Emergency Approach to a Child with SAM.

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JHO, MNRH.

MDG, 2yr/f musoga from Mayuge, an Anglican by faith, admitted to MNU through ACU on 9/7/24, NOK-mother(20yr)**.**

- 10/12 hx of progressive weight loss associated with low grade evening fevers and a wet cough x 2/12, that worsened 2/52 prior to admission.
- Followed by painless bilateral lower limb swelling x 3/7 before admission.
- However, no drenching night sweats, no DIB, no chest discomfort and denied contact with a person with chronic cough.
- Reportedly, child was growing fairly well before onset of symptoms.

ROS.

- **GIT;** mild abd distension x 1/7, but no vomiting, no loose stools and no abd discomfort
- **Others;** unremarkable.

Prenatal hx;

Attended ANC at Nabweru H/C, had several visits, initial at 3/12. routine care given, TTx1, F.A, fancider.

Perinatal hx;

Delivered by SVD in a peripheral clinic in Nabweru, bwt 3.1kg, cried immediately & breastfed in 1st 1 hr, no complications, dc after about 10hrs.

Postnatal hx; no neonatal illnesses.

- **Immunisation hx;** upto date (by child health card)
- **Growth and dev't;**

At 1/12, could grasp and started recognizing mother, sat supported at 3/12, unsupported at 6/12, crawled at 7/12, standing with support on items at 1yr, however, did not walk as symptoms set in.

Child able to say mama and recognize people at home.

Nutrition hx;

- Exclussively breastfed for 3/12, supplemented with cow's milk as mother reportedly had less breast milk, bought from town, diluted at 1:1, prepared and served by mother using a bottle.
- Complementary feeds; soya and maize porridge at 5/12.
- At 7/12, irish, matooke and rice, soups, baby weaned off breastmilk at 18/12.
- Thereon meals mainly contained rice, posho and beans as the rest of the family, at home(village), having 2 major meals in a day.
- Wt-4.8kg, length-68.5cm, Z-score <-4SD.

Pmxh; index admission for such symptoms, however, visited a peripheral H/C IV and was advised to come to MNRH for nutritional assessment and mgt, no food/drug allergies.

- **Pshx;** no minor/major surgeries, no hx of blood tranfusions.

- **F/shx;** 2nd born of two, elder died at 1yr.

  Father and mother separated 11/12 ago, father not supportive.

  mother was a charcoal seller, now stays home with mother in mayuge who takes care of her and the child.

  reportedly no familial chronic illnesses, however, tested +ve for HIV and initiated o ART.

O/E;

- Severely wasted, afebrile, not in obvious resp distress, no jaundice, no cyanosis, moderate-severe pallor, edema +++, finger clubbing +++.
- Multiple submandibular lymphadenopathy bilaterally (abt 1cm @, mobile, firm, smooth).
- Silky, well distributed hair, not easily pluckable, eroded teeth, with angular stomatitis, no skin lesions.
- SPO2 94-96% on RA, PR 80bpm.

- **P/A;** mild distension, symmetrical, moves with respiration, soft and non tender, liver palpable at about 4-5cm bcm, no masses.

- **RS;** RR 48bpm, equal bilateral air entry, increased vocal resonance in right infraclavicular region, normal breath sounds on the left side of the chest.
- **Other systems;** un remarkable.

Impression;

2yr/f with;

- SAM-E.
- Lobar pneumonia.
- r/o PTB.
- r/o malignancy (lymphoma).

Plan;

- Do CBC, LFTs, RFTs, HIV serology, Serum electrolytes, CXR, sputum Gene Xpert.
- F75 52mls 2hrly.
- Iv gentamycin 24mg od x 5/7
- Iv ampicillin 480mg bd x 5/7

Noted, significantly;

CBC, hb 3.7, PLT 105

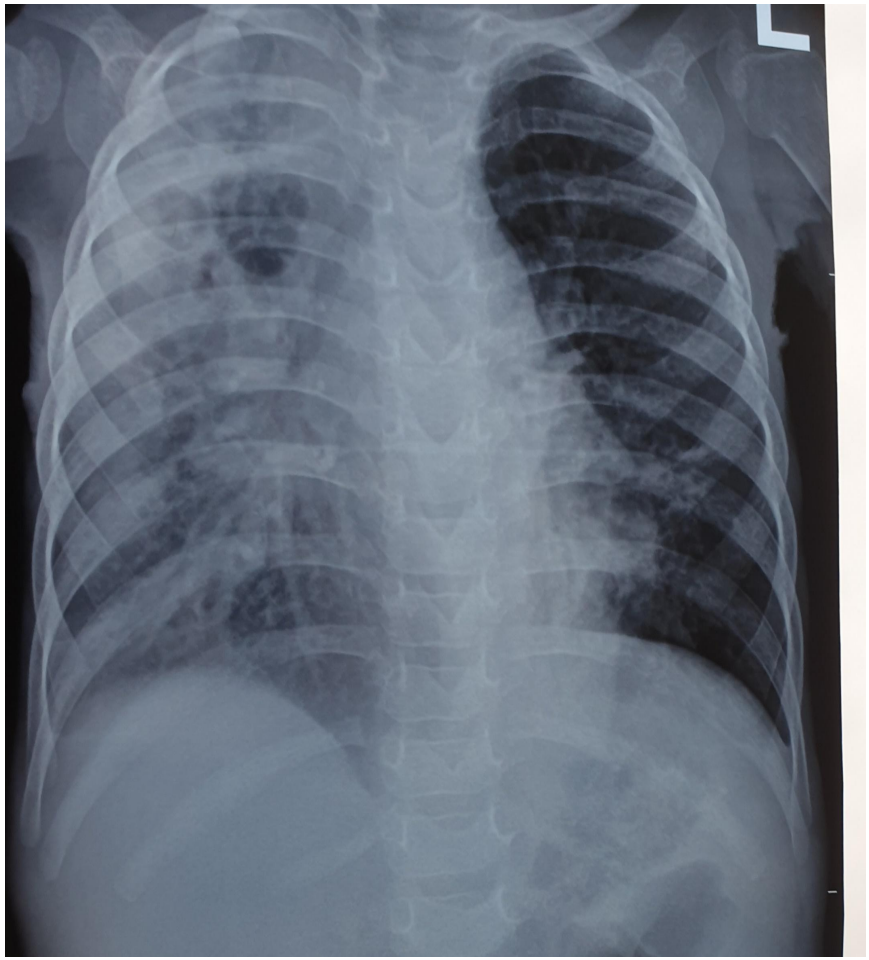
RCT-positive.

Hence; pead HIV, severe anemia

Transfused with 24mls of pck RBCs with iv furosemide 4.8mg

Started on co-trimoxazole.

CXR-rt lung opacities and cavitations, mild rt pleural effusion, cardio phrenic angles obliterated with obscured cardiac borders. Radiologically severe PTB disease.



Also;

- Urine LAM and gastric aspirate Gene Xpert both positive.

  Started initiation phase of anti-TBs (HRZE + pyridoxine)

  To start ART 2/52 later.

THANK YOU