

### Chief Complaint: Hypotonia/Developmental Delay

#### Approach to Hypotonia

<b>Differential</b>	Perinatal injury (including HIE, in-utero stroke, TORCH infections), SMA, Myasthenia Gravis, mitochondrial disease
<b>Red Flags</b>	Regression: loss of milestones which had previously been attained can indicate metabolic disease, epileptic encephalopathy (ex. infantile spasms), or other progressive disorders including
<b>Workup</b>	Reflexes are the most important examination maneuver (you can tap a finger to assess a baby's reflexes): areflexia indicates a peripheral process and need for non-urgent EMG, present reflexes indicate a central process. Next is the presence of appendicular hypertonia, which is an increased resistance to passive stretch (and hyperreflexia) of the limbs despite the axial hypotonia (muscles of the neck and trunk), which can indicate perinatal injury and can be non-urgently assessed w/ MRI.
<b>Management</b>	Typically supportive (unless an underlying pathology w/ treatment is identified), using EI for children under age 3 or the school for older children w/ emphasis on PT and OT, ST as needed for dysphagia
<b>Complications</b>	Dependent on the underlying cause but sometimes associated w/ cognitive dysfunction in addition to developmental delay

### Chief Complaint: Macrocephaly

#### Approach to Macrocephaly

<b>PowerPlans</b>	N/A
<b>Pathophysiology</b>	Increased head circumference as measured over the greatest antero-posterior diameter (w/ tape measure over the forehead just above the eyebrows and over the occipital protuberance. Can be caused by increased size of the brain, extra-axial spaces, or bone
<b>Presentation</b>	Crossing percentiles of head circumference or consistently large head circumference since infancy (please measure parents' heads if this is the case)
<b>Differential</b>	For consistent macrocephaly, benign familial macrocephaly is the most common cause, and the patient will have a parent w/ a large head as well. Imaging will reveal increased extra-axial space. This increase in extraxial space can also be caused by mechanical ventilation during infancy. It is not of great concern. Craniosynostosis (premature fusion of sutures) can cause an unusual shaped head. Paget's disease is a consideration if bones are noted to be thick
<b>Red Flags</b>	AMS, vomiting, lethargy, bulging fontanelle in infants, focal deficits lead to consideration of intracranial mass, meningitis
<b>Workup</b>	Examination and measurement of parents' heads. HUS for infants w/ open fontanelles, consider MRI if fontanelle is closed
<b>Management</b>	Dependent on cause. For intracranial lesions, treatment as appropriate, for large extra-axial space, no further treatment is required
<b>Complications</b>	In the case of crossing percentiles for head circumference, undiagnosed intracranial lesions may lead to permanent neurological deficit