

# ACOEPE FOEM

VOOEN LOEW

## Clinical Case Presentation

OHIO VALLEY MEDICAL CENTER



Presenter: Dr. Adam Sadowski, D.O., PGY2  
Attending Physician Dr. Joseph Dougherty D.O.  
Ohio Valley Medical Center

# Initial Presentation

- 6 yr old female presented to a small rural level III emergency department.
- Initial chief complaint was for 4 days of sore throat and fever as high as 102F. This was associated with ear pain and mild cough.
- Treated with “over the counter” tylenol.
- Immunizations are up to date for age.
- No reported past medical, surgical, or significant social history reported.
- No reported allergies or home medications
- Review of systems negative except mentioned above.
- Patient was recently seen by her pediatrician and had a rapid strep screen that was negative.

# Initial Presentation

- **Physical Exam Findings:**

- Temperature 102.7, HR 112 bmp, BP 97/72
- Awake, alert, and interactive with staff and parents.
- No significant posterior pharyngeal erythema or tonsillar exudates.
- Bilateral ear canals were patent with no tympanic membrane abnormalities.
- No other noteworthy physical exam findings.

- **Tests Ordered:**

- Pharynx was re-swabbed and she was given ibuprofen.

- **Management:**

- Rapid strep screen came back negative and she was discharged home to follow with pediatrician within 2 days.

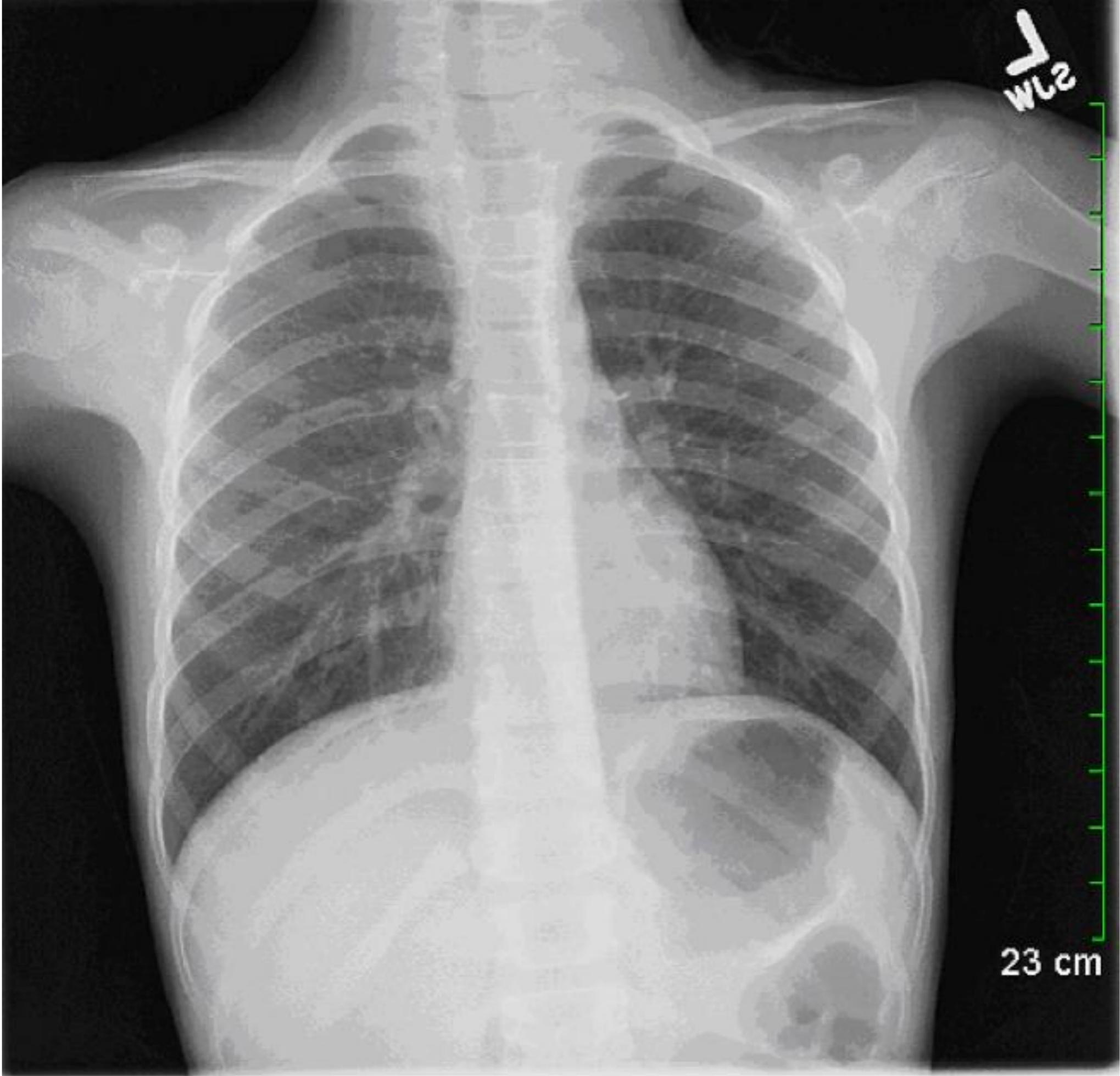
# Second Presentation

- 6 days later the patient presents with reported worsening sore throat and swollen hard neck.
- **Physical Exam:**
  - Temp 101.6, HR 156bpm, BP 112/83, RR 20.
  - Anterior neck is hard firm and full to palpation. Diffuse cervical lymphadenopathy was present.
  - She was able to flex and extend her neck normally.
  - No tonsillar exudates or erythema present on exam.
  - Tympanic membranes are clear with patent canals bilaterally



# Second Presentation

- **Test Ordered:**
  - Rapid strep screen and culture - negative
  - Mono-spot test - negative
  - CBC: WBC 19.1 K/uL
  - Chest and soft tissue of the neck were ordered







# Second Presentation

- **Management**

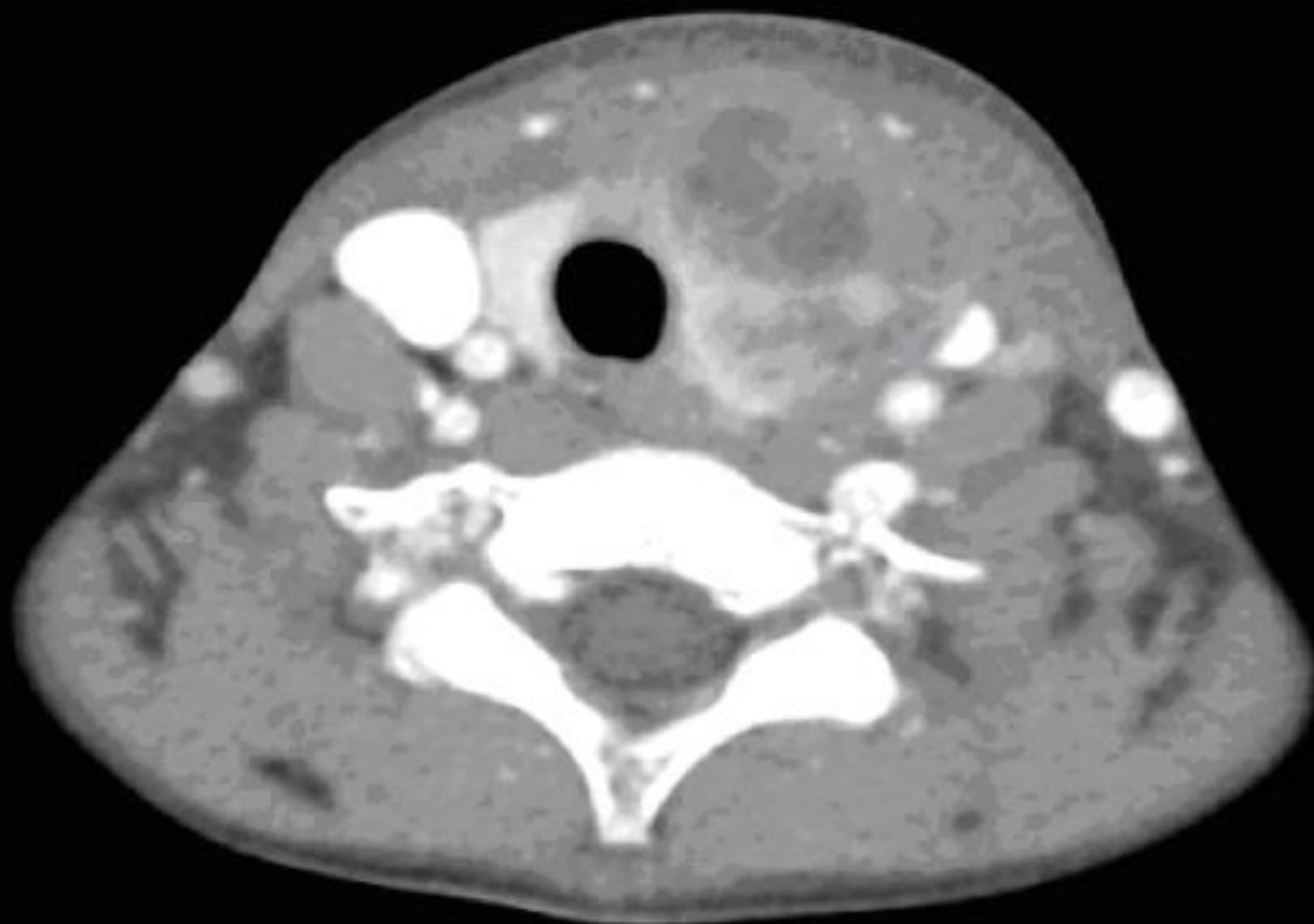
- Administered Dexamethasone and amoxicillin/clavulanate in the department.
- Discharged to home with prescription for amoxicillin/clavulanate and prednisolone.
- Told to follow with pediatrician in next several days

# Third Presentation

- Several hours after previous discharge mom called and said the child started to vomit. Mom was told to bring her daughter back to the ED.
- **Physical Exam**
  - Upon presentation the child was clammy and diaphoretic. No other new physical exam findings.
  - Vitals: HR 58bpm, BP 123/61, Temp 97.9F, RR 16.

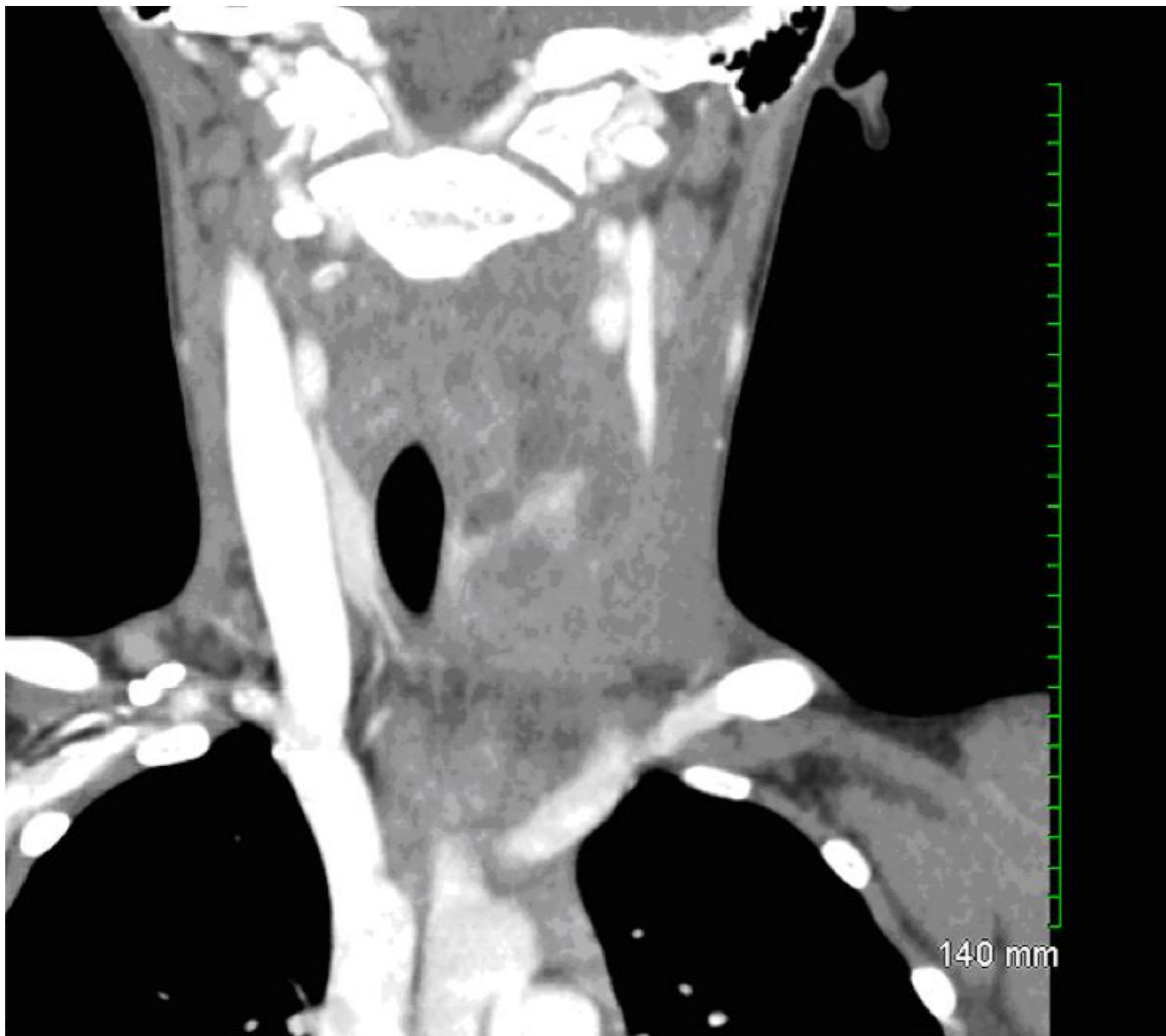
# Third Presentation

- **Test Ordered**
  - CBC: WBC 21.1 K/uL
  - BMP within normal limits of assay.
  - Anti-streptolysin O blood test - result negative.
  - TSH undetectable
  - Free T4 2.29 NG/DL
  - CT of soft tissues of the neck.



125 mm





140 mm



**End of Case Presentation**