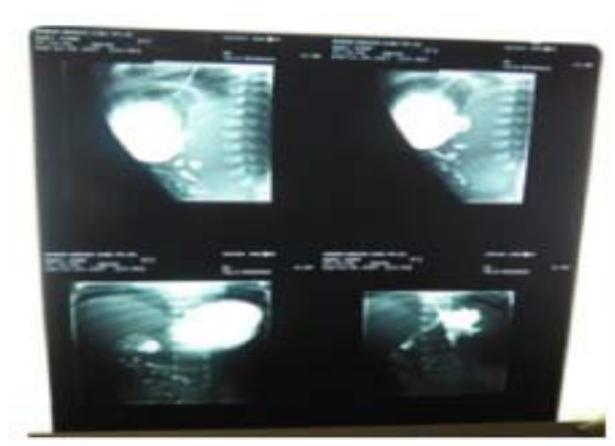


Pictorial Quiz

Ashfar Alam

A 45 days old, unvaccinated, female, weighing 1.6 kg presented with vomiting since birth. Frequency of vomiting had increased since the past 5 days to 4-5 times/day. Vomitus was bilious in colour and in large amount, aggravating after feeding, non-projectile and not associated with constipation, diarrhea, bloody stools, cough or fever. Baby had stopped feeding 2 days prior to presentation.

On examination, the patient was dehydrated, emaciated, ill-looking and lethargic with cold extremities. Capillary refill time was less than 2 seconds, with no anaemia or jaundice. Heart rate of 162 beats/minute, respiratory rate of 32 breaths/minute and blood pressure of 60/30 mmHg. Abdomen was soft and scaphoid with gut sounds audible and liver palpable 1.5 cm below right costal margin. Respiratory system, cardiovascular system, central nervous system were normal. Lab investigations showed haemoglobin was 14 g/dl, total leukocyte count of $32.9 \times 10^6/L$, neutrophils were 66%, lymphocytes were 30% and platelets were $353 \times 10^9/L$. Arterial blood gases (ABGs) showed that the pH was 7.744, partial pressure of carbon dioxide (PCO_2) was 17.5 mmHg, partial pressure of oxygen (PO_2) was 247 mmHg and bicarbonate was 23.9 mEq/L. Urea was 127 mg/dl, creatinine was 0.8 md/dl, sodium was 131 mEq/L, potassium was 4.9 mEq/L, bicarbonate was 25 mEq/L, chloride was 98 mEq/L and calcium was 9.4 mg/dl. Urine and blood culture and sensitivity tests showed no growth. Ultrasound showed a moderately distended stomach.



Postgraduate Medical Student,
Department of Paediatrics, and PICU
Unit-II, Abbasi Shaheed Hospital and
Karachi Medical and Dental College

Correspondence: Dr. Ashfar Alam
Postgraduate Medical Student,
Department of Paediatrics, and PICU
Unit-II, Abbasi Shaheed Hospital and
Karachi Medical and Dental College
Email: drashfaralammalik@gmail.com
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Q. 1: What is the diagnosis?

- A. GERD with dehydration.
- B. Midgut malrotation with volvulus.
- C. Pyloric stenosis with dehydration.
- D. Midgut malrotation without volvulus.
- E. Renal tubular acidosis.

Q. 2: What further tests would you like to do?

- A. A 24-hour oesophageal pH study.
- B. Perform a test feed.
- C. Barium meal follow through.
- D. CT abdomen.
- E. Urine electrolyte.

Q. 3: What treatment will you give?

- A. Correct dehydration and pyloromyotomy.
- B. Inert thickening agents, domperidone.
- C. Supportive management and surgical intervention.
- D. Mandates immediate surgical intervention.
- E. Treat metabolic abnormalities, dialysis.

Answer:

On page number 154