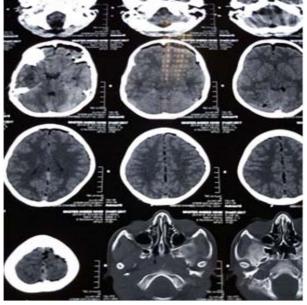
Pictorial Quiz

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An eleven years old male child, completely vaccinated, resident of Orangi town, shifted from neurosurgery emergency to the paediatric intensive care unit (PICU) with a history of fall from a height of 6 to 8 feet about two hours prior. The child was bleeding from the mouth (fresh blood), about 1 teaspoon in quantity, and had two episodes of vomiting about half a cup in quantity, containing blood clots, along with drowsiness. On examination, the child was of average height and built, having le-

sions on right lower lip, lying on the bed with the following vitals; heart rate of 120/min, respiratory rate of 26/min, blood pressure of 90/70 mmHg (between 25th-75th percentile) and afebrile. Anthropometric measurements showed that the weight was 26 kg (<5th centile) and the height was 136 cm (between 10th-25th percentile). Throat was normal, no ear discharge, but clear discharge from nasal cavity. No cyanosis, clubbing, oedema, lymphadenopathy or dehydration. Central nervous system examination



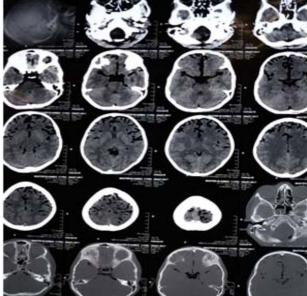


Fig. 1 and 2. CT scan brain

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Date of Submission: 16th August 2017 Date of Acceptance: 12th September 2017 showed that his Glasgow Coma Score was 15/15, pupils were bilateral and equally reactive to light, fundus copy was normal, tone was normal in all four limbs, power was 5/5, reflexes normal and planters down going. Rest of the systemic examina-

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tion was normal. On investigation haemoglobin was 9g/dl, total leukocyte count was 4.6x10^{A9}/L, differential leukocyte count showed that neutrophils were 67%, lymphocytes 29%, platelets 356x10^{A9}/L. Urea

was 11 mg/dl, creatinine 0.8 mg/dl, sodium 142 mEq/l, potassium 3.9 mEq/l, bicarbonate 23 mEq/l, chloride 115 mEq/l. Computed tomography (CT) scan was done which is given in Fig. 1 and 2.

Q.1: What is your diagnosis?

- A. Skull fracture
- B. Cerebral contusion
- C. Pneumocephalus

Q.2: What would be the most serious complication?

- A. Shock
- B. Hypertension
- C. Meningitis

Q.3: What would be the treatment strategy for this case?

- A. Conservative management
- B. Surgical management
- C. Conservative and surgical management both

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