A 5-year-old child, who has had increasing tiredness with physical activity over the past several months, is admitted for progressive respiratory distress and fever. On physical examination, the child has pronounced facial weakness with bilateral ptosis, diplopia, and weakness of the proximal muscles; diminished but present reflexes; and a temperature of 38.9°C. His chest radiograph shows a right lower lobe infiltrate. His mother reports that he has had a “reaction” to cephalosporin in the past. You initiate therapy with ampicillin and gentamicin for presumed pneumonia and order a neurology consultation. One hour later, you are called emergently to the child’s bedside for respiratory arrest. The child exhibits apnea, and his airway is being maintained easily with bag-valve-mask ventilation.

Of the following, the MOST likely explanation for the exacerbation in this child’s condition is

A. acute exacerbation of Werdnig-Hoffman disease
B. elevation in intracranial pressure from an infiltrating brainstem
C. exacerbation of myasthenia gravis due to aminoglycoside administration
D. probable allergic reaction to ampicillin
E. progression of Guillain-Barré syndrome to involve the respiratory muscles

Answer on page 22

Somebody asked: “You’re a Doctor? How much do you make?”

I replied: “HOW MUCH DO I MAKE?”...
I can make holding your hand seem like the most important thing in the world when you’re scared...
I can make your child breathe when they stop...
I can help your father survive a heart attack...
I can make myself get up at 4 am to make sure your mother has the medicine she needs to live...and I will work straight through until 4 am to keep her alive and start the day all over again!
I work all day to save the lives of strangers...
I will drop everything and run a code blue for hours trying to keep you alive!!!
I make my family wait for dinner until I know your family member is taken care of...
I make myself skip lunch so that I can make sure that everything I did for your wife today was correct...
I work weekends and holidays and all through the night because people don’t just get sick Monday through Saturday and during normal working hours.
Today, I might save your life.
How much do I make?
All I know is, I make a difference.

By
Subrahmanyan Karuturi, M.D.
Founder & Doctor-in-Chief
www.DoctorsHangout.com - A Social Network for Doctors
First Tuesday a Great First Exposure to the Politics of Healthcare  
(Continued)

regarding graduate medical education (GME) funding. Increasing the number of future residency positions will be important since the number of medical students graduating from Texas medical schools is increasing every year without a proportional increase in residency positions.

Regarding the actual meetings, when we spoke to the representatives they were very receptive to what we had to say, and they all seemed aware of all of the issues and pending legislation that might affect us. Reflecting on his experience at First Tuesday Zavala opined, “As a first year medical student, by far the most valuable thing I learned is that I want to be involved in the decision making process; whether it is voicing my concern to our state representatives or making decisions. Healthcare is always a topic that will have opposing views and as I have recently seen, it is also a doctor’s job to understand the politics and aim at helping people through the means of legislature, which can have tremendous impact over the manner practice is performed in different regions of the state.” First Tuesday did a great job of allowing medical students to express our needs to politicians who help decide how the limited government resources will be divided.

Because this event was during the school week, we all missed attending lecture for the days we were gone. However, we learned aspects of medicine not taught in the classroom during this trip as well as gained valuable life experiences. Suffice it to say our involvement in this event will help us become better doctors in the end.

As future doctors, the political decisions of today affect how we will be trained and how we will practice in the future. I am glad that at TTUHSC Paul L. Foster School of Medicine we have students getting involved and working to make sure we maximize our future potential to succeed. It is only every other year that we get this opportunity, and I hope our school can make another visit in two years’ time.

Chris Prompuntagorn, MSII, Medical Student, Texas Tech University Health Sciences Center - Paul L. Foster School of Medicine.

An Unusual Case of Apnea in a 3 Year Old  
(Continued)

C: Myasthenia gravis is an autoimmune disorder of peripheral nerves that affects transmission at the neuromuscular junction and is characterized by decremental repetitive nerve conduction and a positive response to neostigmine. The central defect is the formation of antibodies against acetylcholine (ACh) nicotinic postsynaptic receptors at the myoneural junction. This directly results in reduced receptor availability and a characteristic pattern of weakness and decreasing muscle strength with repeated use. Rest allows more receptors to become available, and recovery of muscle strength after rest is a hallmark of the disease. The disease most commonly affects the ocular and bulbar muscles, with ptosis or diplopia being the presenting signs in most cases, as described for the child in the vignette. Generalized weakness frequently is present as well and may include the respiratory muscles, creating a true emergency. If the respiratory muscles are affected, the gag reflex may be absent, creating conditions for aspiration pneumonia.

The acuity of the child’s presentation and presence of reflexes rules out Guillain-Barre syndrome. Although infiltrating brainstem lesions and other mass lesions can cause multiple cranial neuropathies, they rarely are symmetric and do not cause proximal weakness. The ease with which the child’s airway is secured suggests that an allergic or anaphylactic reaction is unlikely. Werdnig-Hoffman disease is a hereditary form of spinal muscular atrophy that presents in infancy and rarely affects eye movements.

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