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**Evaluation of fever in children -  
Differential diagnosis ...**

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These include Generalized Epilepsy with Febrile Seizures Plus and Dravet Syndrome, which both can be caused by a mutation in the gene for a sodium channel subunit. A family history of seizures and epilepsy may suggest the former; development of focal or myoclonic seizures and developmental delay in the second year of life may suggest the latter.

### **Acute Abdominal Pain in Children – Differential Diagnosis**

The initial suspected diagnosis, made with insufficient features and no spirometry testing, gradually, and with no evidence, becomes a definitive diagnosis rarely questioned in the future. Over diagnosis of asthma is a significant problem both in primary and secondary care (5, 6). With this new concept, before an unjustified referral for ...

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## **Pediatric Symptomatology and Differential Diagnosis | JAMA ...**

Differential Diagnoses. Sivasli E, Sirikci A,  
*Page 3/8*

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Bayazyt YA, et al. Anatomic variations of the paranasal sinus area in pediatric patients with chronic sinusitis. Surg Radiol Anat. 2003 Feb. 24 (6):400-5. Anfuso A, Ramadan H, Terrell A, et al. Sinus and adenoid inflammation in children with chronic rhinosinusitis and asthma. Ann Allergy Asthma Immunol.

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Pediatric Differential Diagnoses. Abdominal Distension Abdominal Mass Abdominal Pain.

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In contrast, fever of unknown origin is not well defined in children. It has been historically used to describe a subacute presentation of a single illness of at least 3 weeks' duration during which a fever  $>38.3^{\circ}\text{C}$  ( $100.9^{\circ}\text{F}$ ) is present for most days and the diagnosis is unclear after 1 week of intense investigation. Petersdorf RG, Beeson PB.

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Differential Diagnosis. Yersinia- 10% bloody diarrhea and often with accompanying systemic symptoms. No treatment necessary in most cases. E. Coli- usually watery, but may be bloody in the case of O157:H7 strain. Also associated with Hemolytic Uremic Syndrome

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(HUS) Staphylococcal-responsible for food poisoning.

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The younger the child, the less precise is the complaint of painful urination. Other symptoms, such as pruritus or pain in the genital or perineal area, may be more noticeable while the child is voiding and not distracted. Although dysuria may be the only complaint, it is more often accompanied by associated symptoms.

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How physicians arrive at a diagnosis has been the subject of much debate. Pattern recognition is used extensively by experts and is the most common method used by pediatricians. Many of the diagnostic questions posed in certification and self-study examinations developed by the American Board of Pediatrics and the American Academy of Pediatrics require the test taker to recognize a pattern of ...

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It was inevitable that sooner or later some one would write a book on the differential diagnosis of children's diseases. The author has done this by emphasizing the symptomatology and diagnostic features of the various conditions. No attempt was made to discuss the etiology, pathology and therapy.

