

Diagnosing Illnesses You've Never Seen Before or Love is Like the Measles

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How To Use This Talk

- ❑ Don't look at the posted slides in your electronic packet**
- ❑ Don't be afraid to participate, it increases our learning and it's fun!**
- ❑ Think about “homework”**
 - ❑ True for the entire conference**

Friday afternoon, last patient of the day

- Previously healthy 11 yo boy with high fever, malaise**
- Returned from 2-week Philippines vacation 1 week ago**
 - T 104 3 days ago**
 - Anorexia, myalgia, stomachache, headache, red eyes**
 - Last night developed rash**
 - Exam with conjunctival suffusion, clear rhinorrhea, rash**

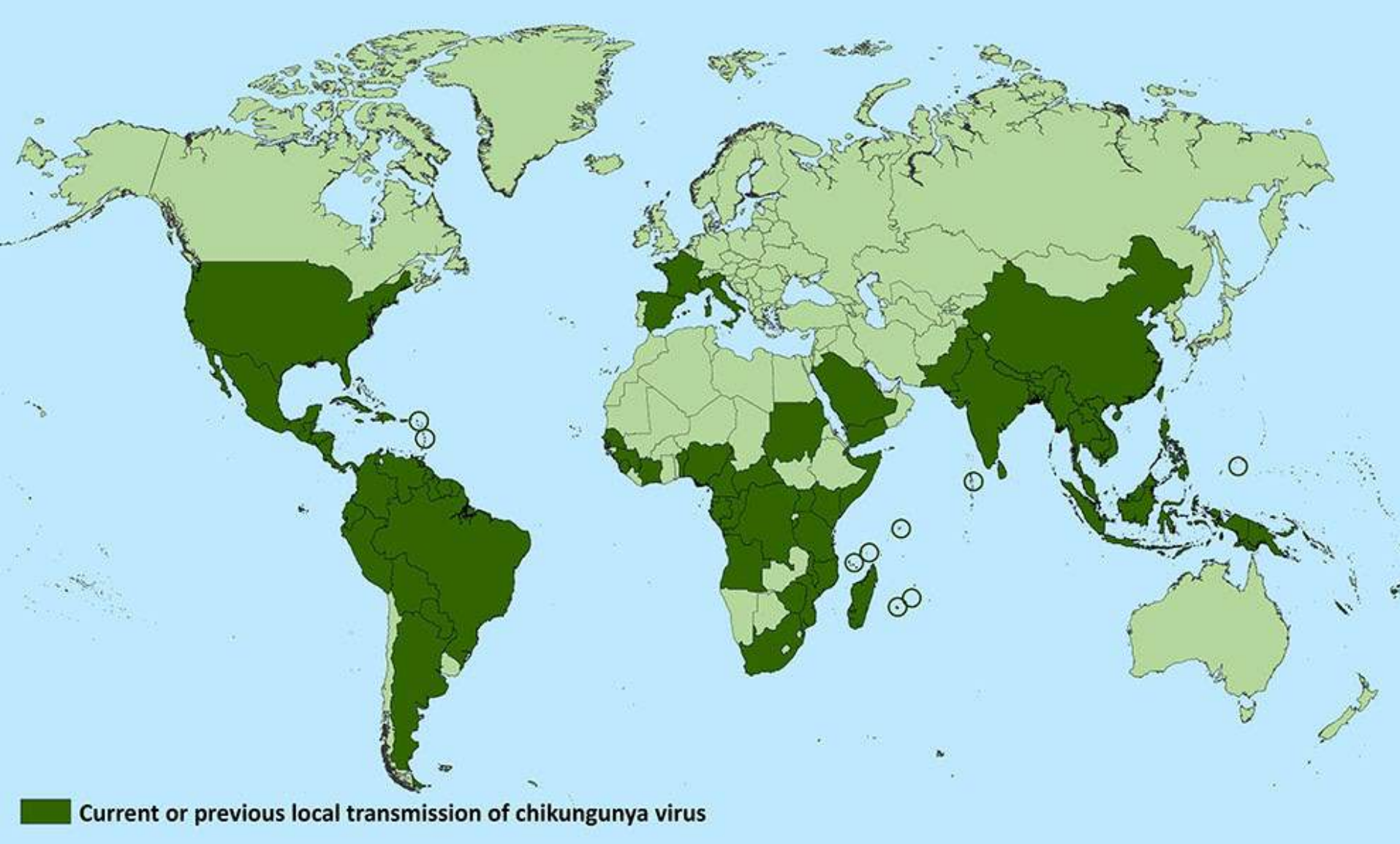
Morbilliform rash



**After the next 20 minutes,
you will (start to) be able to**

- Formulate a “Terminator”
approach to learn about the most
likely “never seen before”
diseases you might encounter in
your practice.**
- Incorporate patient encounters
and the “car radio” approach into
your lifelong learning plan.**

As of May 29, 2018



<https://www.cdc.gov/chikungunya/geo/index.html>

Have you ever seen a case of

Measles?

Kawasaki Disease?

Adenoviral Keratoconjunctivitis?

Scarlet Fever?

Dengue?

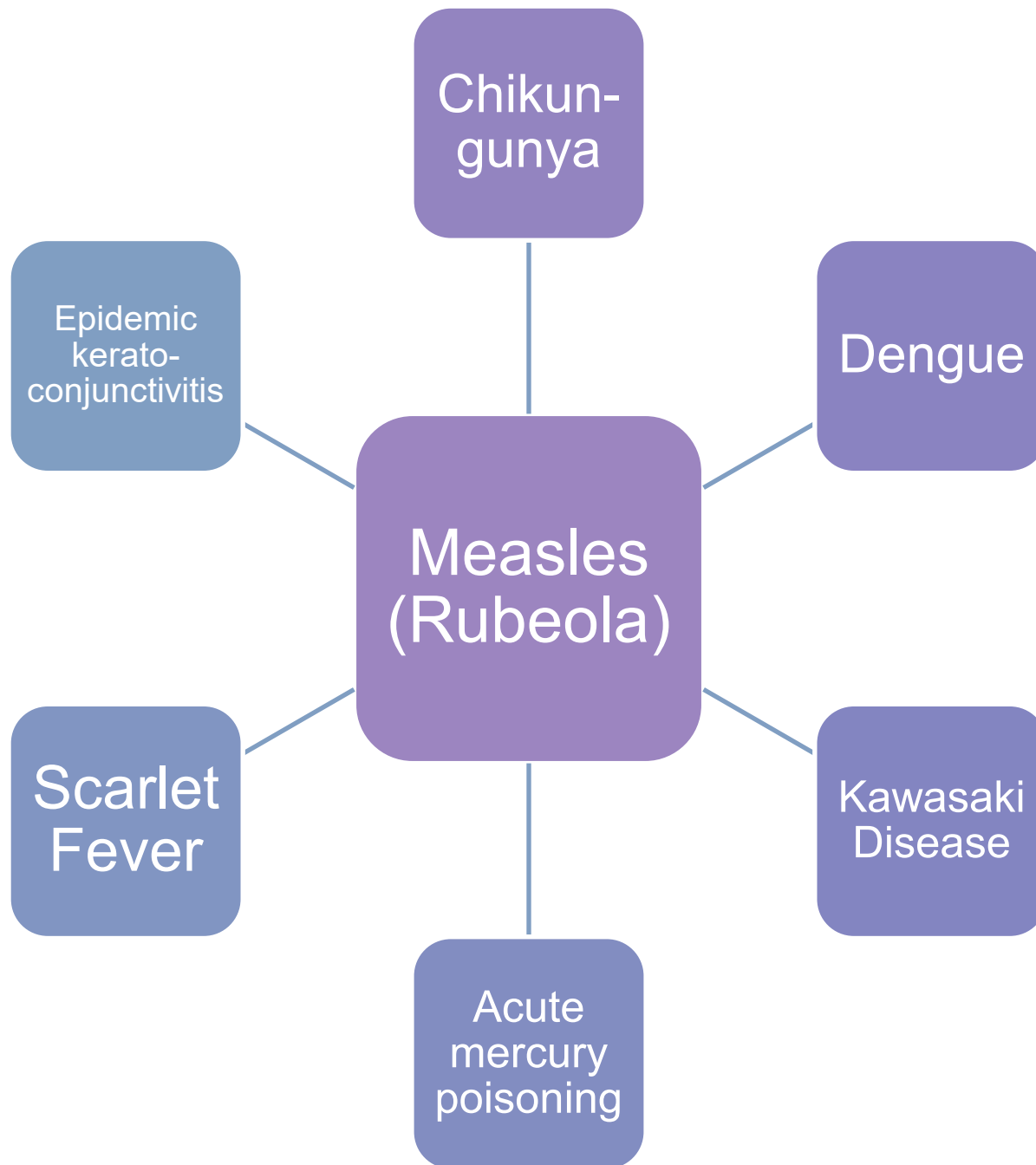
Chikungunya?

Minamata Bay Disease?

The Terminator Approach

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137 6087 09 E1 60
138 608A 99 F0 03
139 608D 8C
140 608E 10 F7
141 6090 AD F3 03
142 6093 49 A5
143 6095 8D F4 03
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147 6098 A9 03
148 609A A0 F0
149 609C 85 3D
150 609E 85 43
151 60A0 84 3C
152 60A2 84 42
153 60A4 A9 03
154 60A6 A0 FA
155 60A8 85 3F
156 60AA 84 3E
157 60AC 38
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163 60B2 A0 EF
164 60B4 85 3D
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21C0 94A0 - 94EF
243D 94F0 - 953F
28FD 9540 - 958F
279F 9590 - 95DF
BB 95E0 - 95E1
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Dear Dr. Wiedermann,

I was given your name by Dr. E at the World Bank health unit and have just spoken to your receptionist who kindly gave me your email...

My son K developed a rash on his scrotum...

**Email from H. B.
Delhi, India**

July 25

- **Seen by Australian dermatologist relative in England**
- **Continue HC**

**Camping
Shenandoah
June**

Germany/England July 3 – early Aug

- **Stayed in cities, some urban parks/meadows**
- **Pruritic/painful scrotal rash early July**
- **Topical zinc oxide**
- **Late July topical HC**

August Back in Delhi

- **Pain/itching resolved; fatigue**
- **Horseshoe shaped induration**



Epidermis is unremarkable. Dermis shows diffuse infiltration of small lymphocytes, large lymphocytes and histiocytes. No granuloma is seen. Immunohistochemistry not in favor of lymphoma.

Lyme Lymphocytoma

- ❑ Subtype of cutaneous B cell pseudolymphoma
- ❑ More common N. Europe
- ❑ Mechanism unclear
- ❑ Usually not at site of tick bite
 - ❑ Nipple, perineum, earlobe



Lyme
Disease

Babesiosis

Anaplas-
mosis



Powassan
Virus
Disease

Spotted
Fever
Rickettsiosis

Ehrlichiosis

12 yo girl with ODD x 10 mos

- ☐ Significant behavior change last summer**
 - ☐ Arguments**
 - ☐ School refusal, therapist refusal, depression**
 - ☐ Fatigue, generalized pain, exercise intolerance**
- ☐ June 2018 fever and right breast cellulitis treated with clindamycin**

Aggressiveness, violence, homicidality, homicide, and Lyme disease

This article was published in the following Dove Press journal:
Neuropsychiatric Disease and Treatment

Robert C Bransfield

Department of Psychiatry, Rutgers-
Robert Wood Johnson Medical School,
Piscataway, NJ, USA

Background: No study has previously analyzed aggressiveness, homicide, and Lyme disease (LD).

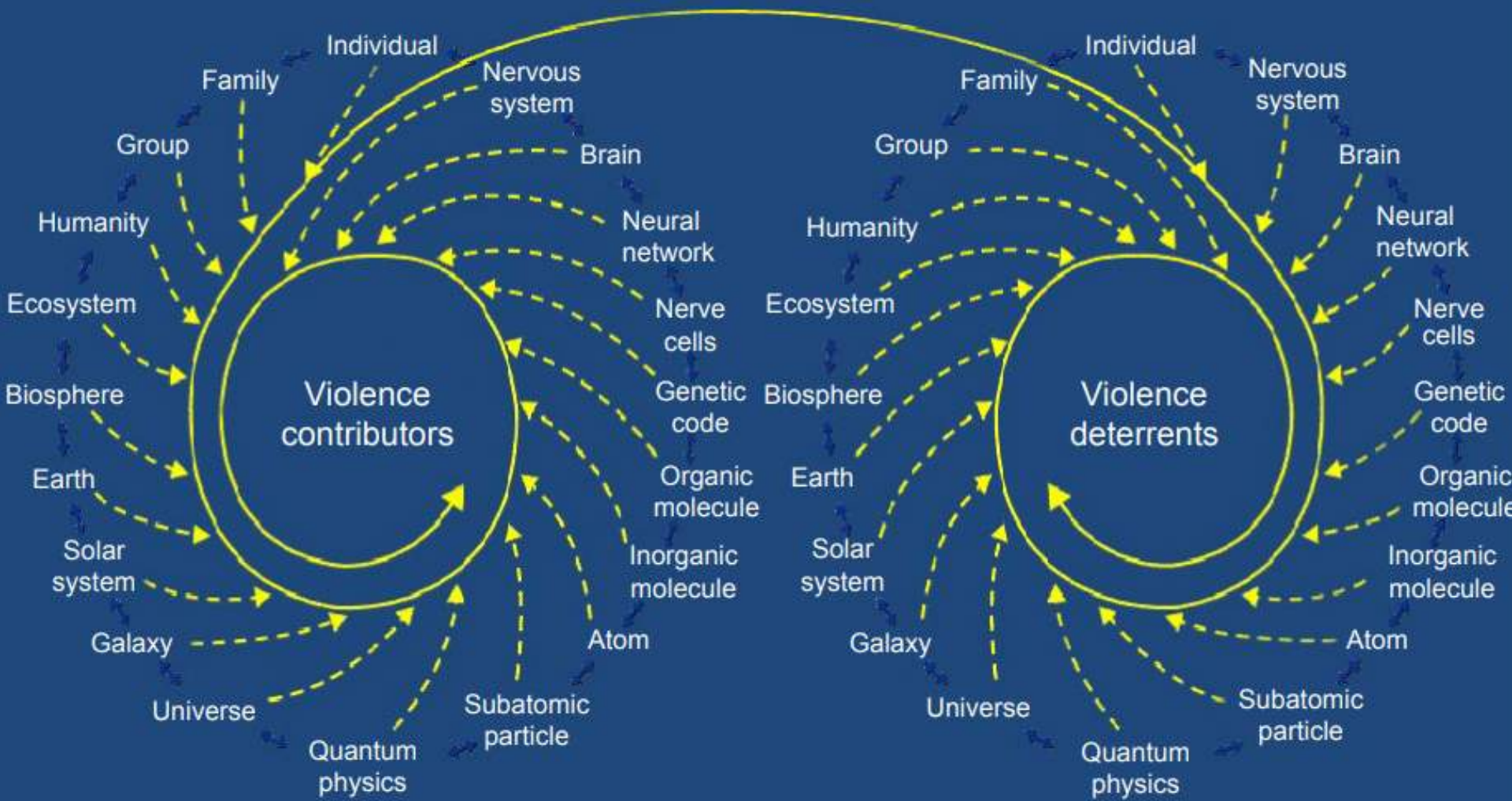
Materials and methods: Retrospective LD chart reviews analyzed aggressiveness, compared 50 homicidal with 50 non-homicidal patients, and analyzed homicides.

Is this a predatory journal?

Open access

\$2310 publication fee

Contributors vs deterrents of violence



Myalgic Encephalomyelitis

- ❑ aka Chronic Fatigue Syndrome?**
- ❑ Poorly defined, possibly several components**
 - ❑ Pain/fatigue**
 - ❑ Post-exertional malaise**
 - ❑ Orthostatic intolerance/autonomic dysfunction**
 - ❑ Neurocognitive symptoms**
 - ❑ Sleep-related symptoms**
 - ❑ Sometimes abrupt onset post-infection?**

ME/CFS Proposed Dx Criteria

☐ All 3 of the following:

- ☐ New onset fatigue with impairment > 6 months not relieved by rest**
- ☐ Post-exertional malaise**
- ☐ Unrefreshing sleep**

☐ At least 1 of the following:

- ☐ Cognitive impairment**
- ☐ Orthostatic intolerance**

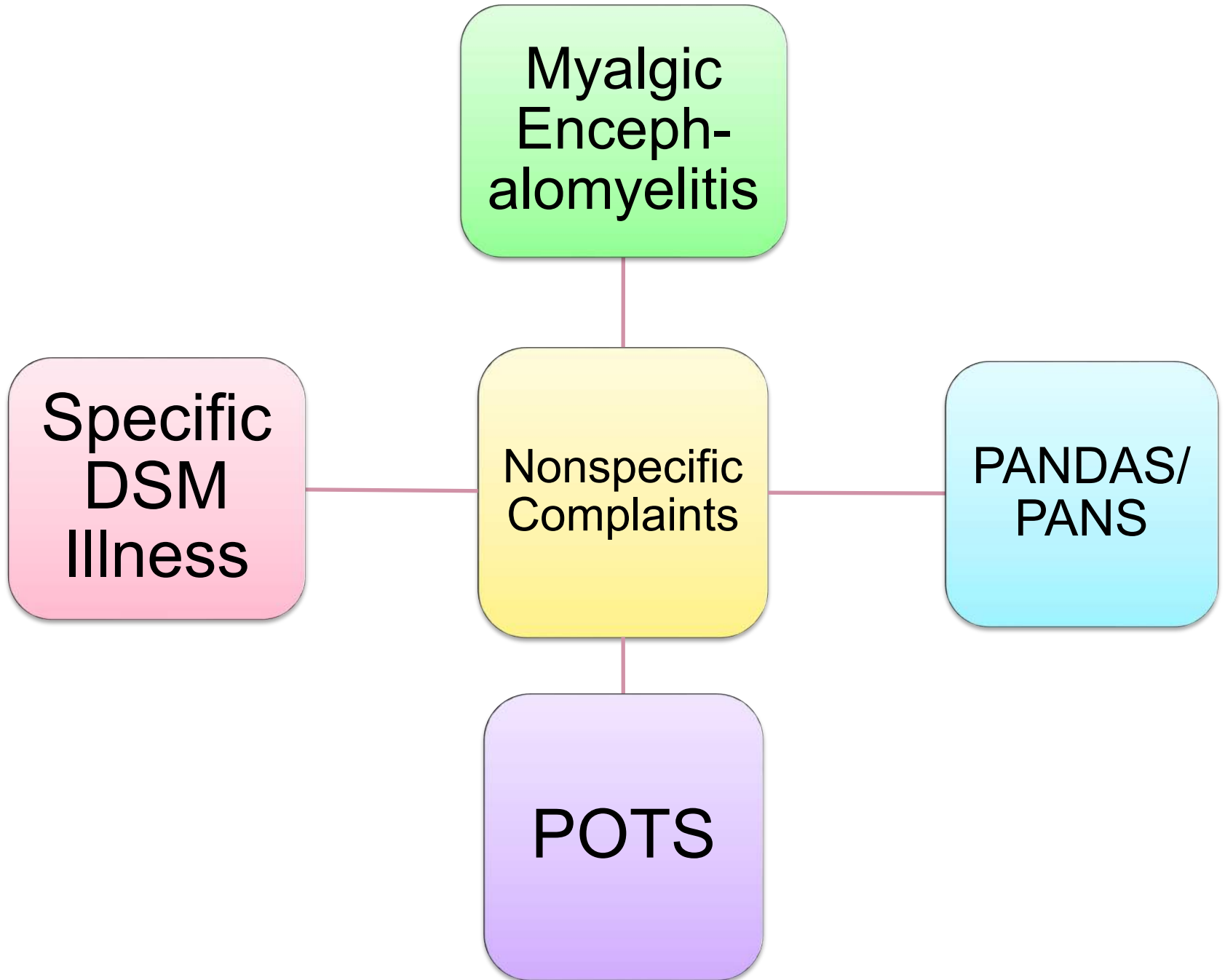
**Myalgic
Enceph-
alomyelitis**

**Specific
DSM
Illness**

**Nonspecific
Complaints**

**PANDAS/
PANS**

POTS



2 Steps To Be A



1. What Conditions Do You Want to Learn More About?

Measles

- Kawasaki
- Conjunctivitis
- Scarlet Fever
- Dengue
- Chikungunya
- Hg Poisoning

Lyme Disease

- Anaplasma
- Ehrlichia
- RMSF
- Powassan virus
- Babesia

Fatigue/Pain

- Myalgic encephalomyelitis
- PANS
- POTS
- Psychiatric illnesses

**Let your patients point the way
(to CDC, AAP, textbooks,
reliable online resources)**

Step 2



Scanning/Browsing

Print journals

- Pediatrics, PREP, NEJM, JAMA Pediatrics, etc.*

Emailed TOC alerts

Listservs

- AAP, CDC, etc.

Lay press

This Weekend?

- ☐ Pick 3 of FOP's sessions to explore in greater detail**
- ☐ Make a specific plan of study**
 - ☐ Be realistic**
 - ☐ Tell someone about your plan (incites guilt when you see them)**

“Love is like the measles...

...we all have to go through it. Also like the measles, we take it only once. One never need be afraid of catching it a second time. The man who has had it can go into the most dangerous places and play the most foolhardy tricks with perfect safety.”



**Jerome K. Jerome
On Being in Love from
Idle Thoughts of an Idle Fellow, 1886**