DocCrew Medical Center

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Medical Report

Patient Information

Name: This information is classified
Age: 7 months
Sex: Male
Patient ID: This information is classified
Date of Report: Tuesday 20th May, 2025

Prepared by: Dr. Yahya Ghallali

1. Medical History

The patient was born prematurely at 32 weeks gestational age and required supplemental oxygen in the neonatal intensive care unit (NICU). He has a history of recurrent oral thrush. His mother has Hashimoto's thyroiditis. No known allergies.

2. Clinical Presentation

The chief complaint is intermittent cyanosis over the past three weeks, most pronounced around the lips and fingers. This cyanosis is notably worse during or after feeding and sometimes when crying. The duration and frequency of these episodes are unspecified. He also experienced a low-grade fever (39.0°C rectally) yesterday, which resolved following acetaminophen administration. An increased frequency of spitting up after feedings is also reported. Details regarding the type of feeding (breastfeeding, formula, etc.) are missing.

3. Physical Examination

The patient appears alert but irritable. Mild intercostal retractions and nasal flaring are present, along with mild skin mottling. Vital signs include a heart rate of 140 bpm, respiratory rate of 40 breaths/min, rectal temperature of 37.8°C, and oxygen saturation of 92% on room air. Neurological examination reveals normal tone, age-appropriate reflexes, and intact cranial nerves; however, the infant is difficult to console. The abdominal examination shows mild diffuse tenderness to palpation—further description needed. Bowel sounds are normoactive, and no palpable masses are present. Respiratory examination reveals clear breath sounds bilaterally, with no audible murmur or other abnormal heart sounds. Oral examination reveals white plaques consistent with ongoing thrush.

4. Investigations

Pulse oximetry reading of 92% on room air.

5. Diagnosis and Treatment

A definitive diagnosis is not yet established. Differential diagnoses include:

- **Congenital heart defect (CHD)**: The intermittent cyanosis worsened by feeding and crying strongly suggests this possibility.

- **Pneumonia**: The history of low-grade fever, although resolved, raises this possibility, especially given the oxygen saturation.
- **Bronchiolitis**: This is plausible considering the respiratory rate and oxygen saturation.
- **Gastroesophageal reflux disease (GERD)**: While spitting up is present, cyanosis is less commonly associated with GERD and is thus a less likely diagnosis.
- **Sepsis**: Given the infant's prematurity and low-grade fever, sepsis needs to be considered as a significant differential.
- **Metabolic disorders**: Prematurity increases the risk of metabolic disorders, therefore inclusion in the differential is warranted.
- **Volvulus**: This is considered less likely due to the absence of severe abdominal pain and bilious vomiting.
- **Foreign body aspiration/ingestion**: Less likely due to the absence of significant respiratory distress.
- **Immunodeficiency**: This is a broad differential and requires stronger supporting evidence (recurrent severe infections), therefore not considered a high priority in this case.

The immediate treatment plan includes a chest X-ray. Further investigations such as arterial blood gas analysis (ABG), electrocardiogram (ECG), and echocardiogram are recommended. ABG should be prioritized given the low oxygen saturation, followed by ECG. Echocardiogram can be considered later. Acetaminophen was previously administered for fever.

6. Highlights

- The low oxygen saturation of 92% on room air is concerning and warrants immediate further investigation, including an ABG.
- The infant's prematurity is a significant risk factor.
- The need for prompt diagnostic workup to determine the underlying cause of the cyanosis is crucial. This is essential for appropriate management.

Signature: _____

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