

Answer Key for April Issue:


Index of Suspicion:

Case 1: Lower Extremity Weakness 2 Years After Scalp Surgery in a Teenager
Case 2: Fever, Cough, Shortness of Breath, Jaundice, and Hepatomegaly in a Teenager
Case 3: Recurrent Infections in a Teenager

Lessons for the Clinician

• Patients who present with infections that are frequent, do not resolve with typical antibiotic therapy, involve unusual organisms, or affect unusual sites should raise concern for a primary or secondary immunodeficiency.

• A general immunodeficiency evaluation should include complete blood cell count with differential, with special attention to both the absolute neutrophil count and absolute lymphocyte count, total hemolytic complement concentration, and quantitative immunoglobulin levels.

• Patients suspected of having CVID should be referred to an immunologist and require a multidisciplinary team approach for management and for surveillance for autoimmune disease, malignancies, and infections.

• Intravenous immunoglobulin or subcutaneous immunoglobulin replacement is the treatment of choice in patients with CVID and can be life saving.

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The views expressed in this article are those of the authors and do not necessarily reflect the official policies or positions of the U.S. Department of the Air Force, the U.S. Department of Defense, or the United States Government.

To view suggested reading lists for these cases, visit pediatricsinreview.aappublications.org and click on "Index of Suspicion."
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