

Case Presentation

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Patient particulars

• Name:

• Age: 9 years

• Sex: Female

• Address: Gopaldi, Araihazar, Narayangonj

• Admission: 17th June, 2018 at 8:31 PM



at Short Stay Unit

Subject



Figure 1: The 9 years old patient at emergency ward.

Presentation at SSU

• Condition: Lethargic

• Eyes: Sunken

Mucosa: Dry

• Thirst: Unable to drink

• Skin turgor: Reduced

• Radial pulse: Absent

• Dehydration: Severe



Management received

- IV fluid (Acetate 3L) and G-ORS
- Azithromycin (STAT), suspecting Cholera



Transfer details: SSU ⇒ LSU

- Time:
 - o 19th June, 2018 at 4:39 PM
- Cause:
 - Repeated dehydration
 - Fever
 - Acute watery diarrhea

at Longer Stay Unit

Presenting complaints

- Watery stool with vomiting for 3 days
- Fever for 2 days
- Burning sensation during micturition with lower abdominal pain for 2 days



Present illness history

- Reasonably well 3 days back
- Acute onset, passage of watery stool 3 days prior to admission with no associated blood or mucus or straining
- Fever for last 2 days
- Dysuria and abdominal pain for 2 days



Past illness history

• No significant history of past illness



Socio-economic history

- Tin shed housing
- Supply water
- Fathers occupation: Rickshaw puller



Drug and allergy history

- No prescribed drug history
- No drug allergy was found



General examination

- Weight: 18.10 kg
- Height:
- Weight for age z-score: -3.02 SD (WHO AnthroPlus)
- Temperature: 36.6°C
- Pulse (Radial): 110 /min (Regular)
- Respiratory: 24 /min
- SpO₂: 99% without O₂ support



General examination

• Eyes: Sunken

• Mucosa: Dry

Thirsty

• Skin turgor: Reduced

• Dehydration: Some



General examination

- Jaundice: no
- Cyanosis: no
- Edema: no
- Lymphadenopathy: no
- HEENT: NAD



Systemic exam: Cadiovascular

• Apex beat: Normal

 \bullet Heart sounds: $\mathsf{S}_1 + \mathsf{S}_2 + \mathsf{0}$

• Murmurs: No



Systemic exam: Respiratory

• Chest movement: Symmetrical

• Intercostal recession: No, emaciated

Tracheal tug: No

• Airway: Clear

• Lungs: Vesicular breath sounds, no added sounds



Systemic exam: Abdomen

• Contour: Scaphoid

• Distension: No

• Tenderness: Lower abdominal

• Rigidity: No

• Organomegaly: No

• Bowel sound: Present



Systemic exam: Nervous

• No abnormality detected



Provisional diagnosis

- Acute watery diarrhea (AWD) with, Some dehydration
- Probable urinary tract infection (UTI)



Differential diagnosis

- Watery diarrhea, due to:
 - Cholera
 - ETEC
- Fever, due to:
 - Viral
 - UTI
- Lethargy, due to:
 - Dehydration
 - Electrolytes imbalance
- Dysuria, due to:
 - UTI



Management: Fluid

- G-ORS, for some dehydration and
- Fluid ration for 6 hours (NS + 5% Dextrose 0.5L), due to persistent vomiting



Management: Drugs

- Syr. Levofloxacin (UTI)
- Syr. Ranitidine
- Inj. Granesetrone
- Syr. Potassium chloride



Management: Dietary

- Full strength rice-suji 150 ml 2 hourly
 - ♦ Volume: 99.5 ml/kg/day
 - ♦ Calorie: 70 kcal/kg/day



Investigations: Microscopy

Table 1: Urine RME

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\begin{array}{c|c} pH & 6.5 \\ Protein & 1+ \\ Ketones & 2+ \\ RBC (/HPF) & 1-3 \\ Pus cells (/HPF) & 25-30 \\ Epithelial cells (/HPF) & 1-3 \\ Granular casts (/LPF) & 5-9 \\ \end{array}
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Investigations: Microbiology

Table 2: Stool CS

Organism:	Aeromonas spp.
Tetracycline	S
Cotrimoxazole	R
Erythromycin	R
Ciprofloxacin	S
Azithromycin	R
Doxycycline	S

Investigations: Microbiology

Table 3: Urine CS

No organism isolated

Investigations: Biochemistry

Table 4: S. Electrolytes

Na^+	129.3
K^+	3.05
CI ⁻	103.6
TCO_2	12.5
Anion gap	16.25

Investigations: Hematology

Table 5: CBC

Hemoglobin Hematocrit/PCV	15.2 gm/dl 42.7%
Total leucocyte count	13.98×10 ⁹ /L
Neutrophil	71.4%
Lymphocyte	17.6%
Monocyte	4.4%
Eosinophil	6.1%
Basophil	0.5%

Diagnosis

- Acute watery diarrhea
- Urinary tract infection
- Electrolyte imbalance $(\downarrow Na^+, \downarrow K^+)$



Outcome

Diarrhea resolved

Advices

Please continue medication regularly as prescribed,

Please use clean and boiled water,

Please maintain personal hygiene,

Please contact with nearby physician/hospital if any problem arises.

Discharged with advice, on 21st June, 2018 at 10:15 AM



Thank you

