

# ED presentation

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- 18 month old baby who comes to the ED with 2 days of vomiting, decreased activity, T 100.4F, decreased urine output and rash.
- PMH: pneumonia 1 week ago
- Physical:
  - 110.5F HR 139 RR 32 BP 105/66 Sat O2 96%
  - Difficult to arouse, red pinpoint macular rash non-blanching, cap refill <4sec, oral mucosa mildly dry, rest of the exam WNL

# LABS

–Hb 5.9 Hct 24 WBC 10 Plt 85

–Pt 14 APPT 42

–Cr 1.0 BUN 23 Na 138 K 5.2

# PROBABLE DIAGNOSIS AND WHY ??

- a) Scabies
- b) ITP
- c) DIC
- d) HUS
- e) Henoch-Schonlein Purpura

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- d) **HUS**
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- Despite supportive care at ED (received a NS bolus 20mg/kg and 10mg/kg of PRBC). Patient develops worsening renal failure:  
CR 1.4 BUN 28 and blood in urine.  
Based on new results and past family history of HUS in the dad side, what other etiologies can trigger HUS?

# CAUSES

- a) HIV
- b) Lupus
- c) Complement mediated
- d) Salmonella
- e) Wegener's vasculitis