CASE PRESENTATION -PEDIATRICS-

MELWIN MABEN

FINAL YEAR, HIMS HASSAN

Name: XYZ

Age: 2 years

Sex: Female

Address: Belur, Hassan

Informant: Mother

Education of Mother: PUC

Reliability: Reliable

Socioeconomic status: Class 3 of Modified BG Prasad Classification

DOA: 12th March 2020

DOE: 15th March 2020

Gender

- Rickets is more frequent in female children. This is because they are either not allowed to play outdoors, or they have to cover their whole body even when allowed to go outside in certain communities. Also, there is preferential nurturing of the male child and the female child may be neglected in certain families.
- If it occurs in males then it is usually more severe (vitamin D-resistant rickets, Lowe's syndrome).

Age

Age of onset of rickets will depend upon the cause of deficiency.

- Vitamin D-deficiency rickets is common in the age group of 6 months to 2 years, when the bones are growing rapidly.
- Familial disorders such as Fanconi's syndrome, cystinosis and 1-α-hydroxylase deficiency present at an early age.

CHIEF COMPLAINTS

C/o Unable to gain weight since 6 months

HISTORY OF PRESENTING ILLNESS

The patient was apparently alright 6 months back. Then the mother noticed that the child failed to gain weight adequately.

The mother also noticed bowing of the legs while she started walking 6 months back. She also notices bony deformity in the chest since 6 months

The mother gives history that the child sustained fractures at the forearm of left and right hand after fall on outstreched hand twice in the past 6 months.

The child is not adequately exposed to sunlight.

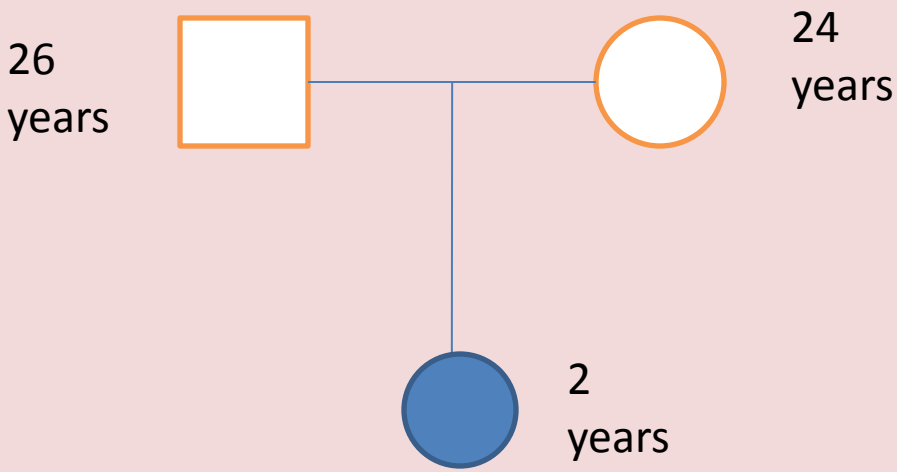
- No H/o vomitting, loose stools
- NO H/O fever, recurrent infections, cough running nose
- No H/o of seizures, lethargy, unconciousness
- No H/o night blindness, rashes, ataxia or tremors
- No H/o abdominal pain or foul smelling stools
- No H/o any urinary complaints, burning micturition
- No H/o of fever, jaundice
- No H/o bone pain
- No H/o chronic drug usage
- No H/o feeding difficulties

PAST HISTORY

- No H/o similar complaints in the past
- No H/o Hopsitalisation in the past

FAMILY HISTORY

No H/o similar complaints in any of the family members



ANTENATAL HISTORY

- The child was born out of a non consanguineous marriage. It was a spontaneous conception
- The mother was a registered case with regular ANC visits and scans and showed normal growth of the baby.
- Iron, calcium and folic acid tablets were taken.
- No history of fever with rash or any other illness like SLE, exposure to radiation and consumption of drugs.
- No history of hypertension, gestational diabetes, anaemia, jaundice.
- The antenatal period was uneventful

NATAL HISTORY

- Delivered at a government hospital
- It was a Full Term Normal Delivery
- Baby cried immediately after birth
- Birth weight- 2.8 kg
- No NICU admission
- No other complications

NEO-NATAL HISTORY

- Birth order- 1
- Initiated breast feeding soon after birth, exclusively done till 6 months and thereafter continued up to 1 ½ years of age.
- No pre lacteal feeds were used.
- Passed meconium and urine within 24 hours

DIET HISTORY

- Complementary feeding was started at 6 months of age

Time of day	Food consumed	Calorie intake(kcal)	Protein intake(g)
Morning	Milk 100ml Biscuits-2 1 idli	60 40 50	3 0.4 2
Afternoon	Rice 1/2 cup Sambhar 1/2 cup	100 110	2 3
Evening	Milk 100 ml Buiscuits-5	60 100	3 1
Night	Rice 1/2 cup Sambhar 1/2 cup	100 110	2 3

	Calorie	Protein
Total	730 kcal/d	19.4 g/day
Required	1100 kcal/d	20g/day
Deficient	370kcal/d	0.6g/day

DEVELOPMENTAL HISTORY

Domain	Milestone	Age of appearance	Expected age	DQ
Gross Motor	-Walks with support -Run, Jump without support	2 years Not attained	15 months 2 years	
Fine Motor	-Scribbles on paper and holds pen	2 years	2 years	100
Social and Adaptive	Listens to story Asks for food Tells need for toilet	2 years	2 years	100
Language	3 word sentences	2 years	2 years	100

IMMUNISATION HISTORY

- At birth: BCG, OPV, Hep B
- 6 weeks DTP, Hep B, Hib, PCV
- 10 weeks DTP, Hib
- 14 weeks DTP, Hib, PCV
- 6 months OPV, Hep B
- 9 months: Measles, Vitamin A
- 18 months-DPT Booster, Measles, OPV Booster

SOCIOECONOMIC HISTORY

- Head of family- Father
- No. of family members- 3
- Belongs to Class III of Modified BG Prasad Classification
- Lives in pucca house, drinks boiled water and uses sanitary latrine.

SUMMARY

A 2 year old girl, born of non consanguinous marriage, birth order 1 , Full term normal vaginal delivery, belongig to class 3 of Modified bg Prasad classification presents with failure to thrive since 6 months. She also has difficulty in walking. She also sustained multiple fractures within 6 months. Her mother also noticed bowing of legs and bony deformity of chest.

Her diet is deficient in 370 kcal/day and 0.6 g of protein.

She is developmentally normal and is immunised till date.

GENERAL PHYSICAL EXAMINATION

- Here is a child who is poorly built and poorly nourished. She is conscious, cooperative and well oriented to time, place and person and comfortably sitting on the mother's lap during examination.
- Pallor, Icterus, Clubbing, Cyanosis, Generalised Lymphadenopathy, Edema: Not present

VITALS

- Pulse rate – 150 beats/min, regular rhythm, high volume, and no radio-radial or radio-femoral delay
- Blood pressure – 90/50 mmHg. Taken from left hand, right hand and right thigh in sitting position
- Respiratory rate – 42 breaths/min
- Temperature – 98.6 F
- Capillary Filling Time: 3 seconds

ANTHROPOMETRY

	Actual	Expected	Inference
Weight	8 kg	12 kg	< -2 S.D
Height	62 cm	89 cm	< - 2 S.D
US:LS	1.4	1.7	Increased
Head circumference	48 cm	46 cm	
MAC	13cm	>13.5	Mod Malnutrition

Suggestive of moderate malnutrition

HEAD TO TOE EXAMINATION

- Head

-Softening of skull bones

-Frontal bossing is present

-Anterior fontanelle is not closed

- Hair- Normal and luster present
- Face- Hollow cheek appearance
- Oral Cavity-

-No teeth have appeared in Oral Cavity

-Oral mucosa normal

-No ulcers, fissures at angle of mouth and lips, no cleft palate or cleft lip

- Eyes- Normal- No bitot spots, ulcer scar, corneal neovascularisation
- Nose- Normal
- Ear- No discharge

- Chest-

-Harrison's sulcus seen

-Sternum is projected forwards

-Costochondral junctions are enlarged and beaded

-Ribs are softened

- Spine

-There is forward bending of spine

- Abdomen

-Protrudent belly

- Genitalia- Normal
- Back- Prominent scapulae
- Extremities:

-Muscle wasting is seen on both limbs

-Anterolateral bowing of the tibia is seen in both limbs

-Bowing of knees is seen

-Joints are lax

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM

- Trachea: Central
- Bilateral equal air entry present
- Vesicular Sounds are heard, No added sounds

PER ABDOMEN

Soft, tender and no organomegaly

CENTRAL NERVOUS SYSTEM

No focal deficit present

CVS EXAMINATION

S1, S2 sounds heard, no murmurs

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She is developmentally normal and is immunised till date.

O/E- softening of skull bones, frontal bossing and anterior fontanelle is not closed. Teeth have not appeared in the oral cavity. Harrisons sulcus is seen on chest, Sternum is pushed forwards and costochondral junctions are prominent. There is forward bending of spine. Muscle wasting is seen in the extremities along with bowing of the knees.

PROVISIONAL DIAGNOSIS

A 2 year old girl with Rickets probably due to Vitamin D deficiency along with moderate malnutrition.