

# MED PEDS CLINIC

| Newsletter Volume 1, Number 5 |

## Goal Zero

Kudos to all! The electronic inboxes are so fresh, so clean! Keep up the great work.

For paper records, we have 4 folders in the work room assigned to each triage team. When you are in clinic, try to do as much of your team's folder as possible. The med-peds ambulatory resident will be back-up on this.

Lastly, medical records are going to be scanned in automatically. You will receive a staff message with the patient's information to alert you records have been scanned.

Teams:

**Red** - Lynne, Rob, Bilaal, Carolina

**Purple** - David, Mi, Amy, Claudia

**Green** - Sam, Andrew, Jessica, Tim

**Blue** - Helena, Sarah, Jennifer, Diana

## Parking

Crazy timing. They are resurfacing the parking lot north of clinic. We are to park on the street or across Federal. See [attachment](#).

## A Bone to Pick: A Case of Infantile Cortical Hyperostosis

Abstract by Amy Beeson, MD and Lynne Rosenberg, MD

### Introduction:

Infantile cortical hyperostosis, or Caffey disease, is a self-limiting bone disorder characterized by fever, irritability, soft tissue swelling and cortical thickening of bone. While rare, it is an important diagnosis to consider as early recognition may prevent unnecessary invasive procedures, antibiotic use and morbidity in affected children.

### Case Report:

The patient is a 5 month-old female with a recent pediatric intensive care unit admission for one week of fever and apneic pauses who is readmitted with persistent fevers and tachypnea. During her prior hospitalization, chest x-ray demonstrated retrocardiac opacification and she was treated for pneumonia with ampicillin.

Three days after discharge, the infant had recurrent fevers and diarrhea. She was fussy, intermittently tachypneic, and noted to have decreased movement of her left arm. Her lungs were clear.

Initial laboratory testing revealed leukocytosis, anemia, elevated alkaline phosphatase, and elevated inflammatory markers (erythrocyte sedimentation rate, C-reactive protein and platelets). Her blood cultures and respiratory viral PCR panel were negative and procalcitonin was low.

Streaky retrocardiac opacity was again noted on chest x-ray (image 1), in addition to an abnormal appearance of multiple left ribs with probable periosteal/cortical thickening and asymmetric soft tissue thickening. Skeletal survey did not identify other abnormalities of

## COVID-19

It's almost impossible to keep up with all the resources, references, and changes in clinic. I have curated a list of most relevant and recent outpatient information below.

What is [telehealth](#) and how do I complete a visit?

If I'm doing home telehealth, what are all the important clinic phone [numbers](#)?

How do I order outpatient COVID-19 [testing](#)?

What resources exist for our patients experiencing [homelessness](#)?

Where can school aged kids get [meals](#) in Denver?

Is there a work flow for discussing or updating [advanced care goals](#) for my patients? Repository for MOST/MDPOA [forms](#)?

bone. Magnetic resonance imaging (image 2) showed increased T2 signal and diffuse enhancement in the left 4th-9th ribs as well as enhancement in the intercostal musculature and adjacent soft tissues. The differential diagnosis included cellulitis, myositis and osteomyelitis with periostitis. The smooth periosteal reaction also raised the possibility of infantile cortical hyperostosis.

Rib biopsy was performed to definitively rule out osteomyelitis. Pathology revealed benign skeletal muscle and fibroadipose tissue and benign bone with remodeling changes. All infectious studies were negative. The patient was given a clinical diagnosis of infantile cortical hyperostosis.

Subsequently, genetic testing revealed a heterozygous variant of uncertain significance c.4372G>A (p.Val1458Ile) in *COL1A1*. This specific mutation has not been reported in the literature in individuals with *COL1A1*-related disease, but there is a submission for this variant in a publicly reported archive that is associated with infantile cortical hyperostosis.

The infant's symptoms improved with ibuprofen, and radiographs demonstrated interval decrease in the size of the involved ribs within three months, suggesting bone remodeling.

### Discussion:

Pediatricians should be aware of Caffey disease, which typically presents with irritability and fever in infants less than age six months, and with asymmetric cortical thickening, often of the jaw, clavicle, scapulae or ribs. The clinical course is variable; however, in contrast to osteomyelitis, the treatment for Caffey disease is supportive, often with NSAIDs, and the disease typically self-resolves. Prompt recognition of this rare but important disease may prevent unnecessary interventions such as bone biopsy or prolonged antibiotic use.

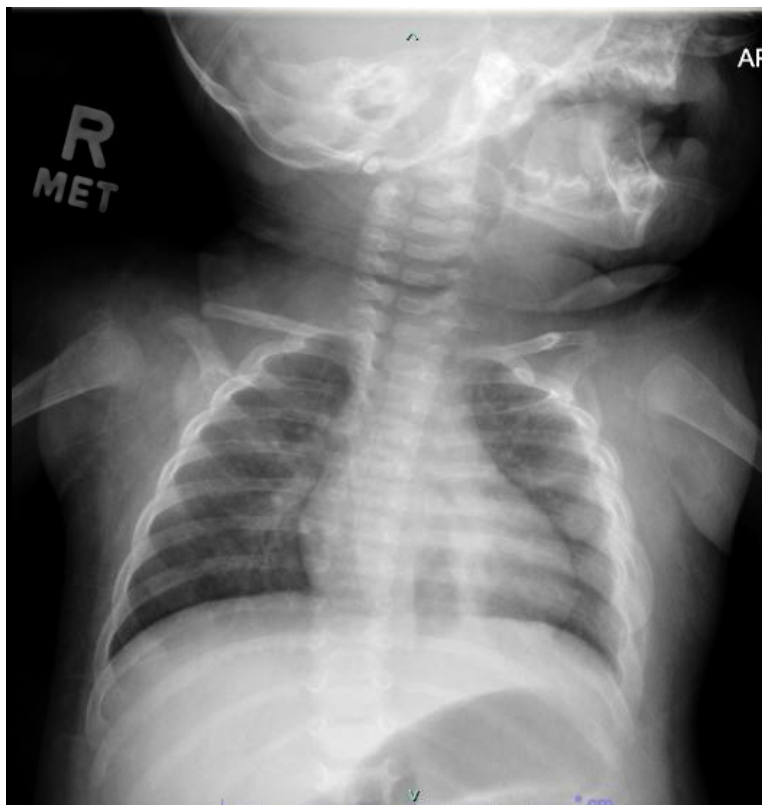


Image 1. Chest x-ray with abnormal appearance of multiple left ribs with probable periosteal/cortical thickening and asymmetric soft tissue thickening.

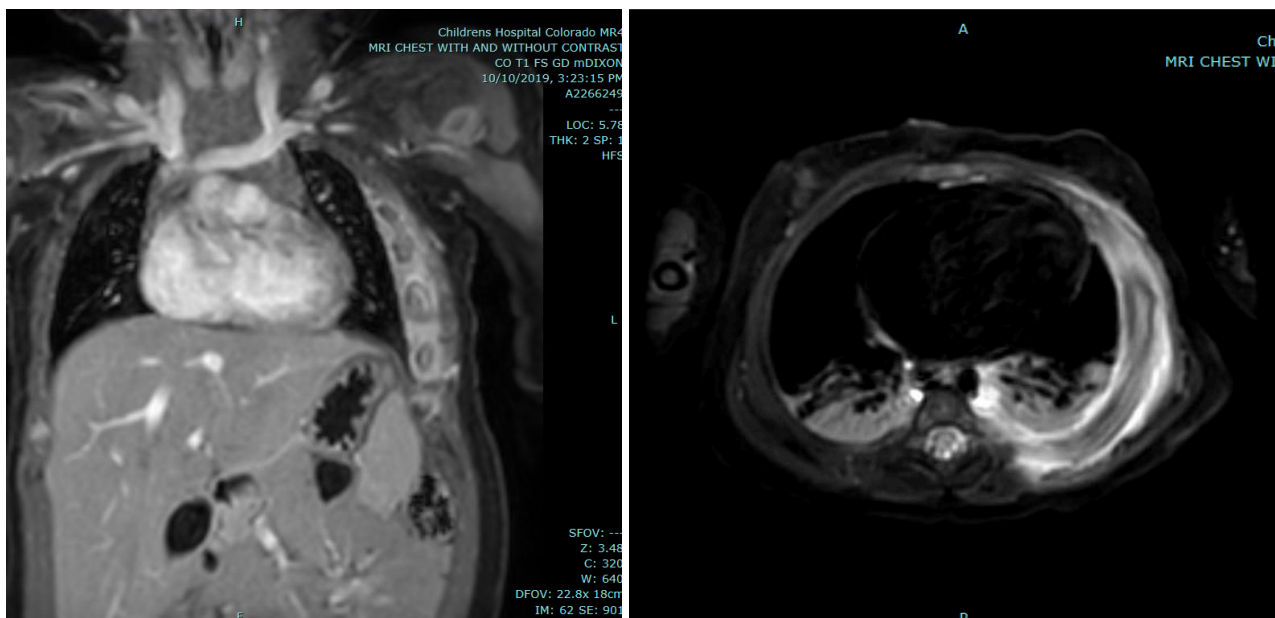


Image 2. MRI of the chest revealing abnormal signal of left chest wall, including the ribs, intercostal musculature and overlying soft tissues.



*How well do you know your Med - Peds residents?*

**If you were a kitchen appliance which would it be?**

"A coffee maker because I like coffee."

**What is your spirit animal?**

"Maybe like a panda because they're fun, but at the end of the day it's still a bear. And they're cute, but like I don't wanna say I'm cute, but at the end of the day it's a bear. Like they're silly. Ugh this goes out to the whole program huh? It still can handle business when it needs to. Like fun and cute but will \*#\$% \*#\$% up, don't say that, though. You know what, I should've said a wolf. Number two is a wolf. Because, well, I don't know."

**You win the lottery. What do you do with it?**

"Vacation for my family. Actually, you know what I would do? Nespresso coffee machines for the call rooms that don't have any so you don't have to get subway coffee when you're at Denver health. I've had it."

**Are you a hunter or a gatherer?**

"I hunt to gather."

**How would you design a spice rack for the blind?**

"Smell. No, I'd talk to my dad's friend Richie because he's blind and I'd go from there."

**What's your favorite gift you've ever received?**

"My grandma gave me this ring she bought when she was 20 when I graduated medical school. I loved that."

**If you could have any non-domesticated animal as a pet, what would it be?**

"It would be a tie between a pig and a monkey. Their names would be Ms. Piggy for the monkey and...hmm...well if the monkey was Ms. Piggy then the pig would be...wait. The pig is piggy. No. The monkey. Hold on. It's late. I worked today. Wait. So if I named the monkey Ms. Piggy, I could name the pig Kermit."

**If your personality were a color, what color would it be?** "Blue because it's my favorite color. And because I'm on Blue right now. "

**Best Halloween costume you've ever worn?** "Grapes. I wore purple balloons. People thought I was a balloon person."

**Anything else you want the people to know?** "Please let them know I answered these questions late after a day of work." \*\*Note that this statement was made at 8PM.

*Click [here](#) to find out who this is!*