, Greenville, NC
Vernon T. Tolo, Los Angeles, CA
Robert J. Toublukian, New Haven, CT
Terry Yamauchi, Little Rock, AR
Moritz M. Ziegler, Cincinnati, OH

EDITORIAL ASSISTANT
Sydney Sutherland

PUBLISHER
American Academy of Pediatrics
Errol R. Alden, Director
Department of Education
Jean Dow, Director

Division of PREPPEDUCATION
Deborah Kuhiman, Copy Editor

Pediatrics in Review is owned and controlled by the American Academy of Pediatrics. It is published monthly by the American Academy of Pediatrics, 141 Northwest Point Blvd, PO Box 927, Elk Grove Village, IL 60009-0927. Statements and opinions expressed in Pediatrics in Review are those of the authors and not necessarily those of the American Academy of Pediatrics or its Committees. Recommendations included in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care.

Subscription price for 1994: AAP Fellow $100; AAP Candidate Fellow $75; AAFP $125; Allied Health or Resident $70; Nonmember or Institution $130. Current single price is $10. Subscription claims will be honored up to 12 months from the publication date.

Second-class postage paid at ARLINGTON HEIGHTS, ILLINOIS 60009-0927 and at additional mailing offices.

American Academy of Pediatrics, 1994
All rights reserved. Printed in USA. No part may be duplicated or reproduced without permission of the American Academy of Pediatrics. POSTMASTER: Send address changes to Pediatrics in Review, American Academy of Pediatrics, PO Box 927, Elk Grove Village, IL 60009-0927.

The printing and production of Pediatrics in Review is made possible, in part, by an educational grant from Ross Products Division, Abbott Laboratories.

Printed in the USA
PIR QUIZ

1. With the onset of respiration at birth, which one of the following physiologic changes occurs?
A. An air-liquid interface is established.
B. Oxygenation decreases.
C. Pulmonary vascular resistance increases.
D. Shunting through the foramen ovale increases.
E. Surfactant is absorbed.

2. Of those infants who require resuscitative intervention at birth, the percentage who were previously thought to be at low risk for perinatal complications is closest to:
A. 0.1%
B. 1%
C. 5%
D. 10%
E. 20%

3. An infant born at term is stimulated and suctioned and the skin is dried quickly. Evaluation under a radiant warmer reveals gasping respirations; heart rate, 90 beats/min; and moderate cyanosis. Of the following, the most appropriate next step is:
A. Administration of oxygen by nasal cannula.
B. Chest compression.
C. Continued tactile stimulation.
D. Positive pressure ventilation with oxygen.
E. Repeated suctioning of the oropharynx.

4. During infant resuscitation, the most appropriate use of epinephrine is to administer it when:
A. The heart rate is less than 80 beats/min after 15 seconds of positive pressure ventilation (PPV) and chest compression.
B. The heart rate is less than 80 beats/min after 30 seconds of PPV and chest compression.
C. The heart rate remains between 80 and 90 beats/min after 15 seconds of PPV and chest compression.
D. The heart rate remains between 80 and 90 beats/min after 30 seconds of PPV and chest compression.
E. The heart rate does not increase to at least 100 beats/min after 15 seconds of PPV and chest compression.

5. If there is meconium staining of the amniotic fluid at delivery, it is most appropriate to suction the infant’s nose, mouth, and posterior pharynx as soon as:
A. The head is delivered.
B. The shoulders are delivered.
C. The umbilical cord is clamped.
D. The infant can be placed on the mother’s abdomen.
E. The infant can be placed under a warmer.

Davis DJ. How aggressive should delivery room cardiopulmonary resuscitation be for extremely low birth weight neonates? *Pediatrics.* 1993;92:447-450
which occur within approximately 24 hours after administration. Other less common side effects include neutropenia, hair loss, and anemia. Depression can occur in adults, but it is not seen in children treated with interferon. Significant hemodynamic changes within the first 48 to 72 hours of therapy have been reported in patients whose hemangiomas are massive. The exact mechanism of action of interferon is unknown, although it has been shown to block endothelial cell motility and proliferation in vitro and inhibit angiogenesis. The use of interferon alpha remains experimental and is reserved for severe hemangiomatous lesions. However, it has great potential, and pending further experience, it may be used to treat more common hemangiomas. The tunable dye laser can be used alone to treat hemangiomas or in conjunction with other therapeutic modalities such as oral steroids or alpha interferon. The lack of scarring and the laser’s safety make this an attractive treatment even for neonates. Recent studies suggest that this laser may prevent capillary proliferation and promote involution of hemangiomas. However, larger controlled studies are needed to prove its efficacy. Furthermore, the depth of the laser’s penetration for coagulation of hemangiomatous blood vessels is less than 2 mm, which limits its usefulness for early superficial lesions.

SUGGESTED READING


PIR QUIZ

10. On examination of an irritable, febrile, 4-week-old boy, who was previously healthy, you note diffuse swelling just below the middle portion of the left mandible. A blood culture is most likely to yield:
   A. Group A streptococcus.
   B. Group B streptococcus.
   C. Escherichia coli.
   D. Listeria monocytogenes.
   E. Staphylococcus aureus.

You are asked to provide consultation for a 10-year-old boy whose persistent right cervical mass, first noted 1 month ago, did not respond to a 2-week course of dicloxacillin. Match the infectious agents (A–E) with the most closely corresponding set of additional findings (11–15).
   A. Actinomyces israelii
   B. Mycobacterium avium-intracellulare
   C. Mycobacterium tuberculosis
   D. Rochalimaea henselae
   E. Toxoplasma gondii

11. Lymph node nontender but fluctuant; patient lives in city with grandfather who has chronic cough.

12. Lymph node nontender but fluctuant; patient lives on farm without other known exposures.

13. Lymph node nontender and nonfluctuant; patient likes to eat uncooked meat.

14. Lymph node tender and fluctuant; nontender papule on ipsilateral cheek; patient has new puppy at home.

15. Nontender fluctuant mass at mandibular margin; cutaneous fistula; patient has carious teeth.

16. A 6-year-old girl presents to your office having a left cervical mass first noted by her mother 3 weeks ago. An infection is the most likely diagnosis if the mass:
   A. Extends across the sternomastoid muscle
   B. Extends into the supraclavicular fossa
   C. Is confined to the anterior cervical triangle
   D. Is confined to the posterior cervical triangle
   E. Is fixed to adjacent deep structures

17. A 10-year-old boy presents having a 3-week history of an enlarging, nontender, firm, right posterior cervical mass. He has a low-grade fever, is anorectic, and has lost 5 pounds. Of the following, the most appropriate initial step would be:
   A. Excisional biopsy
   B. Incision and drainage
   C. Needle aspiration
   D. Therapeutic trial of dicloxacillin
   E. Therapeutic trial of penicillin

18. A 10-year-old boy presents to your office having a 4-week history of an enlarged, tender, fluctuant, right anterior cervical lymph node whose appearance had been preceded by a small painless papule on his right cheek where he had been scratched by his new kitten. You confirm cat-scratch disease. Of the following, the most appropriate therapeutic intervention is:
   A. Excisional biopsy
   B. Incision and drainage
   C. Needle aspiration
   D. Two-week course of dicloxacillin
   E. Two-week course of penicillin