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Working in the medium of batik, Paul Nzalamba creates images that are drawn from his native country, Uganda, and that reflect the strength, struggle, and beauty of all people, especially children and adolescents. We chose to use his “At Play” (1988) to show a modern, indigenous artist’s work that illustrates the color and joy of such artists. Mr. Nzalamba’s works are on display at his studio in Los Angeles, California. Reproduced with permission.

ANSWER KEY
PIR QUIZ

1. Of the following, the most important risk factor in the development of malignant melanoma is:
   A. Age less than 10 years.
   B. Deep, "rich" tan following minimal sun exposure.
   C. More than 10 symmetric moles by midadolescence.
   D. Nevus located under a belt or brassiere strap.
   E. Red hair and generous freckles.

2. The morphologic characteristic that is most suggestive of a potentially malignant melanoma is:
   A. Acquired dark pigmented lesion that has a central depression.
   B. Asymmetric lesion that has color variegation (black, blue, gray, or white).
   C. Dark brown lesion that has a distinct surrounding depigmented halo.
   D. Recently developed pedunculated red-brown papule on face or arms.

3. An adolescent girl develops a lesion on the lateral neck suspected to be a malignant melanoma. It is 4 mm in diameter. She is taking oral contraceptives. Family history is negative for malignant melanoma. The most appropriate management is to:
   A. Discontinue oral contraceptives to induce spontaneous regression.
   B. Observe for rate of growth over the next 6 to 12 months.
   C. Obtain an incisional biopsy of the most abnormal appearing margin.
   D. Request excisional biopsy with inclusion of a margin of normal skin.
   E. Schedule for biopsy using "shave" technique to minimize scarring.

4. A newborn male infant has a large black nevus with diffuse hypertrichosis on the right thigh. It measures 12 cm in diameter. No other cutaneous lesions are seen. The most correct statement in this circumstance is:
   A. Aggressive surgical excision will result in major reduction of malignancy.
   B. Malignant transformation within the lesion is readily detectable by inspection.
   C. Primary adrenal melanocytic carcinoma is a well-recognized complication.
   D. The lifetime risk of developing malignant melanomas from extracutaneous sites is approximately 50%.
   E. The risk of this infant developing a malignant melanoma probably is no greater than 8% over his expected lifetime.

5. A 5-month-old female infant has been referred for evaluation of a large congenital melanocytic nevus over the sacrum. It extends over both sides of the midline. Dozens of small 1- to 2-mm black nevi are scattered over the trunk and extremities. The most correct statement in this case is:
   A. Associated cystic degeneration of the lower spinal cord often occurs in adulthood.
   B. Excision of the peripheral nevi should be completed by 1 year of age.
   C. Glucocorticoid therapy induces regression of the major lesion in the majority of patients.
   D. Leptomeningeal melanosis and melanoma can develop during the first 2 years of life.
of adolescents with anorexia nervosa.
Steiner-Adair C. The body politic: normal female adolescent development and the

PIR QUIZ

6. Among the following, the key finding in making the diagnosis of bulimia nervosa is:
A. Binge eating.
B. Limited loss of body weight.
C. Postprandial vomiting.
D. Scars on knuckles along with dental erosion.
E. Use of drugs to control weight.

7. A 14-year-old girl has lost 10 kg of body weight in the past 3 months. Her mother reports that she picks at her food at mealtimes, saying she simply isn’t hungry. She says sometimes that she has a stomach ache. Her mother thinks that she has become reclusive and inactive. Her periods have been normal. Except for evidence of weight loss, no abnormalities are found on physical examination. Weight is 40 kg; temperature, 37°C; pulse, 70 beats/min; and respirations, 20 breaths/min. Complete blood count and urinalysis yield normal findings. Erythrocyte sedimentation rate is 55 mm/h; electrolyte levels are normal, and electrocardiogram results are normal. Among the following, the most likely diagnosis is:
A. Anorexia nervosa.
B. Brain tumor.
C. Crohn disease.
D. Occult bulimia.
E. Pregnancy.

8. A 14-year-old girl has lost 10 kg of body weight in the past 3 months. Her mother reports that she picks at her food at mealtimes, saying she simply isn’t hungry. She has remained physically active, prepares meals for the family, but eats little herself. She has missed two menstrual periods. On physical examination there are no abnormal findings other than evidence of weight loss. Temperature is 36°C; pulse, 40 beats/min; and respirations, 20 breaths/min. Laboratory findings include: normal findings on complete blood count and urinalysis; normal electrolyte levels; erythrocyte sedimentation rate, 2 mm/h; and normal results on electrocardiography. Among the following, the most likely diagnosis is:
A. Anorexia nervosa.
B. Brain tumor.
C. Crohn disease.
D. Occult bulimia.
E. Pregnancy.

9. Among the following, the most urgent indication for admission to the hospital of a patient who has anorexia nervosa is:
A. Body temperature of 36°C.
B. Loss of 20% of body weight.
C. Prolonged QT on electrocardiography.
D. Pulse rate of 40 beats/min.
E. Serum potassium level of 3.2 mEq/L.
PIR QUIZ

10. Gary is a 10-year-old African-American boy. He has missed school for the past week because he has had a low-grade fever and has felt sick. He has complained of pain in his left leg and has developed a slight limp. He has no history of recent illness, but says he fell from his bicycle “about 2 weeks ago” and struck his left arm and leg. On physical examination there is slight swelling of the left knee and tenderness of the proximal tibia in that area. The most likely diagnosis is:
   A. Acute osteomyelitis.
   B. Acute rheumatic fever.
   C. Bone infarction.
   D. Malignancy of the bone.
   E. Septic arthritis.

11. Harry is a 14-year-old boy who runs with a gang and frequently skips school. He has missed school for the past 3 days because he has had a fever and his right elbow has hurt. He has no history of recent illness. He says that “a little while ago” he was in a car accident and struck his right shoulder and elbow against the car door. On physical examination there is redness and swelling of the right elbow and tenderness of the bone. Aspiration of the bone obtains purulent fluid. You make the diagnosis of acute osteomyelitis. In this case, the most likely causative organism would be:
   A. Haemophilus influenzae.
   B. Pseudomonas sp.
   C. Serratia marcescens.
   D. Staphylococcus aureus.
   E. Streptococcus sp.

12. Beth is an 8-year-old girl who has complained of pain in her right hip for several days. She walked with a limp when she first began to complain of the pain and now refuses to walk. She received oral antibiotics for a respiratory infection shortly before her complaints began. Her parents do not know of any trauma. On physical examination her right hip is reddened and swollen and she complains of bone tenderness on palpation. Aspiration of the bone obtains pus, and you make the diagnosis of acute osteomyelitis. Your plan for antibiotic therapy would include:
   A. Adjusting antibiotic therapy based on erythrocyte sedimentation rate during the first week.
   B. Advising parents to restart the oral antibiotic given for her respiratory infection.
   C. Giving oral antibiotic therapy for 4 weeks if early response to treatment is good.
   D. Initiating antibiotic intravenously if there is no response to oral antibiotic in 72 hours.
   E. Initiating treatment with debridement and intravenous antibiotics.

13. Andy is a 6-year-old boy who has complained of pain in his right hip and has walked with a limp for 5 days. He has developed a low-grade fever and general malaise within the past 3 days. His parents noticed redness of the right hip today. Although some of the children in his school class have had recent respiratory infections, Andy has had no history of illness and his parents are not aware of any trauma. On physical examination there is redness and swelling of the right hip and tenderness over the end of the femur. Aspiration of the bone obtains frank pus. You make the diagnosis of acute osteomyelitis and consider surgical debridement. The earliest indication for debridement would be:
   A. Antibiotic therapy is ineffective by 72 hours.
   B. Aspiration of bone obtains pus.
   C. Bone cultures and sensitivities are positive.
   D. Bone scan indicates osteomyelitis.
   E. Radiography shows early signs of osteomyelitis.