

Question of the issue

What is your diagnosis?

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CASE REPORT

A 3-year-old girl presented with a history of cough for 6 months. Her cough had been associated with wheezing. Her mother stated that the patient has experienced chronic intermittent episodes of cough in the past 6 months, but she was developmentally normal and had been in good health before. She was born at full term by vaginal delivery, without complications. Her immunizations were current. She has been diagnosed as asthma 6 months ago and was on inhaled fluticasone and salbutamole. Her symptoms relieved with this treatment but never resolved completely. She was hospitalized for pneumonia 3 months ago.

Previous Studies:

Skin allergy test: allergic to pollen and cat

Sweat chloride test for cystic fibrosis: 30 mmol/L

PPD test: negative

Chest X Ray:

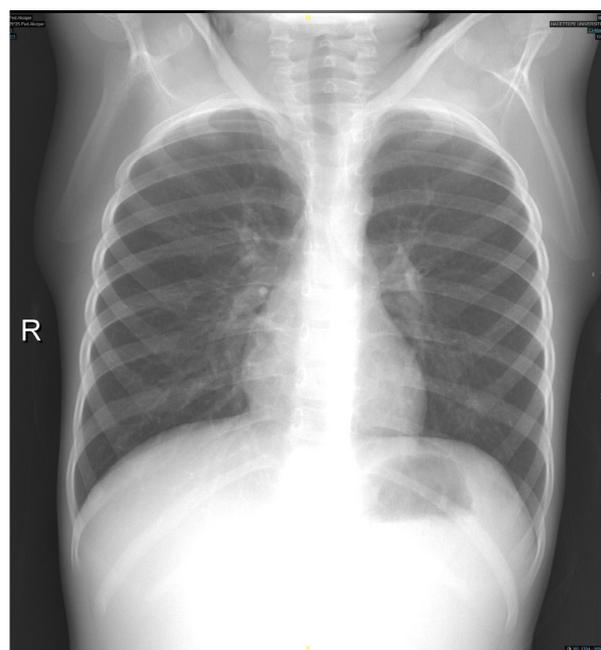


Figure 1a: Chest X-Ray on diagnosis of asthma



Fig 1b: Chest X ray on diagnosis of pneumonia.

Physical Examination:

Body Weight: 15,8 kg (< 3 percentile)

Height: 111,5 cm

Body Mass Index (kg/m²): 12,71

Vital Signs:

Body temperature 37,8°C,

Pulse: 137,

Respiratory rate: 30/min

Blood pressure 93/71 mm/Hg

Peripheral oxygen saturation: 88% (room air)



Figure 2: Chest X Ray

General:

Irritable and actively coughing

Cardiovascular:

Regular rhythm, systolic I/VI murmur

Respiratory:

On auscultation, breath sounds were significantly decreased in the left lower and upper lobes, with diffuse crackles bilaterally.

The remainder of the physical exam was within normal limits.

Laboratory Tests:

Peripheral blood examination showed hemoglobin 12 g/dL, total white blood cell count 10,100/mm³ with 68% polymorphonuclear leukocytes, 2% band forms, 23% lymphocytes, 7% monocytes, and platelet count of 403,000/mm³.

Imaging studies: Chest X Ray (Figure 2)

