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Visual Diagnosis: Unraveling Fever and Right-sided Abdominal Distension in a 7-week-old Girl

Jamie M. Pinto, Viola Chuang, Min Zhong, Saad A. Saad

**ABSTRACT.** Unraveling Fever and Right-sided Abdominal Distension in a 7-week-old Girl. Jamie M. Pinto, Viola Chuang, Min Zhong, Saad A. Saad. A 7-week-old girl has had fever for 1 day and has been thinner than usual, particularly when feeding. She has had normal elimination, no respiratory signs, and no known sick contacts. She received her second hepatitis B vaccination on the day before presentation. The infant was born at term via repeat caesarian delivery and had a questionable ocular cataract on prenatal ultrasonography. Her perinatal course was uncomplicated, with no prolonged rupture of membranes or maternal fever. Repeat ultrasonography had not been done, and the infant was discharged from the hospital on day 4 after birth.

Physical examination reveals an alert, well-appearing girl in no acute distress. Her temperature is 38.6°C, heart rate is 181 beats per minute, respiratory rate is 52 breaths per minute, and blood pressure is 105/61 mm Hg. The remainder of her physical findings are normal and do not reveal a fever source. The infant is started on intravenous ceftriaxone after cultures are drawn. Despite the antibiotic, the infant’s fever continues, with several temperature elevations per day ranging from 38.1°C to 39.1°C. Chest radiograph is unremarkable, and results of blood, urine, and cerebrospinal fluid cultures are negative.

On repeat examination, the infant has mild right-sided abdomi
donal distension and an underlying mobile, compressible mass. Abdominal ultrasonography reveals a 4.8 × 3.1 cm thick-walled, cystic mass with debris and septations occupying the right abdomen. Magnetic resonance imaging shows the mass to be a 6.3 × 6.1 × 5.7 cm complex cystic mass occupying the majority of the right abdomen (Fig 2 from the article; see below).

Antibiotic therapy is changed to intravenous ampicillin, gentamicin, and clindamycin because a superinfected intra-abdominal cyst is suspected. Shortly after the antibiotic changes are made, the patient becomes afibrile. She undergoes an exploratory laparotomy, which reveals a cystic mass attached to the appendix without evidence of appendicitis.

Histologic review of the mass confirms the diagnosis. Pedi
trics in Review. 2012;33:e76-e79. URL: pediatricsinreview. aappublications.org/cgi/content/full/33/12/e76

**Cover: The artwork on the cover of this month’s issue is by one of the winners of our 2011 Cover Art Contest, 6-year-old Elly S. of Kansas City, MO. Elly’s pediatrician is Daniel Finksteinos, MD.**
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