

# Milestones

March 2009  
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Dear Colleagues,

Congratulations to faculty that received recognition for their work and innovation in clinical research as well as clinical education. Dr. Valerie Flaherman was recognized with both Hellman and RAP awards, while Drs. Atkinson-McEvoy and Kuo both received awards from the Academy of Medical Educators (pg 2). In addition, Drs. Bekmezian and Kim were recently asked to serve on the 'Voice of the Patient' Committee (pg 3). This month, our Division also hosts the Annual Crede Lecture (pg. 5).



Michael Cabana, MD, MPH  
Chief, Division of General Pediatrics, Core Faculty, Institute for Health Policy Studies (IHPS)

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## UCSF General Pediatrician Receives Hellman and RAP Awards



Valerie Flaherman, MD, MPH recently received multiple grant awards. In January 2009, she received a Resource Allocation Program (RAP) grant from the UCSF National Center of Excellence in Women's Health. In February, she was awarded a 2009 Hellman Family Award. Dr. Flaherman recently graduated from the UCSF General Pediatrics Fellowship and has been a member of the faculty since July 2008. Her research program focuses on developing interventions to promote breastfeeding in mothers who have difficulty breastfeeding in the immediate postpartum period. *(continued on next page)*

## A 13 month-old with discoloration of the buttocks x 1 day

Commentary by: Christopher Stewart, MD, MA



A 13 month old previously healthy boy presents with discoloration of the buttocks for one day. The rash was noticed in the morning by the mother. Parents report no falls, recent injury or possible cause for a bruise or burn. The parents denied corporal punishment. Both parents were interviewed separately, without changes or inconsistencies in their reports.

The baby has a history of full term gestation without complications. There are no hospitalizations. Immunizations were up to date. Family history is unremarkable. Review of systems was notable for normal bowel movements; no vomiting or diarrhea; no suggestion of abdominal pain; no known trauma; and no weight loss. The baby has not had any new environmental exposures.



On exam, the boy was clinging to his mother. He was appropriately anxious of strangers. Temperature was 39.3 C. Other vital signs were within normal limits. The initial skin exam revealed purpuric lesions over both buttocks that consisted of confluent patches and plaques. On the left buttocks, there was a distinct, well-demarcated, non-blanching erythematous and purpuric palpable plaque, rectangular in shape with a well-defined corner at the superior-medial border. The right buttock revealed multiple erythematous, non palpable blanching patches, some confluent, with less well-defined borders. A single pustule was present in the inferior right buttock fold. No anal or oral lesions were noted. The rest of the physical exam was unremarkable.

Laboratory evaluation included a complete blood count that was within normal limits except for a slightly elevated WBC with slightly increased lymphocytes. Coagulation panel was within normal limits. Urinalysis showed 1+ occult blood but was otherwise normal. The patient was admitted to rule out suspected non accidental trauma causing what appeared to be a bruise with well-defined borders. A child protective services (CPS) report was filed, and the Child Abuse Team was called to evaluate the child the next morning. Further work-up revealed a diagnosis. *(Turn to page 7 for dénouement)*



## Congratulations to...

### Valerie Flaherman, MD, MPH (cont.)

(from pg 1) Dr. Flaherman's project entitled, "Effect early Limited Formula on Subsequent Breastfeeding prevalence for infants of Spanish-speaking Mothers" (total amount: \$29,812 for 2009-2010) received the Center of Excellence in Women's Health Award. The award is funded by the Mount Zion Health Fund in support of women's health research.

Dr. Flaherman also received one of the 2009 Hellman Family Awards for Early-Career Faculty at UCSF (\$45,000 for 2009-2010). The award is intended to provide support to outstanding faculty at the Assistant Professor level whose work shows originality and promise of distinction. Eligible candidates are assistant professors (ladder-rank, in-residence, clinical, and adjunct) who have their primary appointment at UCSF and have demonstrated promise and creativity in their research or other scholarly activities.

Dr. Flaherman received her MD from Harvard Medical School (Boston, MA). She completed her residency in Pediatrics at Children's Hospital Oakland. She also received her Master of Public Health at the University of California, Berkeley in Epidemiology. Dr. Flaherman is board certified in both pediatrics and preventive medicine. She completed her Fellowship in General Pediatrics at UCSF. During fellowship, Dr. Flaherman was named a National Institutes of Health Roadmap K12 Scholar.

In 2008, she was also named an NIH Building Interdisciplinary Research Careers in Women's Health (BIRCWH) K12 Scholar. Dr. Flaherman attends on the Well-Baby Nursery and Pediatric Urgent Care Clinic on the Parnassus Campus. She is an Adjunct Assistant Professor of Pediatrics

### Stephen Wilson, MD, PhD

On February 19, 2009 **Stephen Wilson, MD, PhD**, presented "Beyond Morphine: Thinking Differently about Pediatric Pain Management" at the Department of Pediatrics Grand Rounds.



Dr. Wilson received his M.D. from Harvard Medical School and his Ph.D. in Immunology at Harvard University Graduate School of Arts & Sciences. He completed his residency in Pediatrics at UCSF where he was Chief Resident, and Medical Education Fellowship in the UCSF Teaching Scholar's Program. Dr. Wilson directs the inpatient service and the UCSF Children's Hospital Access Unit. Dr. Wilson is an HS Clinical Professor of Pediatrics.

### Innovations Funding Grants

On February 11, 2009, the Academy of Medical Educators at the UCSF School of Medicine announced the recipients of the 2009-2010 Education Innovations Grants. The annual intramural grants provide up to \$30,000 and are meant to serve as a catalyst for the development of new curricular programs. Of the seven projects funded for the 2009-2010 year, two were awarded to faculty in the Division of General Pediatrics.



**Lee Atkinson-McEvoy, MD** received a grant for her project entitled, "Development of Portfolios to Assess Performance of Pediatric Residents in Pathways to Discovery Training Programs." She received her MD and completed her residency, chief residency and fellowship in general pediatrics at the University of California, San Francisco. After serving on the faculty at Stanford and Northwestern University, Dr. Atkinson-McEvoy returned to join the faculty at UCSF. She serves as the Associate Division Chief for Outpatient Services and the Director of the Parnassus Primary Care Clinic. She is an HS Associate Clinical Professor of Pediatrics.



**Anda Kuo, MD** received a grant for her project entitled, "A Leadership Curriculum and Evaluation Toolkit for Diverse Learners." Dr. Kuo received her MD at the University of California, San Francisco. She completed her residency and Chief Residency at UCSF. Dr. Kuo is the Residency Director for the Pediatric Leadership for the Underserved (PLUS) Residency Program and also directs the Physician in Society (PIS) for pediatric housestaff. She attends at San Francisco General Hospital. She is an HS Assistant Clinical Professor of Pediatrics.

### Tom Newman, MD, MPH

On February 11, 2009, **Tom Newman, MD, MPH** presented at the Philip R. Lee Institute for Health Policy Studies (IHPS) Grand Rounds. Dr. Newman's presentation was entitled, "How Do We Know What We Know? The Impact of Industry Funding on the Clinical Research Literature."



Dr. Newman received his MD from UC San Diego. He completed his residency in pediatrics at UCSF and received his MPH in Epidemiology from UC Berkeley. He attends at the Parnassus Nursery and the San Francisco General Hospital Outpatient clinic. He is a Professor of Epidemiology, Biostatistics, and Pediatrics and Chief of the Division of Clinical Epidemiology.



## 'Voice of the Patient' Committee

**Arpi Bekmezian, MD and Cynthia Kim, MD, MEd**, have both been appointed to the "Voice of the Patient" Committee at the UCSF Medical Center. The committee provides a venue for review of incidents resulting in major patient dissatisfaction, distress, or anxiety.



Dr. Bekmezian received her MD from UCSF. She completed her residency in pediatrics at UCLA and previously was a General Pediatric Hospitalist and Emergency Department Consultant at Mattel Children's Hospital at UCLA. She attends on the General Pediatrics ward service and the Parnassus Urgent Care Clinic. She is an HS Assistant Clinical Professor of Pediatrics.



Dr. Kim received her M.Ed. in Health Education from Stanford University School of Education and her MD at Cornell University Medical College. She completed her residency at New York Presbyterian Hospital. She attends on the General Pediatrics sedation service and the Parnassus Urgent Care Clinic. She is an HS Assistant Clinical Professor of Pediatrics.

## Small Grants Program for Tobacco Research

The American Academy of Pediatrics (AAP) Richmond Center announces the New Investigator Small Grants Program, which provides up to \$12,000 for pediatricians and other child health researchers with innovative research proposals to protect children and eliminate exposure to secondhand tobacco smoke. Brief proposals are due March 16, 2009. Selected applicants then will be invited to submit full proposals by May 18th for awards to be made July 2009.

Please see: <http://www.aap.org/richmondcenter/fundingOpportunities.html>

## Fer-In-Sol Dosing Change

In September 2008, Fer-In-Sol Iron Supplement Drops introduced a new dropper and dosing instructions. This product has a new dropper that is marked 0.5 mL and 1.0 mL to provide 7.5 or 15.0 mg elemental iron, respectively, when used with the supplied bottle. Fer-In-Sol product produced prior to September 2008 uses a dropper marked 0.3 mL and 0.6 mL to provide 7.5 or 15 mg elemental iron, respectively, when used with the supplied bottle.

# DIVISION OF GENERAL PEDIATRICS QUARTERLY MEETING March 24, 2009 6:30 PM to 8:00 PM



Tentative speakers include Sam Hawgood, MB, BS.

The quarterly meeting will be held on

**Tuesday, March 24th at:**

**Laurel Heights Rm. 263**

3333 California Street

Time: 6:30 pm –8:00 pm.

Dinner is provided and CME will be credited.

Please **R.S.V.P. by Friday, March 13th** with Ms. Alex McConnell-Hill, [McConnell@peds.ucsf.edu](mailto:McConnell@peds.ucsf.edu) or call: 415-502-0940





# Current Postings

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## **OPEN SEARCH ASSISTANT/ASSOCIATE PROFESSOR OF PEDIATRICS-UCSF**

The Department of Pediatrics, University of California San Francisco (UCSF), seeks an experienced, board-certified pediatrician at the Assistant/Associate Clinical Professor level who demonstrates excellence in clinical pediatrics as well as clinical education. Clinical focus will include urgent care general pediatrics and some primary care in an academic hospital setting. UCSF seeks candidates whose experience, teaching, research and community service has prepared them to contribute to our commitment to diversity and excellence. General pediatrics fellowship training, or four years of equivalent clinical experience is required. Pediatric emergency medicine experience and training is desired, but not required. The University of California is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assume equal employment opportunity for underutilized minorities and women, for persons with disability, and for Vietnam-era veterans and special disabled persons.

Please send CV to:  
Chair, Search Committee  
Division of General Pediatrics,  
University of California, San Francisco  
3333 California Street, Suite # 245,  
San Francisco, CA 94118  
(415) 476-5473

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## **OPEN SEARCH CLINICIAN-RESEARCHER UCSF CHILDREN'S HOSPITAL**

The Division of General Pediatrics at the University of California, San Francisco (UCSF) is accepting applications for a faculty position. Successful candidates will have Board-Certification in pediatrics with fellowship training in health services research or academic general pediatrics. A demonstrated record of productivity and history of independent grant support is required. UCSF seeks candidates whose experience, teaching, research and community service has prepared them to contribute to our commitment to diversity and excellence.

The Department of Pediatrics at UCSF will provide facilities and support including protected time for research, mentoring, and access to world-class faculty. Clinical and teaching opportunities are available at UCSF Children's Hospital and the general pediatrics outpatient clinics. UCSF is an Equal Opportunity/Affirmative Action employer.

Please forward curriculum vitae and letter of interest to:  
Chair, Search Committee  
University of California, San Francisco  
3333 California Street, Laurel Heights Campus #245  
San Francisco, CA 94143-0503

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## **OPEN SEARCH PEDIATRIC PHYSICAL MEDICINE AND REHABILITATION SPECIALIST**

The Department of Pediatrics at the University of California, San Francisco, seeks a board certified/board eligible pediatric physiatrist. Eligible training includes PM&R residency followed by a pediatric rehabilitation fellowship or dual training in Pediatrics and PM&R, with or without a pediatric rehabilitation fellowship. The clinical focus will be consultation coverage for a four-bed comprehensive pediatric rehabilitation program at the UCSF Children's Hospital and pediatric rehabilitation outpatient clinics. Clinical education of residents and medical students is expected. Those individuals with specific interest in pediatric sports medicine and/or pain management are especially encouraged to apply. Individuals interested in programmatic development and/or research are also strongly encouraged to apply. Preference will be given to those with strong academic backgrounds and the desire to work with interdisciplinary teams.

The University of California is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for Vietnam-era veterans and special disabled veterans. UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

Please forward letter of interest and curriculum vitae to:  
Amy Houtrow, MD, MPH  
Medical Director of Pediatric Rehabilitation  
Department of Pediatrics  
University of California, San Francisco  
500 Parnassus Ave, Box 0136  
San Francisco, CA 94143  
E-mail: [houtrowa@peds.ucsf.edu](mailto:houtrowa@peds.ucsf.edu)

# March 12-13, 2009 Crede Lecturer: Steve Woolf, MD, MPH

From March 12 to 13, 2009 the Division of General Pediatrics will co-host the Crede Lecture. The 2009 Crede Lecturer will be Steven Woolf, MD, MPH Professor of Family Medicine, Epidemiology and Community Health at Virginia Commonwealth University.

## About Steve Woolf, MD, MPH



Dr. Woolf is a Professor at the Department of Family Medicine, Epidemiology and Community Health at Virginia Commonwealth University. Dr. Woolf has published more than 100 articles in a career that has focused on evidence-based medicine and the development of evidence-based clinical practice guidelines, with a special focus on preventive medicine, cancer screening, quality improvement, and social justice.

From 1987 to 2002 he served as science advisor to, and then member of, the U.S. Preventive Services task Force. Dr. Woolf edited the first two editions of the *Guide to Clinical Preventive Services* and is author of *Health Promotion and Disease Prevention in Clinical Practice*. He is associated editor of the *American Journal of Preventive Medicine* and served as North American editor of the *British Medical Journal*.

He has consulted widely on various matters of health policy with government agencies and professional organizations in the United States and Europe, and in 2001 was elected to the Institute of Medicine.

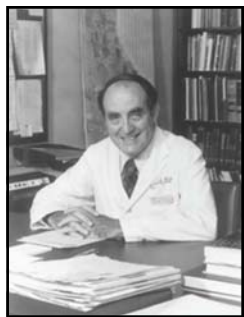
## Crede Lecture Events on Campus

Various events will be scheduled throughout the UCSF Campus in honor of the Crede Lecture.

**From 9:00am-10:00am, on Thursday, March 12, 2009, Dr. Woolf will present, "Improving the Delivery of Clinical Preventive Services: An Opportunity for Restoring Collaboration With Public Health and Community Resources" at the Crede Ambulatory Care Center, 4th Floor, Room A455**

**At 1:30pm on Thursday, March 12, 2009, Dr. Woolf will present, "Putting Social Determinants in Perspective for Policymakers" at the Seminar for the Center for Social Disparities on Health at the Laurel Heights Campus, 2nd Floor, Room 263.**

**At Noon on Friday, March 13, 2009 at Carr Auditorium at San Francisco General Hospital, Dr. Woolf will present, "The Meaning of Translational Research and Why it Matters" as part of a Symposium on Translational Research.**



## About Robert Crede, MD, MPH

The Crede Lectureship honors Robert Crede, MD, MPH Professor of Ambulatory Medicine at UCSF (1949 - 1989), who was a national champion of primary care. Dr. Crede developed comprehensive ambulatory medical services at UCSF and has also changed predoctoral and postdoctoral medical education to emphasize a comprehensive approach to all patient problems,

especially in the ambulatory setting. The honor of hosting The Crede Lecture is shared and rotated by the Departments of Medicine, Family and Community and Pediatrics.

Dr. Crede received his MD at UCSF in 1941 and was awarded the Gold Headed Cane at graduation. After serving as an intern at San Francisco General Hospital (1941-1942), he entered the U.S. Army for three years as a member of the 30th General Hospital. Dr. Crede returned to UCSF as a resident in Medicine (1947-1946) and later chief resident (1946-1947). From 1947 to 1949 he was a Commonwealth fellow in psychosomatic medicine at the University of Cincinnati. The comprehensive, bio-psychosocial model approach to patients learned during that fellowship had a significant effect on his subsequent professional life.

In 1949, Dr. Crede returned to UCSF on faculty in the Department of Medicine, and later also served as assistant dean (1955-1960) and associate dean (1960-1973). He became a full professor in 1960. From 1980 to 1986, Dr. Crede served as associate dean for academic

affairs. He elected emeritus status in 1986 but continued to be active in the school until 1989.

In 1965, Dr. Crede assumed responsibility for a major clinical service of the Department of Medicine when he became director of the Comprehensive Medical Clinics. Dr. Crede also established an autonomous Division of Ambulatory and Community Medicine (of the Department of Medicine). Again he employed a comprehensive solution in structuring the model academic unit and its educational programs, drawing on faculty and students from many disciplines. From its inception, the division of Ambulatory and Community Medicine (ACM) became a model care setting for the nation with its focus on primary medical care. Later, the division began a postdoctoral and postresidency fellowship in Ambulatory and Community Medicine. A series of bold new programs followed: a residency in General (primary care) Internal Medicine; a residency in General (primary care) Pediatrics (in the Department of Pediatrics); and a residency in Family Practice (at the San Francisco General Hospital). These training programs, developed under the leadership of Dr. Crede, were effectively husbanded by this dedicated, wise visionary in his capacity as honored and uncompromising academician, gentle, firm educator and careful, diplomatic statesman, but most of all as superb clinician and accessible and encouraging mentor.

In 1972, ambulatory clinical services moved into the new Ambulatory Care Center which Dr. Crede envisioned, planned, and helped set up. The building, renamed the Robert H. Crede Ambulatory Care Center in 1994 at the suggestion of Joseph Martin, chancellor of UCSF, stands today as a state-of-the-art clinical service center and as a tribute to a man who gave so much to the campus from 1949, when he joined the faculty, until 1989, when he finally retired.

# Recently Published By Faculty



**Bekmezian, A.**, Chung PJ, Yasdani S. "Standardized Admission Order Set Improves Perceived Quality of Pediatric Inpatient Care" *Journal of Hospital Medicine* 2009;4:90-96.

**BACKGROUND:** Few studies exist on the ability of standardized preprinted order forms to improve patient care. **OBJECTIVE:** To examine resident-perceived effects of introducing a pediatric admission order set (PAOS) on the quality of inpatient care. **DESIGN:** Cross-sectional study. **SETTING:** University of California, Los Angeles (UCLA) Children's Hospital, a nonprofit, tertiary-care teaching hospital and major referral center with approximately 3,000 admissions per year.

**PARTICIPANTS:** A total of 97 pediatric residents (PL-1, n = 34; PL-2, n = 33; and PL-3, n = 30) who did the vast majority of the inpatient admissions.

**MEASUREMENTS:** Residents were asked to rate the PAOS overall and with respect to 9 specific dimensions using a 5-point Likert scale.

**RESULTS:** Overall, 89% of respondents approved of the PAOS, 58% reported using it  $\geq 90\%$  of the time, and all said that they would recommend it to their colleagues.

Eighty-four percent thought that it improved inpatient care, and 75% thought that medical errors were reduced. Eighty-eight percent reported that the PAOS saved time; 93% said it was convenient; and most reported less need for clarification with secretaries (81%) and nurses (82%). In multivariate regression analyses, the only predictor of overall rating was whether the PAOS improved inpatient care ( $P = 0.04$ ). Improved patient care, meanwhile, was predicted by whether the PAOS was comprehensive ( $P = 0.01$ ), reduced medical errors ( $P = 0.01$ ), and required less clarification with nurses ( $P = 0.01$ ).

**CONCLUSIONS:** A standardized admission order set is a simple, low-cost intervention that residents believe may benefit patients by reducing medical errors and expediting high-quality care.

**Bekmezian, A.**, Gomperts, B. et al. "Developmental Delay, especially language, in a toddler" *Paediatr Child Health* 2008 Nov; 13(9): 775-778

An 18-month-old girl was first referred at eight months of age to a developmental centre because of general developmental delay. She was born after a normal pregnancy and delivery. Her birth weight was 3.7 kg, with Apgar scores of 9 and 10 at 1 min and 5 min, respectively. The neonatal period was uneventful. Her parents are nonconsanguineous and have two older healthy sons. There are no known individuals with developmental delay or mental retardation in the enlarged families of both parents.



Garber E, Desai M, Zhou J, Alba L, Angst D. **Cabana M**, Saiman L. Barriers to adherence to cystic fibrosis infection control guidelines. *Pediatr Pulmonol*. 2008; 43: 900-7.

From April 2004 to December 2005, a practice survey was administered to health care professionals (HCPs) at randomly selected CF centers in the United States to explore potential barriers to adherence to selected guidelines: (1) obtaining quarterly cultures from CF patients, (2) discouraging socialization among CF patients during hospitalization, (3) educating patients and families about hand hygiene, (4) educating patients and families to clean and disinfect home nebulizers, and (5) cleaning the clinic exam rooms between CF patients. The survey was completed by 528 HCPs from 25 sites (5-50 respondents per site). Only 60% of respondents were aware of the guidelines, but despite awareness, 31-47% were unfamiliar with the specific guidelines. Self-reported adherence was low; only 23-63% of respondents reported practicing the selected guidelines  $>75\%$  of the time/opportunities. Lack of self-efficacy was commonly experienced by respondents. Access to guidelines was associated with increased agreement with the recommendations and increased self-efficacy. Strategies to reduce barriers to adherence to CF infection control guidelines are needed. Strategies could include quality improvement initiatives with enhanced education and skills workshops, sharing successful interventions among CF centers, and linking adherence to improved patient outcomes.



**Madsen KA**, McCulloch CE, Crawford PB. Parent modeling: perceptions of parents' physical activity predict girls' activity throughout adolescence. *J Peds*. 2009; 154:278-83.

To determine whether parent modeling of physical activity (PA) has a differential impact on girls' PA by race, whether the association declines with time, and to assess the contribution of parent modeling to girls' activity relative to other potential predictors. Longitudinal examination of parent modeling's impact on future log transformed metabolic equivalents (log METs) of leisure-time PA in 1213 African-American and 1166 Caucasian girls in the National Heart, Lung, and Blood Institute Growth and Health Study, from age 9 to 10 years through 18 to 19 years, using linear regression. Girls' perceptions of parent modeling significantly predicted future log METs in each study year; associations remained stable with time and were similar by race. Girls' perception of parent PA better predicted girl log METs than did parent self-report. On average, girls reporting that their parents exercised  $> \text{or} = 3 \times / \text{week}$  were about 50% more active than girls with sedentary parents. Girls' perception of parent activity predicts PA for girls throughout adolescence, despite age-associated decreases in PA. We did not find differences in this association by race. Interventions designed to increase parental activity may improve parent health, positively influence daughters' activity, and begin to address disparities in cardiovascular health.

# Dénouement

## A 13 month-old with discoloration of the buttocks

(continued from page 1...)

The next morning, the rash evolved in appearance, becoming less purpuric and more vesicular, with rougher texture, appearing inflamed. The most intense area of redness involved plaques in the left upper corner of the left buttocks where the distinct outline of square-shaped corners could be seen. (See picture). The lesion was blanching except in the darkest areas of redness. A single pustule remained in the lower right buttock fold. New, multiple pseudovesicles were present, overlying the plaques and patches. The baby was started on cephalixin due to suspicion of staphylococcal infection. On recommendation of the child abuse team, dermatology was consulted and performed a punch biopsy of the lesion. The baby was prescribed hydrocortisone ointment to apply to the lesion.

The suspicion of non-accidental trauma in this case was based on the suspicious pattern of the lesion: a distinct, well demarcated, linear corners of the lesion that resembled a possible imprint and the purpuric bruise-like appearance upon presentation. As the lesion progressed, and rash became more textured and deeply red, a burn was considered as a possible cause. However, the appropriateness of the mother, consistency of the story, the accompanying fever and leukocytosis, and the remainder of the physical exam and history certainly made child abuse less likely.

Child physical abuse commonly presents to medical attention with cutaneous findings. Burns, most commonly scalds, comprise 5-22% of the injuries.<sup>1</sup> Primary care pediatricians should examine children thoroughly, and be sure to remove all clothing for physical exams. In non-mobile infants bruises are always suspicious. Pattern injuries are always concerning. It is important to examine patients in the area behind the ears and in the mouth, as these are locations where abusive lesions might be missed. Bruising of the buttocks of a child is generally suspicious.

Primary care pediatricians should be aware of conditions with cutaneous manifestations that may mimic child abuse. Several of these are listed in the table below. It is important to be aware of the wide range of differential diagnoses for skin lesions that may mimic child abuse.<sup>2</sup>

The pathology report from the biopsy suggested the diagnosis of **Sweet Syndrome**, a rare febrile neutrophilic dermatosis seen mainly in adults, with infrequent reports in children.

Less than fifty cases have been reported in children in the United States since first being described in 1964. Sweet syndrome typically appears as red or purple-red papules, nodules, and plaques, rarely with pustules. Therefore, the appearance of this child's disease was atypical, making such a diagnosis nearly impossible without confirmatory pathology. The pathogenesis of Sweet syndrome remains unclear but is thought to be a hypersensitivity reaction due to its association with infections, drugs, malignancy, autoimmune diseases, and inflammatory bowel disease. This disease typically presents, along with the above described skin lesions, with fever, leukocytosis, and a dermal infiltrate of neutrophils on histology.<sup>3,4</sup> The patient was followed by dermatology for possible cancer or other underlying systemic diseases, but has been healthy since.

When presented with lesions suspicious for bruises or burns, it is important to consider and rule out other possible causes, even if CPS is initially contacted per mandated reporting required with by state laws. In this case, continued medical investigation, along with assistance from colleagues in the Department of Dermatology, led to identification of a rare disease.

Some Conditions with Manifestations Resembling Child Abuse	
<b>Bruises:</b>	
Henoch-Schonlein Purpura	
ITP/Coagulopathies	
(Von Willebrand's Disease, Hemophilias, Vitamin K deficiency)	
'Mongolian' spots	Dye/pigment from clothing
Contact dermatitis (including diaper)	Allergic reactions
Accidental bruising from playing/falling	Coining/Cupping
Vasculitis	
<b>Burns:</b>	
Bullous Impetigo	Phytophotodermatitis
Staphylococcal Scalded Skin Syndrome	Maqua
Incontinentia Pigmenti	Epidermolysis Bullosa
Contact dermatitis (including diaper)	Accidental burn
Laxitive burns	

**References:**

1. Kos, L, Shwayder, T: Cutaneous Manifestations of Child Abuse. *Pediatric Dermatology* 2006; 23(4):311-320.
2. Scales J, Fleischer AB, Sinal SH, et al.: Skin lesions that mimic abuse. *Contemp Pediatrics* 1999;16(1):136-47.
3. Cohen, PR: Sweet's syndrome – a comprehensive review of an acute febrile neutrophilic dermatosis. *Orphanet J Rare Dis.* 2007; 2: 34. Published online 2007 July 26. doi: 10.1186/1750-1172-2-34.
4. Herron, MD, Coffin, CM, Vanderhooft, SL: Sweet Syndrome in Two Children. *Pediatric Dermatology* 2005; 22(6) 525–529.



**About the Author:** Chris Stewart, MD, MA received his MD from Harvard and has a Masters in Asian History from Keio University in Tokyo, Japan. He completed his residency and Chief Residency at UCSF. He is the Director of the Inpatient Service at San Francisco General Hospital and the Director of the Global Health Clinical Scholars Program. He is a member of the Child and Adolescent Support Advocacy and Resource Center (CASARC). His clinical research is focused on the detection of child abuse, as well as teaching recognition and management to residents and medical school students. He is an HS Clinical Assistant Professor of Pediatrics.



# Upcoming Meetings of Interest

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- March 4, 2009** **Work-In-Progress Sessions:** Presenter: Katie Zuckerman, MD Topic: Health Disparities. Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- March 11, 2009** **Work-In-Progress Sessions:** Presenter: Madonna Carmel . Topic: “Survey administration and Data Collection” Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- March 12-13, 2009** **2009 Crede Lecture Events:** Presenter; Steve Woolf, MD, MPH (Please see page 5 for details)
- March 18, 2009** **Work-In-Progress Sessions:** Presenter: Megumi Okumura, MD Topic: “Issues in access to health care for young adults with special health care needs” Location: LHTS Room 263 from 11:00am to 12:00pm. Lunch is provided. CME credited.
- March 25, 2009** **Work-In-Progress Sessions:** Presenter: Adam Hersh, MD, PhD Topic: “Use of Antimicrobial Stewardship Programs in Pediatrics: Results From a Nationwide Survey” Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- April 1, 2009** **Work-In-Progress Sessions:** Presenter: Naomi Bardach, MD Topic: “Public Reporting and Pay-for-Performance in Pediatrics” Location: LHTS Room 263 from 11:00am to 12:00pm. Lunch is provided. CME credited.
- April 8, 2009** **Work-In-Progress Sessions:** Presenter: Kate Schoen Topic: “Speaking to the Press about your Published Study” Location: LHTS Room 263 from 11:00am to 12:00pm. Lunch is provided.
- April 15, 2009** **PAS Meeting Practice Session:** Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- April 29, 2009** **PAS Meeting Practice Session:** Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- May 2-5, 2009** **Pediatric Academic Societies’ Annual Meeting:** Location: Baltimore, Maryland. Information: <http://www.pas-meeting.org/2009Baltimore/default.asp>



3333 California Street, Suite #245  
San Francisco, CA 94118  
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