Endemic dis.

consistently present limited to particular region.

Bacterial

Zoonotic.

موجود عنا و بالدول العربية

reservoir ← فاجرنم

Cattles

ش مبستر

Brucellosis

الحمى المالطية

hepatosplenomegally. 2/3

Fever (In 100%) — arthritis. → hip [MC], knee, ankles. → limbing

Brucellosis manifests as UNdulant fever and the causative pathogen is transmitted by UNpasteurized dairy products.

mainly at night ass w. sweat.

DDx:- TB, lymphoma.

⇓

you should rule out Brucell.. اذا اجا جهاز الاعراض

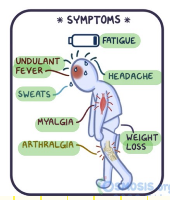
↓ كيف ؟

Brucella test +ve / -ve → Titer (اعلى)

- Serology.

MC systemic dis can affect any part of body

- constant
- Gram -ve bact. (Intracellular)
- Contagious. ← direct contact, raw milk.
  Infective rate ~75 % عالي!
- 6-10 → age with high incidence



+ FTT

What about blood culture?
بالاردن ما بتعاملوا بالطريقة brucella
اما بال rickettsia.

Chronic
remains in the B.M for prolonged period
= the treatment مش تمام :)

✓ <8 y → TPM-SMX, Rifampicin

>8 y → Doxycycline. (relatively C/I in pede.) → just in · rickelsia · mycoplasma meningitis

during preg → Rifampicin. (SE → red/orange urine)

Recurrent? Yes No immunity. زي ال rickettsia.

Complications:- osteomyelitis, meningitis, endocarditis

Rickettsia.

القراد! Tics bite.

- Gram -ve
- 5 types < rickettsii → RMSF, prowazeki → Typhus.

98% [
- high grade fever
- looks ill
- Skin rash
]

- Thrombocytopenia.

↑ Liver enzymes.

√ Tetracycline. 2-4 mg/kg/day.

There is no absolute contraindication in peds drugs

any delay of Tx → Death!

No vaccination (to human)

حمارفي الحيوان

Enteric fever

Salmonella. encapsulated rod shaped.

only reservoir → human
Feco-oral (Contaminated)
Contagious

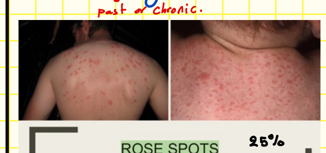
Typhoid (ش) — Paratyphoid → milder.

1st week	2nd week	3rd week
•Initial symptoms of: ➤fever, malaise, anorexia, myalgia. ➤headache, and a abdominal pain, diarrhea may be present in the earlier stages of the illness and may be followed by constipation, sever lethargy. •The temperature may rise gradually, but the classic stepladder rise of fever is relatively rare. •Fever becomes unremitting and high.	• High fever is sustained, fatigue, anorexia, cough and epistaxis, Abd. Symptoms increase in severity • On examination, patients appear acutely ill, disoriented, lethargic, Delirium and stupor may be observed. • Relative Bradycardia (Paradoxical) which disproportionate to the high temp. • Hepatomegaly, splenomegaly and distended abdomen with diffuse tenderness. • In about 25% of cases, (rose spots) may be visible around the 7th–10th day of the illness	• If no complications, symptoms and physical findings, gradually resolved within 2-4 wk, but malaise and lethargy may persist for an additional 1-2 mo.

always there is discripancy
تحري → 1st 72 hrs

Vitals! PR

Serology ?
O H ag. (acute, past or chronic)



Comp:-
- GI perforation
- Chronicity. تعني حامل بعدي سنة بعد العلاج
- Cholangitis.
- regional hepatopathy

Infection in sicklers
Joint arthritis (hip) · sacroiliac.

√ 3rd gen. cephalosporine → 14-20 days.

The only oral 3rd gen. Cephalosporin:- Cephexim (supra X) 😎

Viral

EBV عنا لكثر حاليا
mostly benign.

→ hepatopathy ? مين كمان: TB, salmonella, rickettsia.
اكثر ـ H. V.
→ Folliculular tonsillitis. هو اكثر فيروس 90%
- strep. A.
- diphtheria. } 10%

PSGN ↓ C3
SLE ↓ C4.
· 1 year disease. → HSP
hematuria for one year

Infectious mononucleosis.

Infectious mononucleosis

Etiology
Pathogen: Predominantly Epstein-Barr virus (EBV) — DNA
Transmission: mainly via saliva (hence the common name "kissing disease")

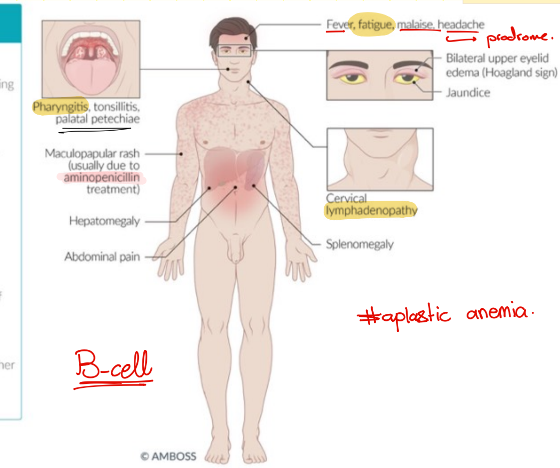
Epidemiology
Incidence (US): 5:1000 population/year
Peak age: 15–24 years
Prevalence (worldwide): > 90% adult population EBV-antibody positive

Clinical course
Incubation period: ~ 6 weeks
Symptoms usually last 2–4 weeks
Often asymptomatic in young children

Diagnosis
EBV serology, monospot test, CBC with differential

Treatment
Mainly symptomatic
Avoid strenuous physical activity for 3–4 weeks due to risk of splenic rupture

Complications
- Upper airway obstruction
- Splenic rupture
- Wide range of rare complications in other organ systems (higher risk in immunocompromised individuals)



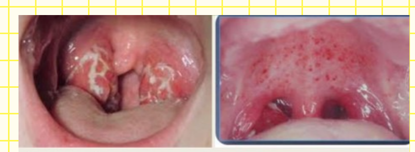
→ prodrome.

B-cell

#aplastic anemia.

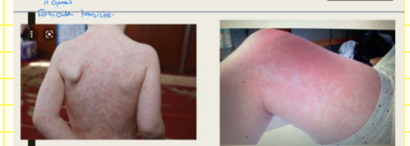
IgM → acute

Blood film
atypical lymphocyte >20% → rule out malignancy. (EBV, Typhoid, TB, leprosy)
1-2% ⇒ malignancy (after 10-20 years)



Examination shows pharyngeal inflammation with exudates and petechiae at the junction of soft and hard palate

* Rapid Ag test For GAS — Follicular tonsillitis.



MACULOPAPULAR RASHES ARE SEEN IN 3-15% CASES AND IN 80% OF THOSE WHO HAVE RECEIVED AMPICILLIN OR AMOXICILLIN.

Amoxicillin-induced rash in Epstein-Barr virus infection. Morbilliform maculopapular rash on the leg.

⇒ Infectious mononucleosis "kissing or glandular fever" →
- caused by EBV "DNA virus", IP 30-50 days
- Clinical features: · mostly asymptomatic
  · classical triad of fatigue, pharyngitis, generalised lymphadenopathy → "exudative, with palate petechia"
  · Splenomegaly "could be massive"
  · fever, headache
  · Ampicillin rash after administration of β-lactam antibiotics
- Diagnosis: CBC, heterophile antibody, PCR, throat swap
- DDx: · strept. pharyngitis · CMV
- Complications: · subcapsular splenic hemorrhage, splenic rupture, airway obstruction → life threatening
- Treatment: · avoid contact sport for 2-3 ws. · IV steroid "↓Hb, ↓PLT, airway obstruction"