VisualDX
視覺化臨床決策系統

飛資得企業 李紹廸

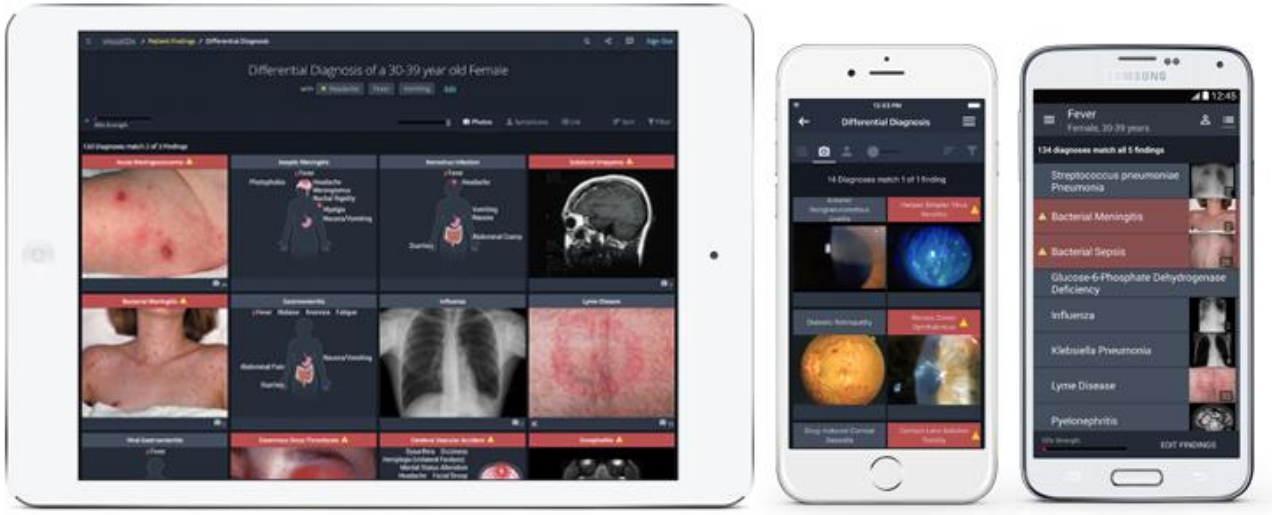
shaoti@flysheet.com.tw

Wolters Kluwer

關於VisualDx

- VisualDx是一個支援臨床診斷決策的線上系統，能夠有效提升診斷準確性，輔助醫療決策，加強病患安全

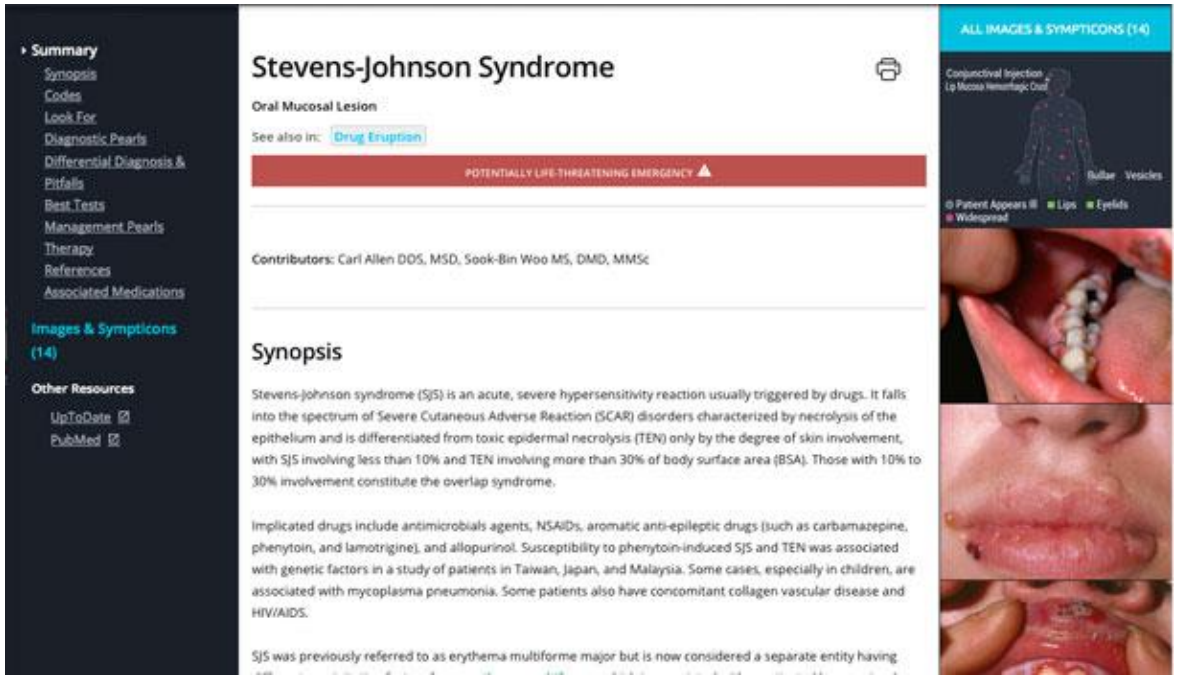
- 使用Visual Dx可以:
  - 獲取專業的醫學知識
  - 辨識疾病的多元性變化
  - 察覺藥物副作用徵兆
  - 增進病患衛教品質
  - 有助於快速、準確的臨床決策



VisualDX特色

- VisualDx中所有文字內容均由醫學各領域專家撰寫，並由醫學圖書館員或醫學編輯進行評議和覆核，以確保全部資訊準確和時效性。

- 涵蓋超過2,800種疾病，提供超過 40,000張圖片，VisualDx提供詳細的疾病、症狀和醫療圖片等資訊，展示了疾病各種變異，以幫助醫護人員辨別並解決各種診療病例。



visualDx

開始使用 VisualDX

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Wolt

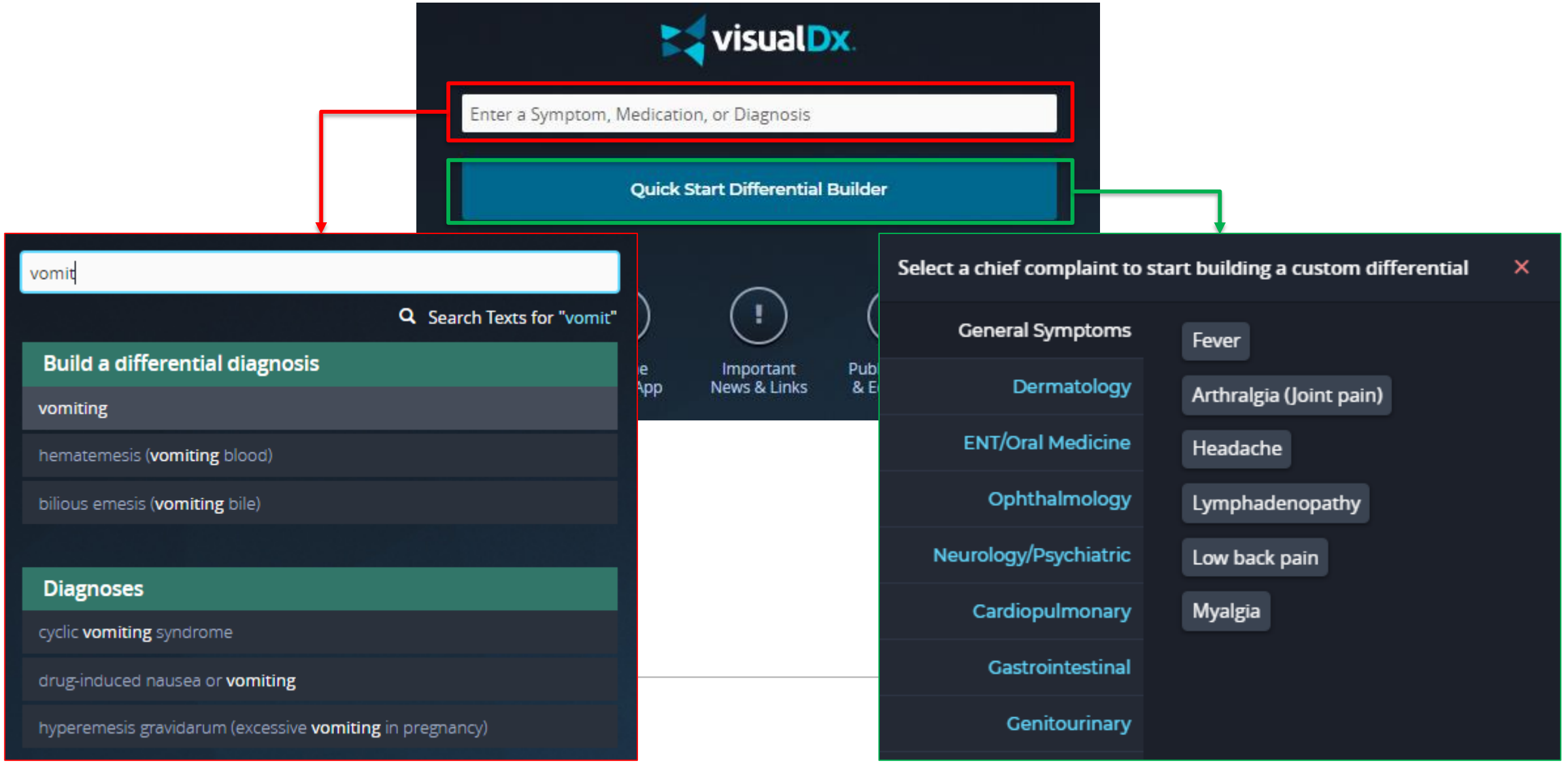
自動偵測使用語文介面

- 語言設定
  - 第一次使用自動偵測系統使用語言
  - 若更改顯示語言，在未清除cookie下可保存設定
- 依語文介面不同輸入對應語文查詢
- 使用中可隨時更換顯示語言

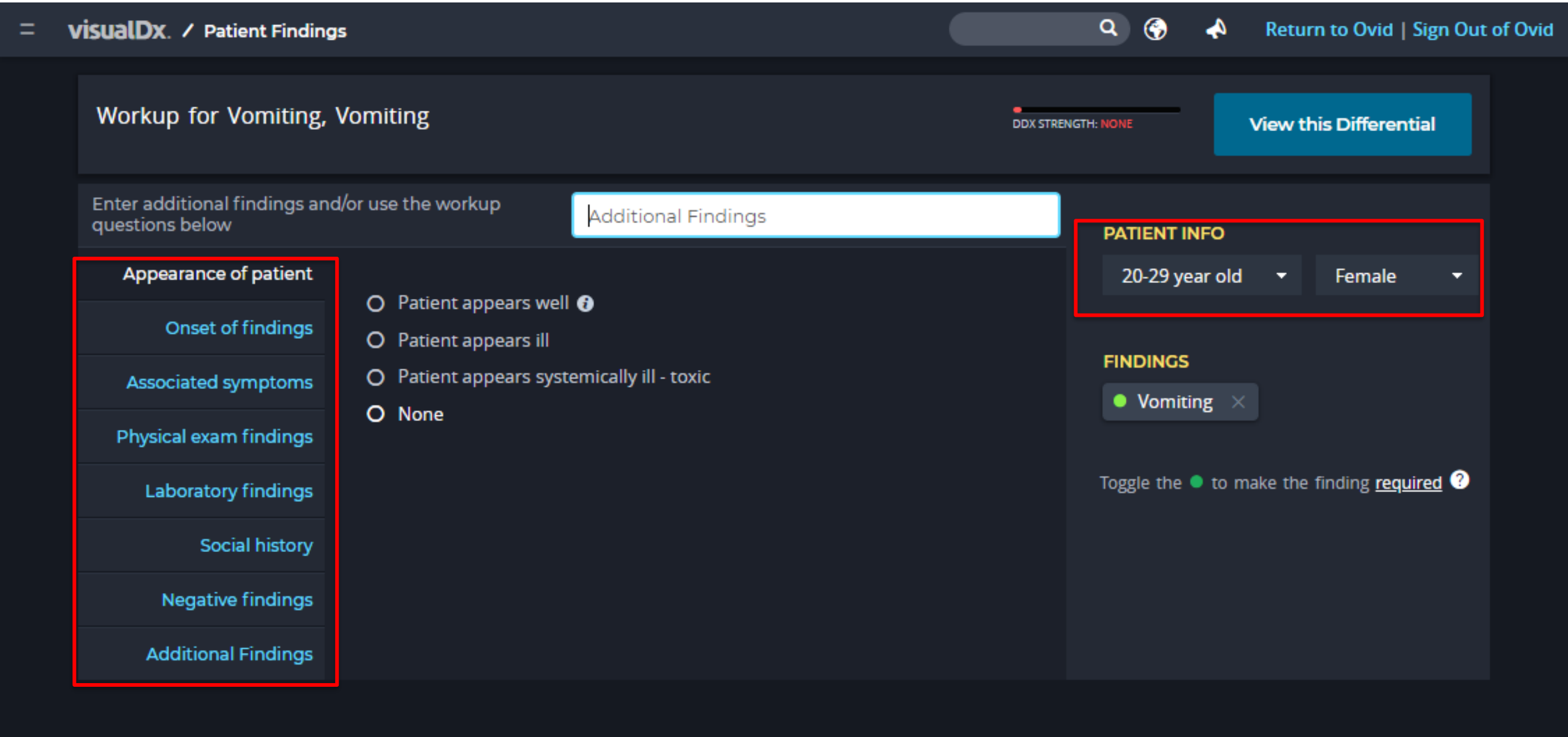
病患主訴

- Vomiting 嘔吐
- Developed acutely 急性發作
- Fever 發燒
- Headache 頭疼
- Diarrhea 腹瀉
- Contaminated food exposure 被汙染的食物

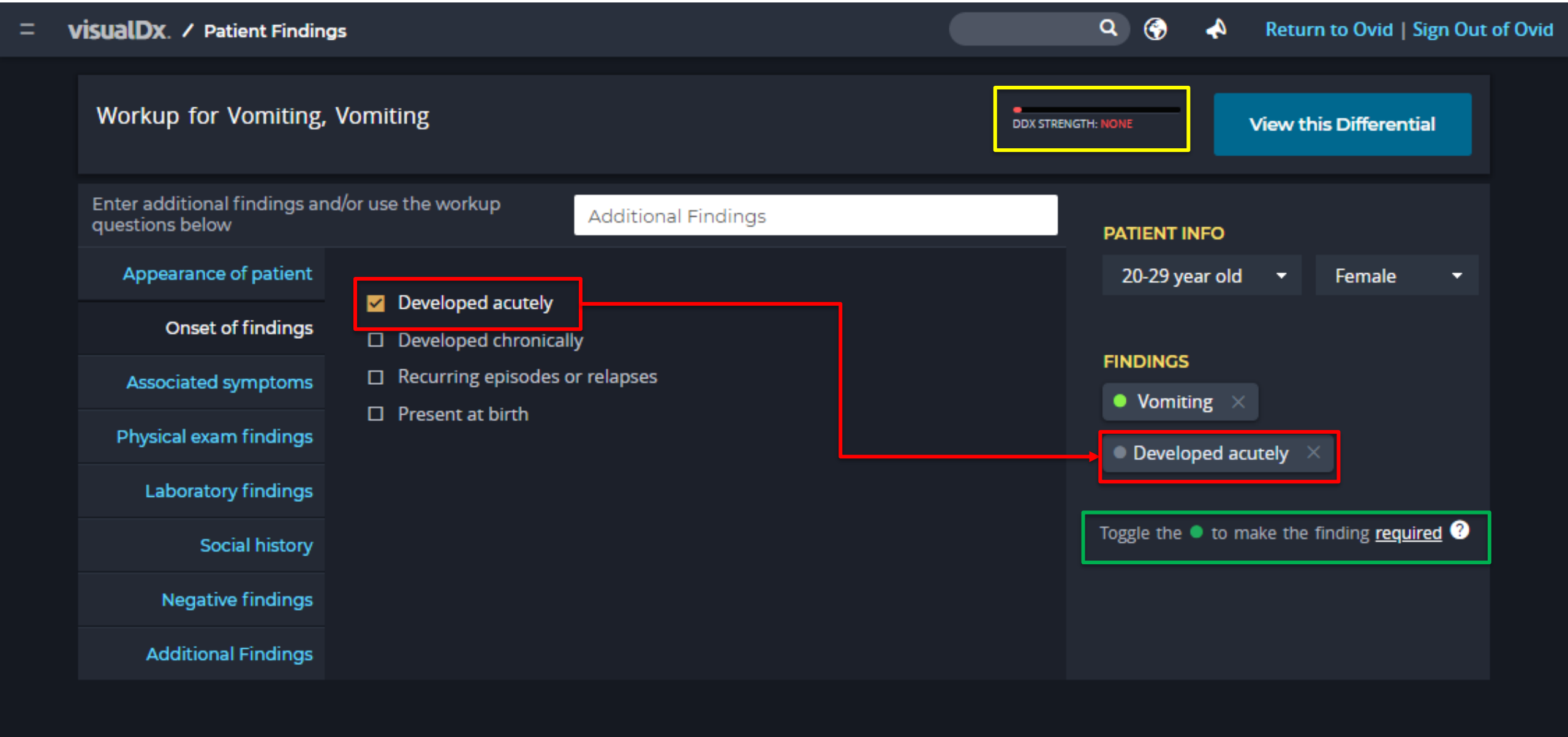
1. 輸入主要症狀或病徵


visualDx
Enter a Symptom, Medication, or Diagnosis
Quick Start Differential Builder
vomit
Search Texts for "vomit"
Build a differential diagnosis
vomiting
hematemesis (vomiting blood)
bilious emesis (vomiting bile)
Diagnoses
cyclic vomiting syndrome
drug-induced nausea or vomiting
hyperemesis gravidarum (excessive vomiting in pregnancy)
Important News & Links
Select a chief complaint to start building a custom differential
General Symptoms
Dermatology
ENT/Oral Medicine
Ophthalmology
Neurology/Psychiatric
Cardiopulmonary
Gastrointestinal
Genitourinary
Fever
Arthralgia (Joint pain)
Headache
Lymphadenopathy
Low back pain
Myalgia

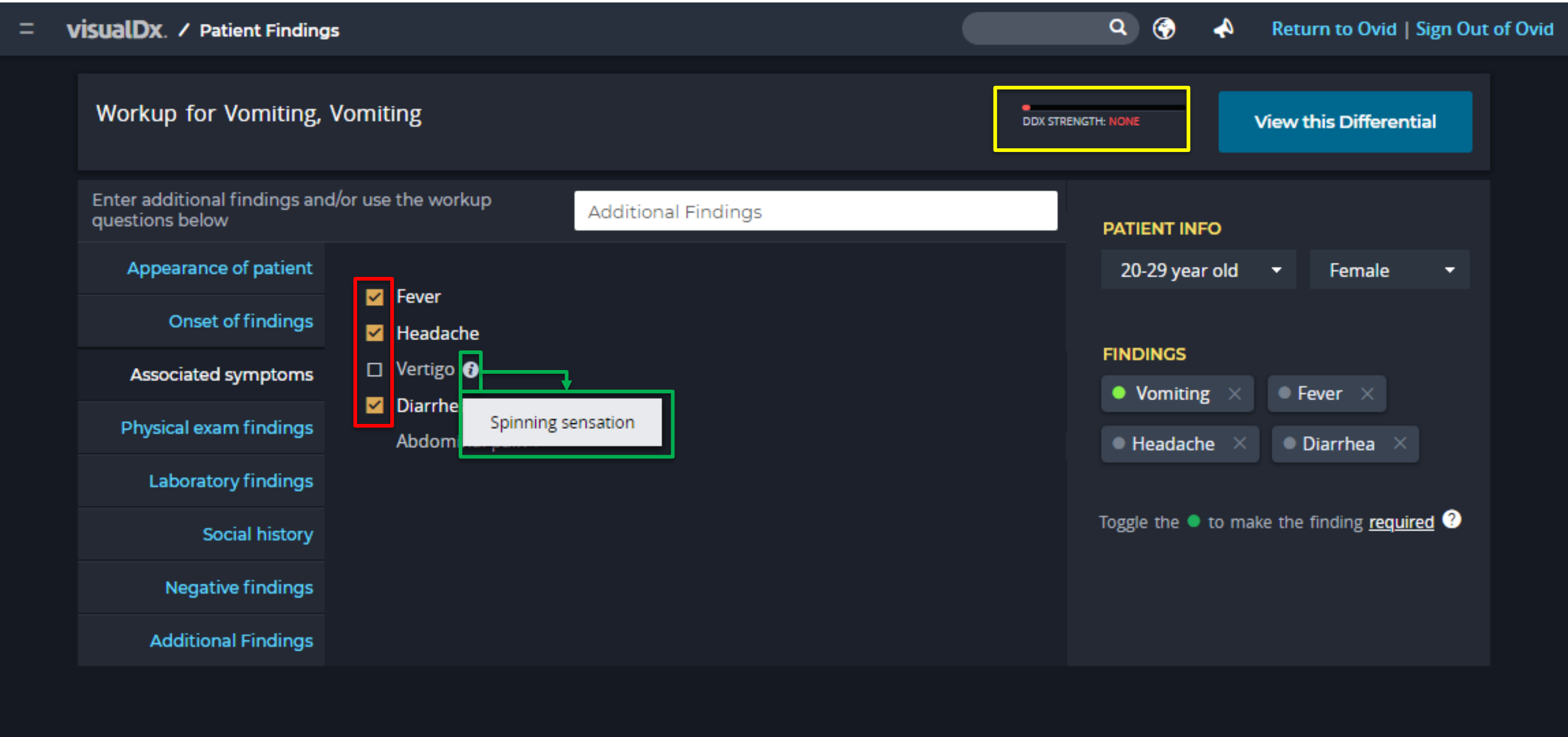
2. 確認病患資訊及相關檢查



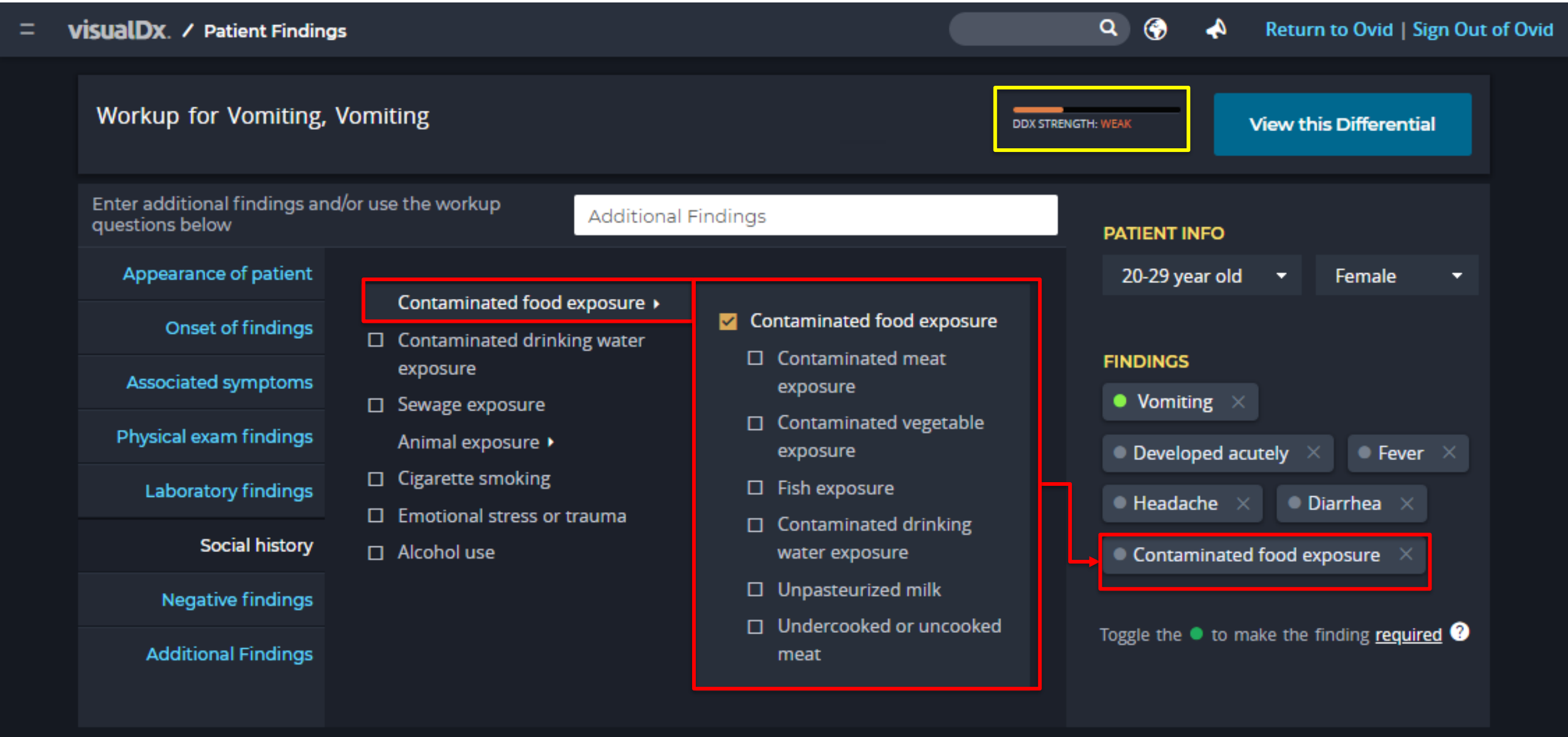
3. 依序輸入病患相關症狀：發病時間



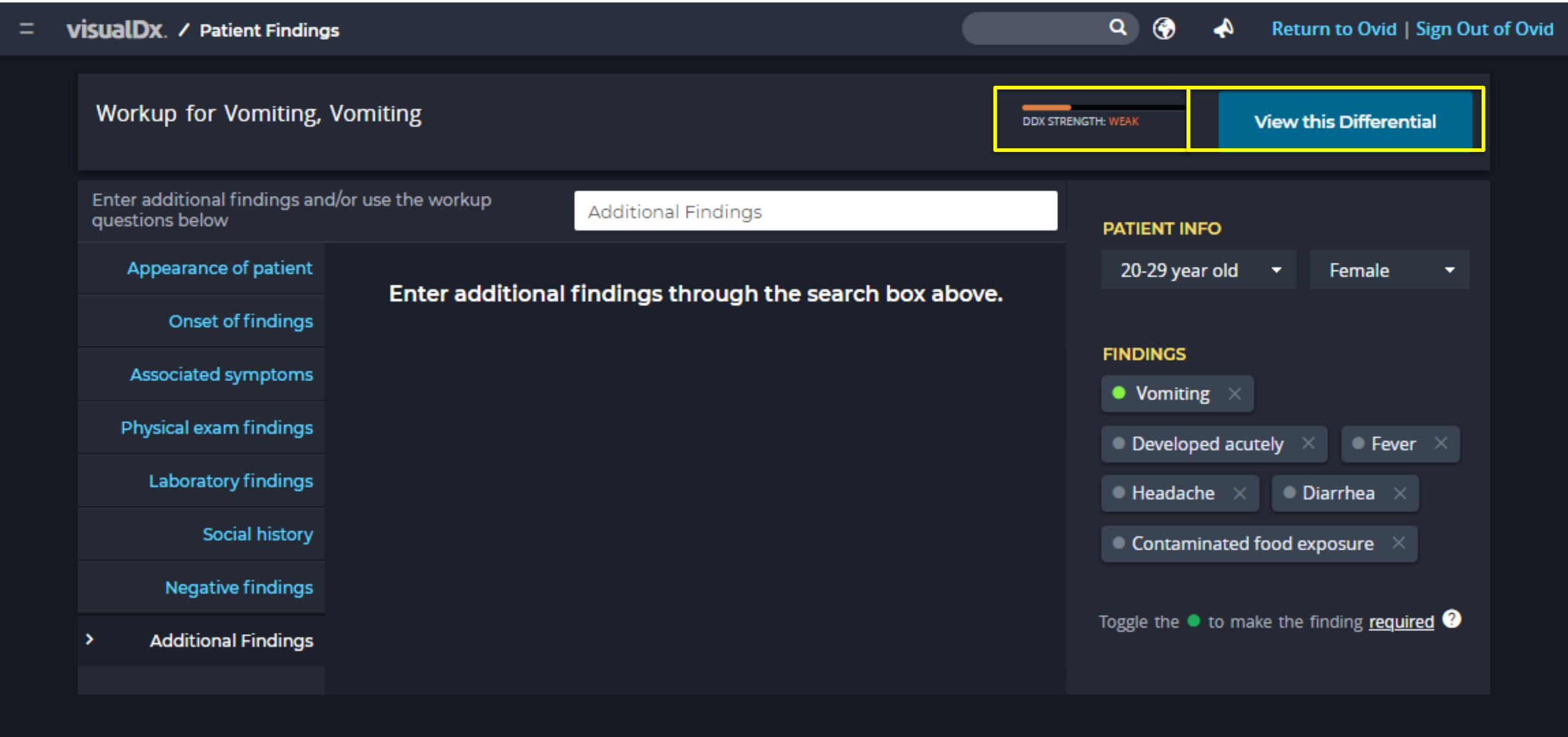
3. 依序輸入病患相關症狀：相關症狀



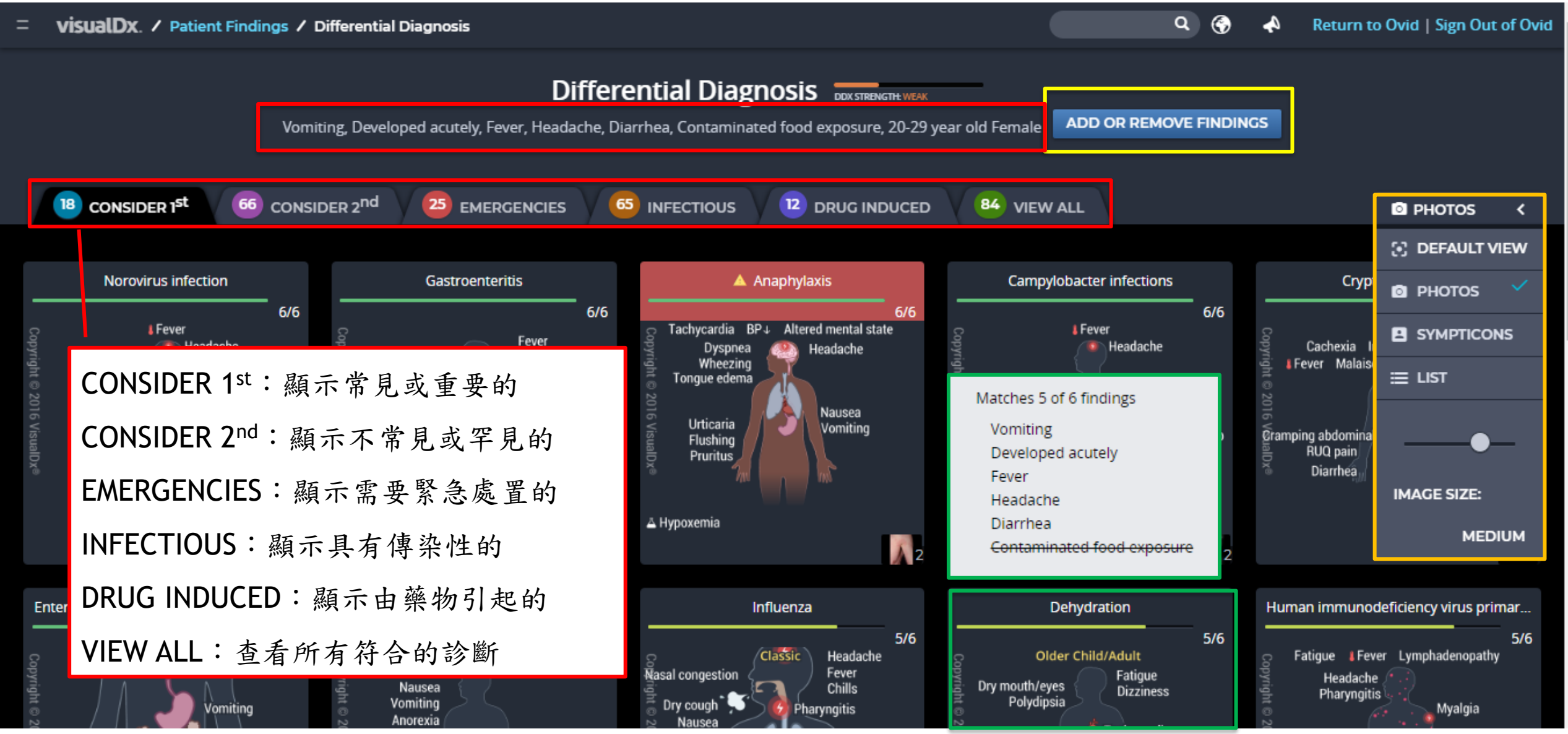
3. 依序輸入病患相關症狀：社交歷史



4. DDX Strength 鑑別診斷強度



5. 顯示診斷結果、符合病徵並可篩選瀏覽格式



CONSIDER 1st：顯示常見或重要的

CONSIDER 2nd：顯示不常見或罕見的

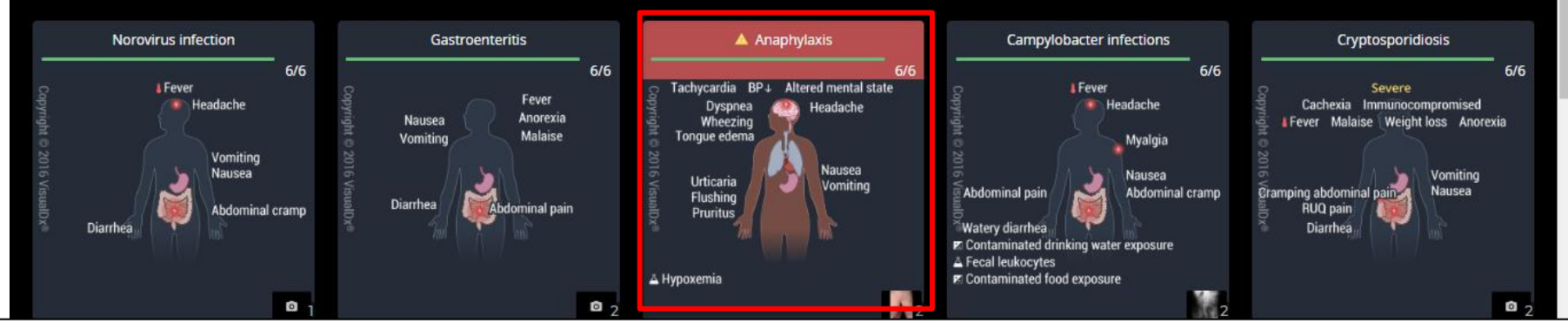
EMERGENCIES：顯示需要緊急處置的

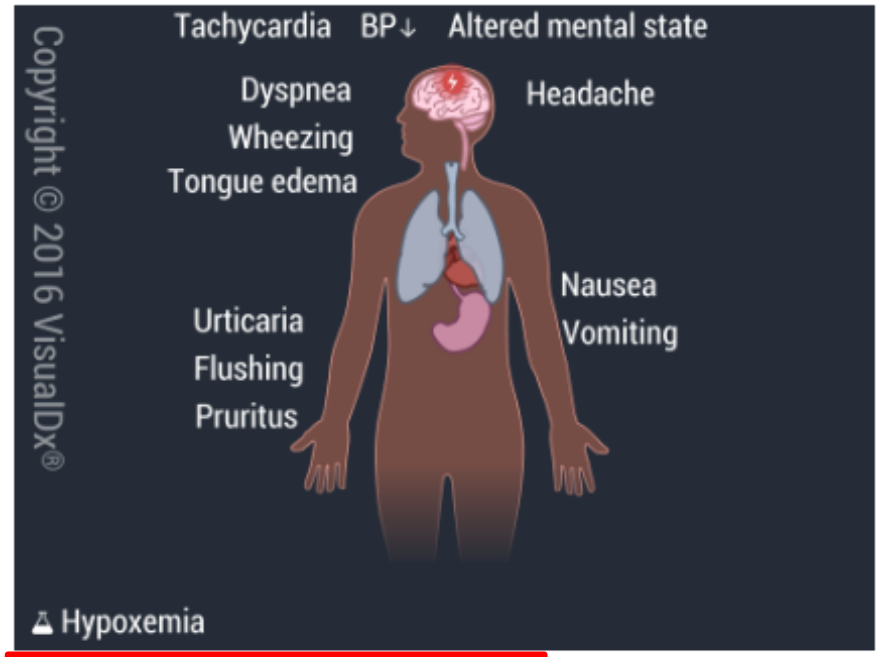
INFECTIOUS：顯示具有傳染性的

DRUG INDUCED：顯示由藥物引起的

VIEW ALL：查看所有符合的診斷

6. 檢視判斷





Anaphylaxis ⚠

POTENTIALLY LIFE-THREATENING EMERGENCY
VERY COMMON - IMPORTANT

Anaphylaxis is an acute allergic reaction or hypersensitivity response that is a medical emergency. Eighty to ninety percent of cases involve sudden-onset cutaneous changes (pruritus, flushing, hives, and swelling of mouth, lips, tongue). Sudden onset of respiratory compromise or sudden drop in blood pressure with end-organ symptoms can occur and often present in a person with no prior history of severe reaction. Other findings are headache, periorbital edema, hypoxemia, dyspnea, hypotonia, tachycardia, altered mental state, wheezing, nausea, and vomiting. Anaphylactoid reactions mimic anaphylactic reactions but are not IgE mediated and occur without sensitization, as the offending trigger causes direct mast cell and basophil activation.

More

See Full Article

Other Resources:

UpToDate PubMed

Matches 6 of 6 findings: Edit findings

Vomiting ✓ | Developed acutely ✓ | Fever ✓ | Headache ✓ | Diarrhea ✓ | Contaminated food exposure ✓

7. 詳細的診斷及處置建議

visualDx / Patient Findings / Differential Diagnosis / Anaphylaxis

Return to Ovid | Sign Out of Ovid

Contents

- Synopsis
- Codes
- Look For
- Diagnostic Pearls
- Differential Diagnosis & Pitfalls
- Best Tests
- Management Pearls
- Therapy
- Drug Reaction Data
- References

View all Images (2)

Other Resources

- UpToDate
- PubMed

POTENTIALLY LIFE-THREATENING EMERGENCY

Anaphylaxis

Print

Images (2)

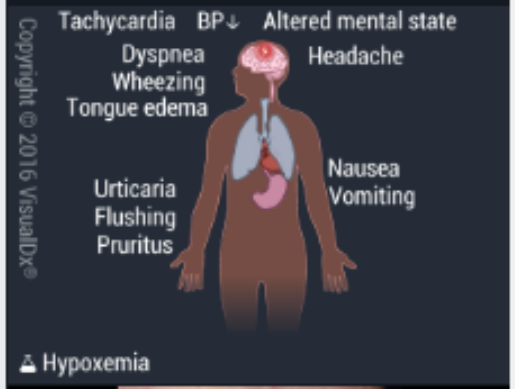
Contributors: Mary Anne Morgan MD, Paritosh Prasad MD

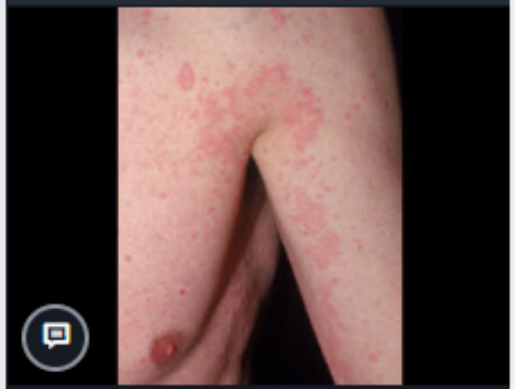
Synopsis

Anaphylaxis is an acute allergic reaction or hypersensitivity response that may be fatal within minutes and is a medical emergency. Eighty to ninety percent of cases involve sudden-onset cutaneous changes (pruritus, flushing, hives, and swelling of mouth, lips, and tongue). These skin findings may present with sudden onset of respiratory compromise or sudden drop in blood pressure with end-organ symptoms, and often present in a person with no prior history of severe reaction. Gastrointestinal (GI) symptoms indicate a likely allergen exposure. Other signs and symptoms include headache, periorbital edema, hypoxemia, dyspnea, hypotonia, tachycardia, altered mental state, wheezing, nausea, and vomiting.

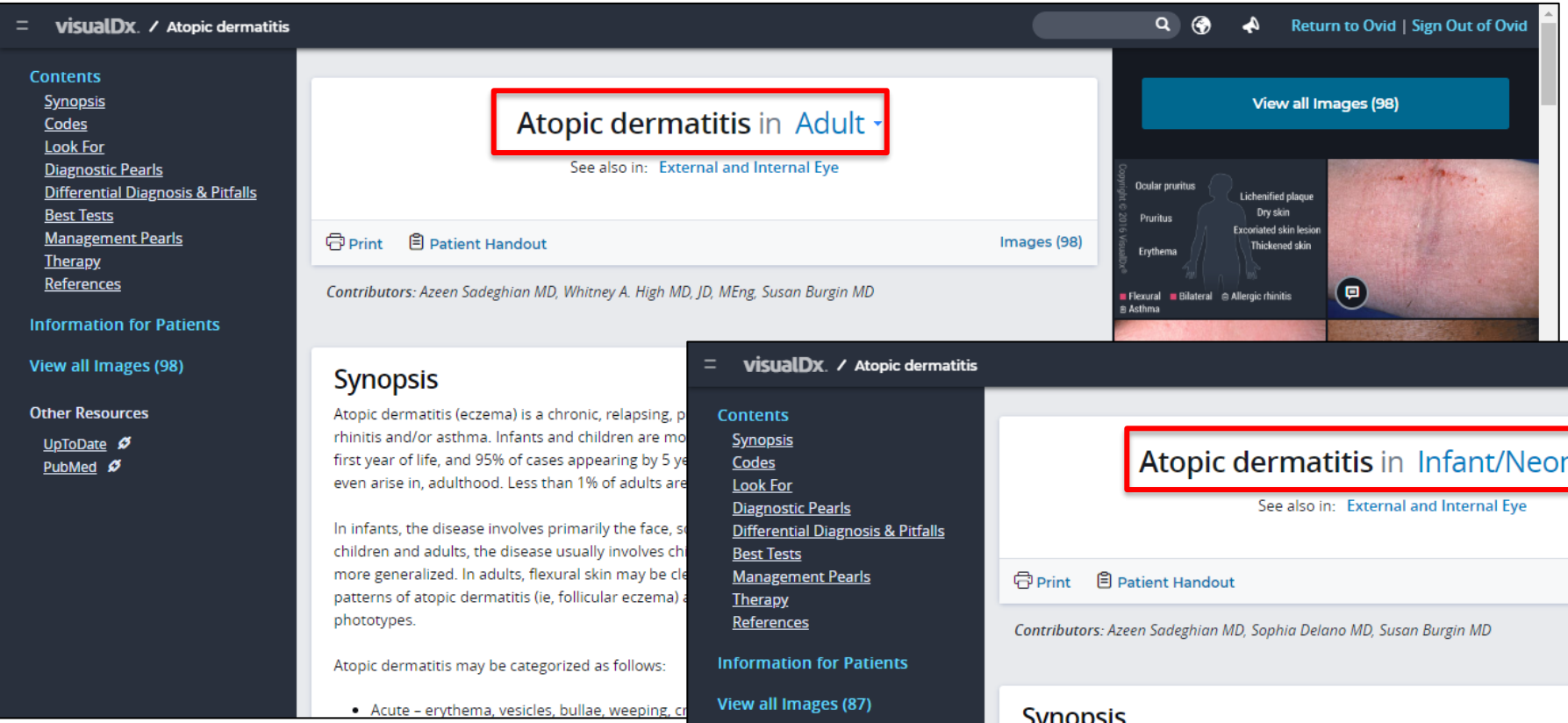
Foods and additives, inhalants, insect stings, and medications may be triggers. Pathogenesis

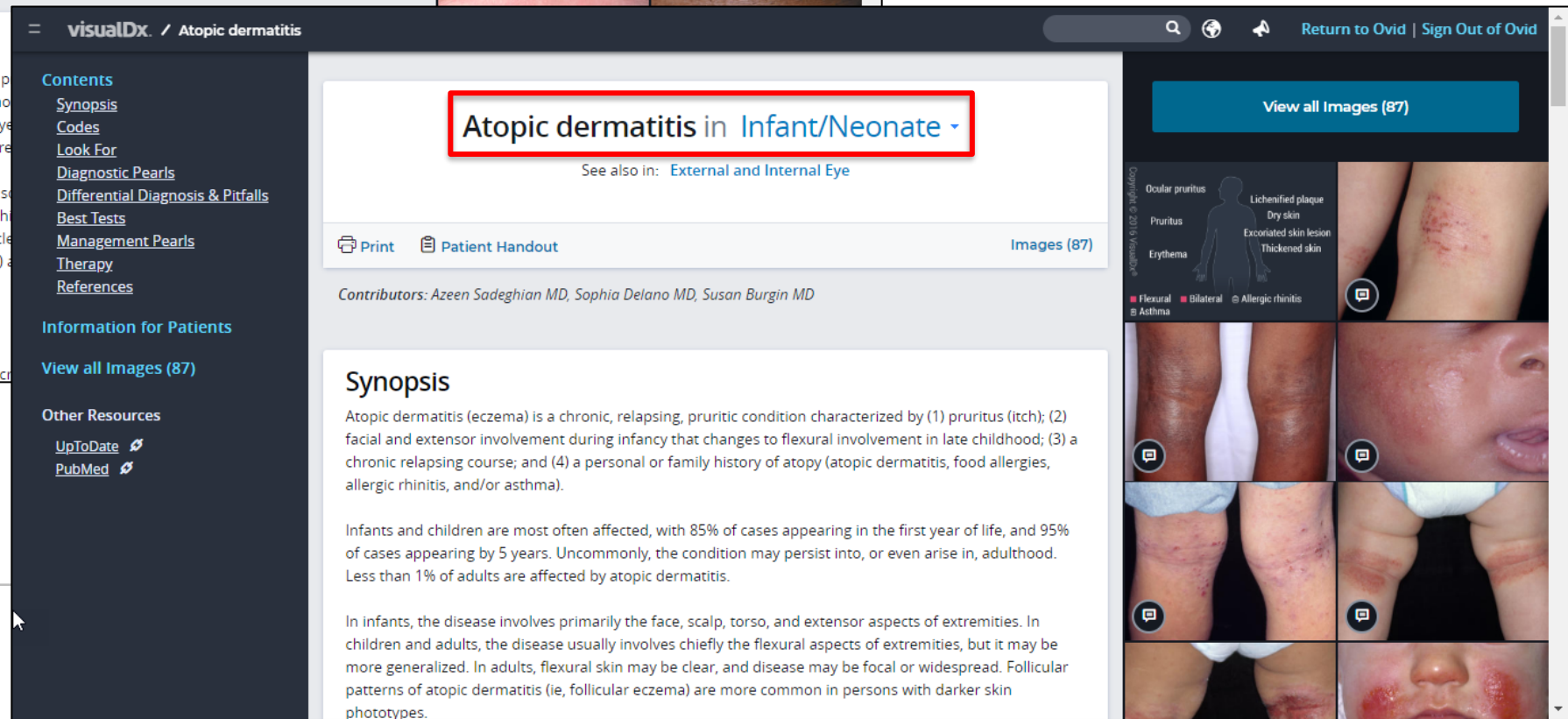
View all Images (2)





7. 詳細的診斷及處置建議：依年齡層提供





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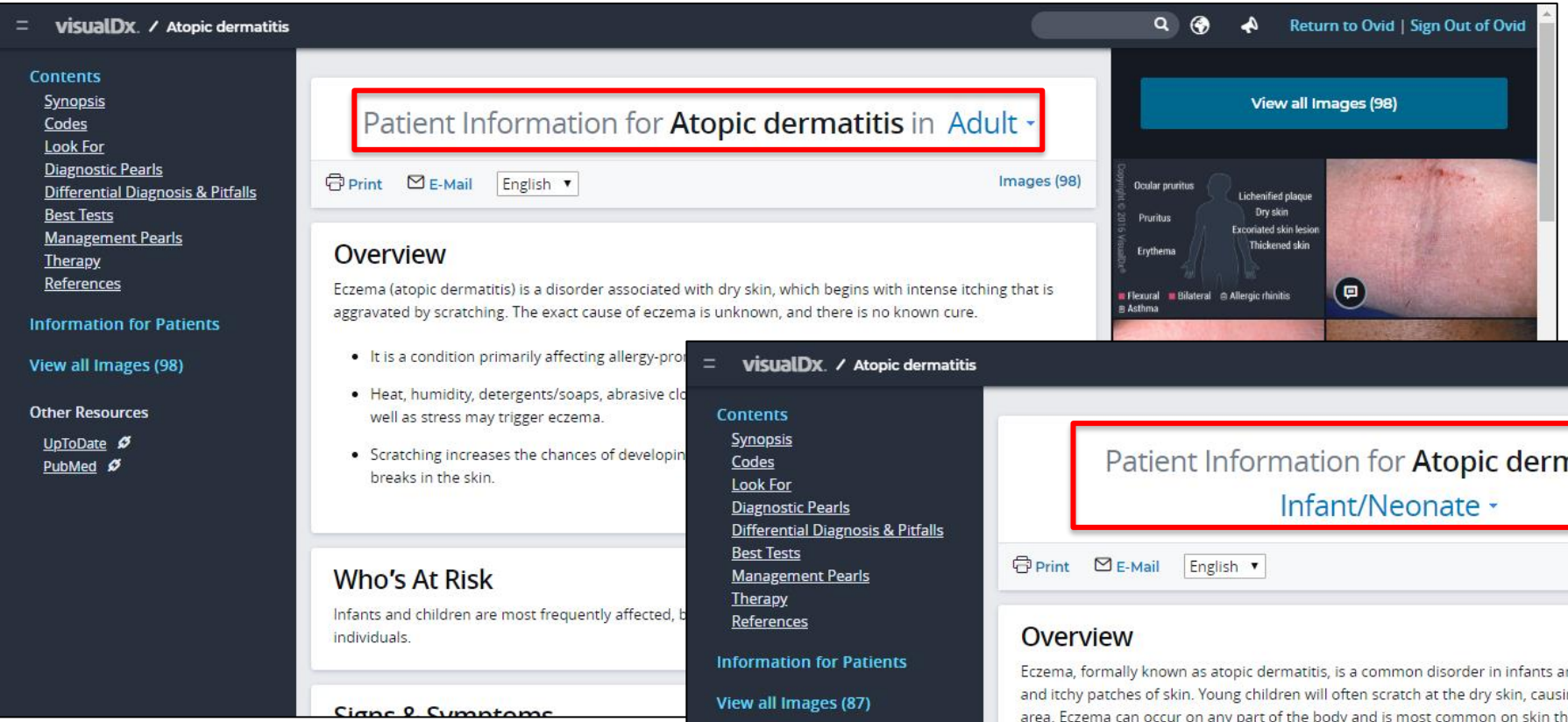
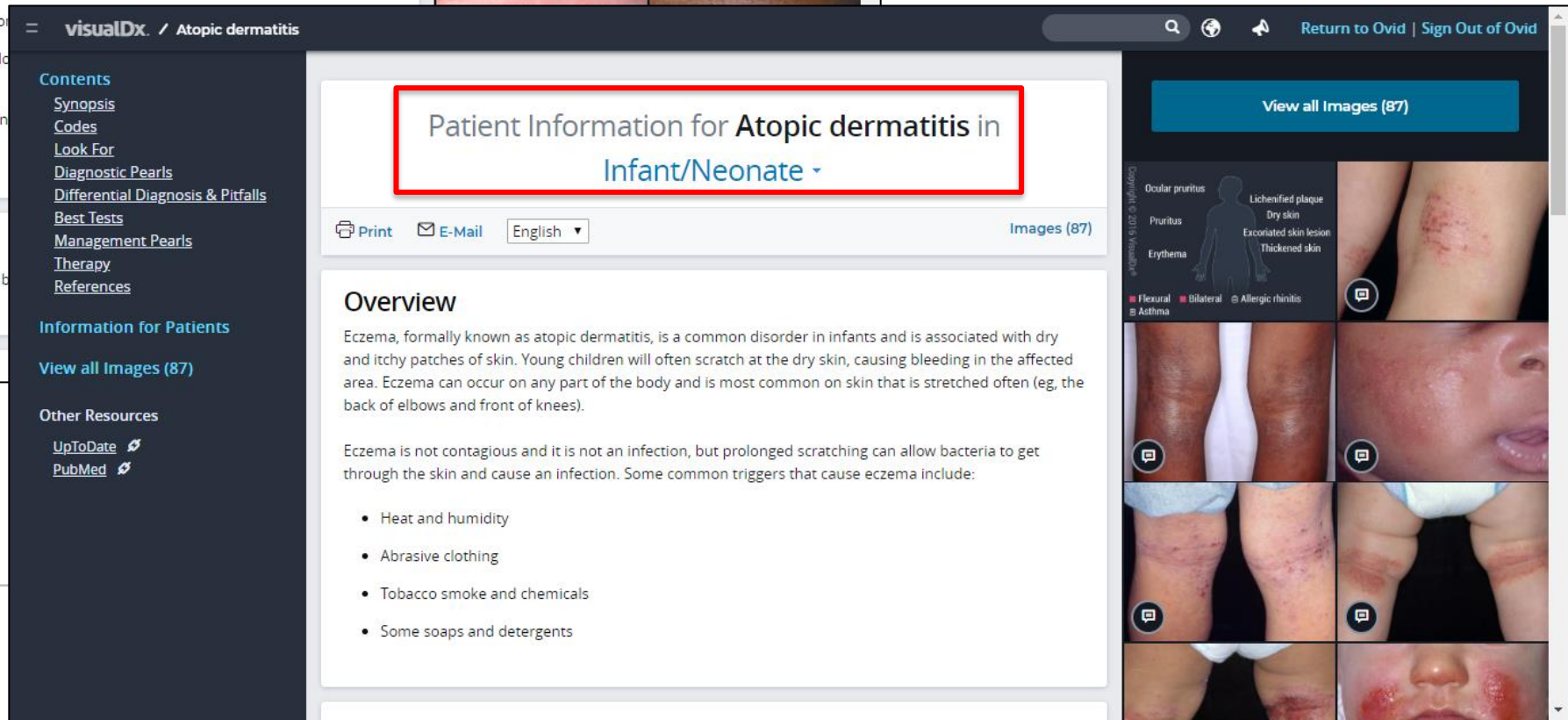
8. 病患衛教：依年齡層提供





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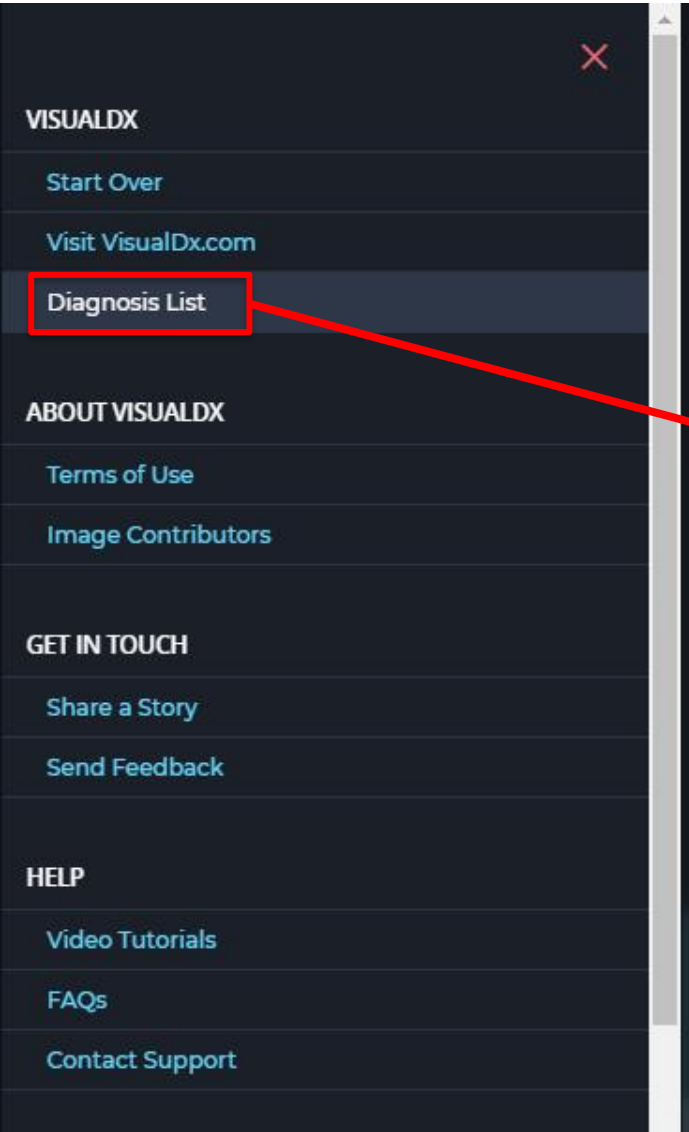
9. 其他連結


VISUALDX
Start Over
Visit VisualDx.com
Diagnosis List
ABOUT VISUALDX
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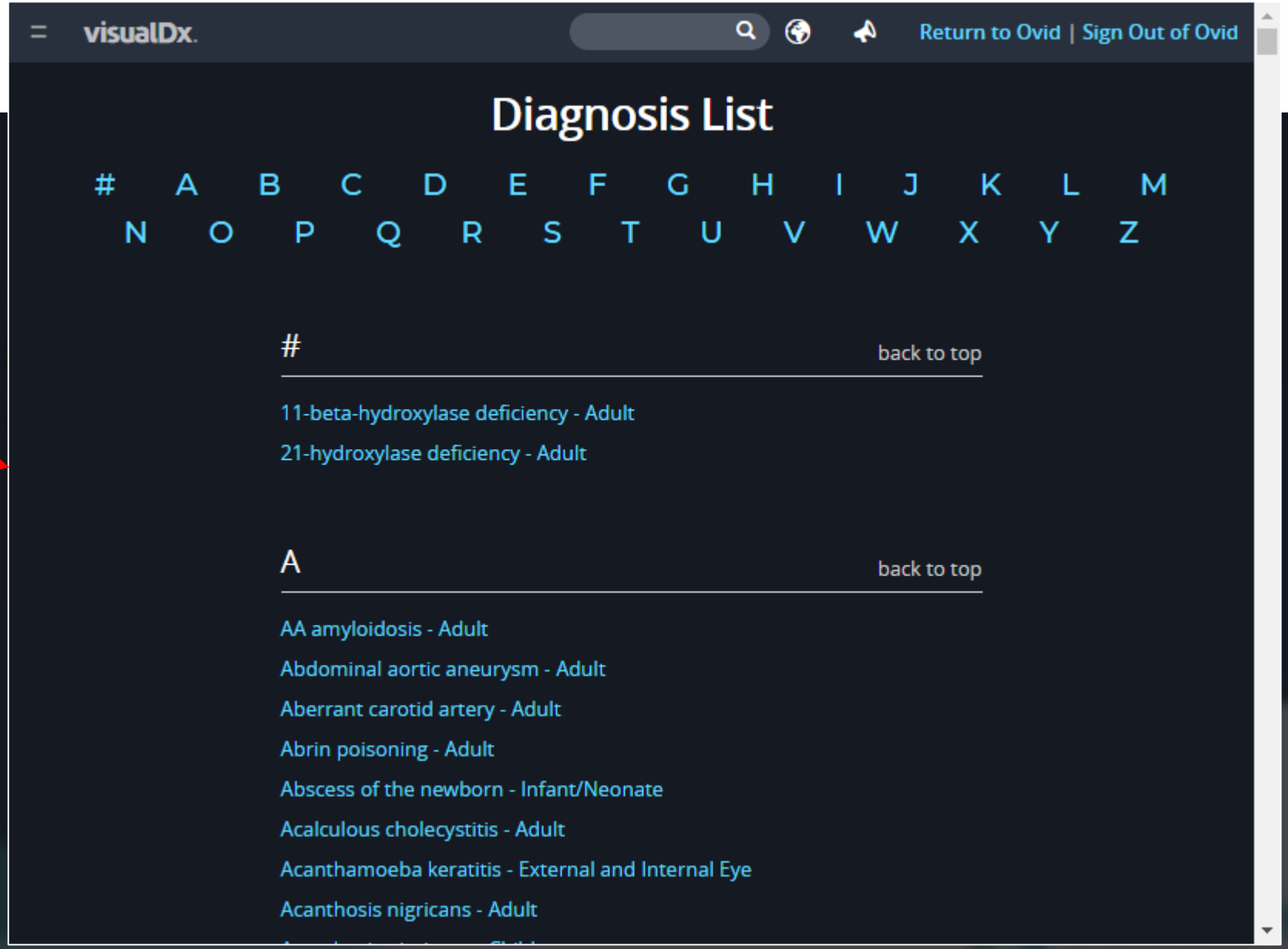
Share a Story
Send Feedback
HELP
Video Tutorials
FAQs
Contact Support


visualDx.
Return to Ovid | Sign Out of Ovid
Diagnosis List
A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z
#
back to top
11-beta-hydroxylase deficiency - Adult
21-hydroxylase deficiency - Adult
A
back to top
AA amyloidosis - Adult
Abdominal aortic aneurysm - Adult
Aberrant carotid artery - Adult
Abrin poisoning - Adult
Abscess of the newborn - Infant/Neonate
Acalculous cholecystitis - Adult
Acanthamoeba keratitis - External and Internal Eye
Acanthosis nigricans - Adult

適用領域

急症醫學
Emergency Medicine

兒科醫學
Pediatric Medicine

門診照護
Ambulatory Care

整合醫學
Hospital Medicine

基礎醫療
Primary Care

緊急照護
Urgent Care

病患衛教
Patient Education

家庭醫學
Family Medicine

公共衛生
Public Health

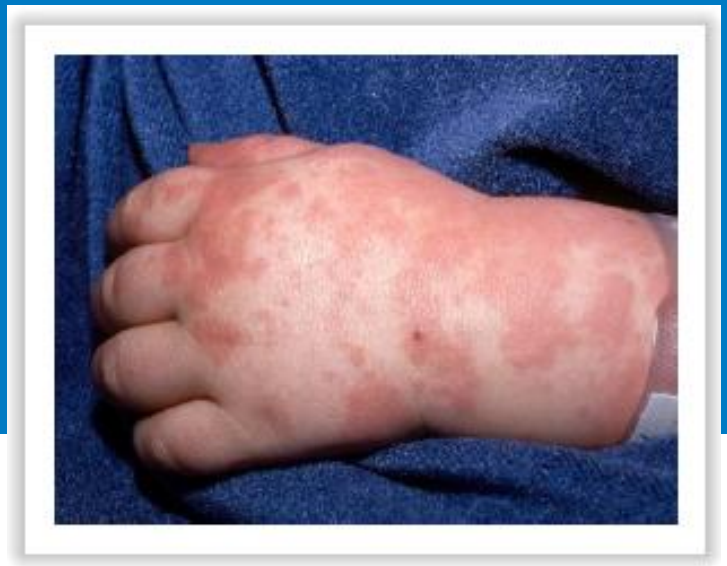
每周一案例

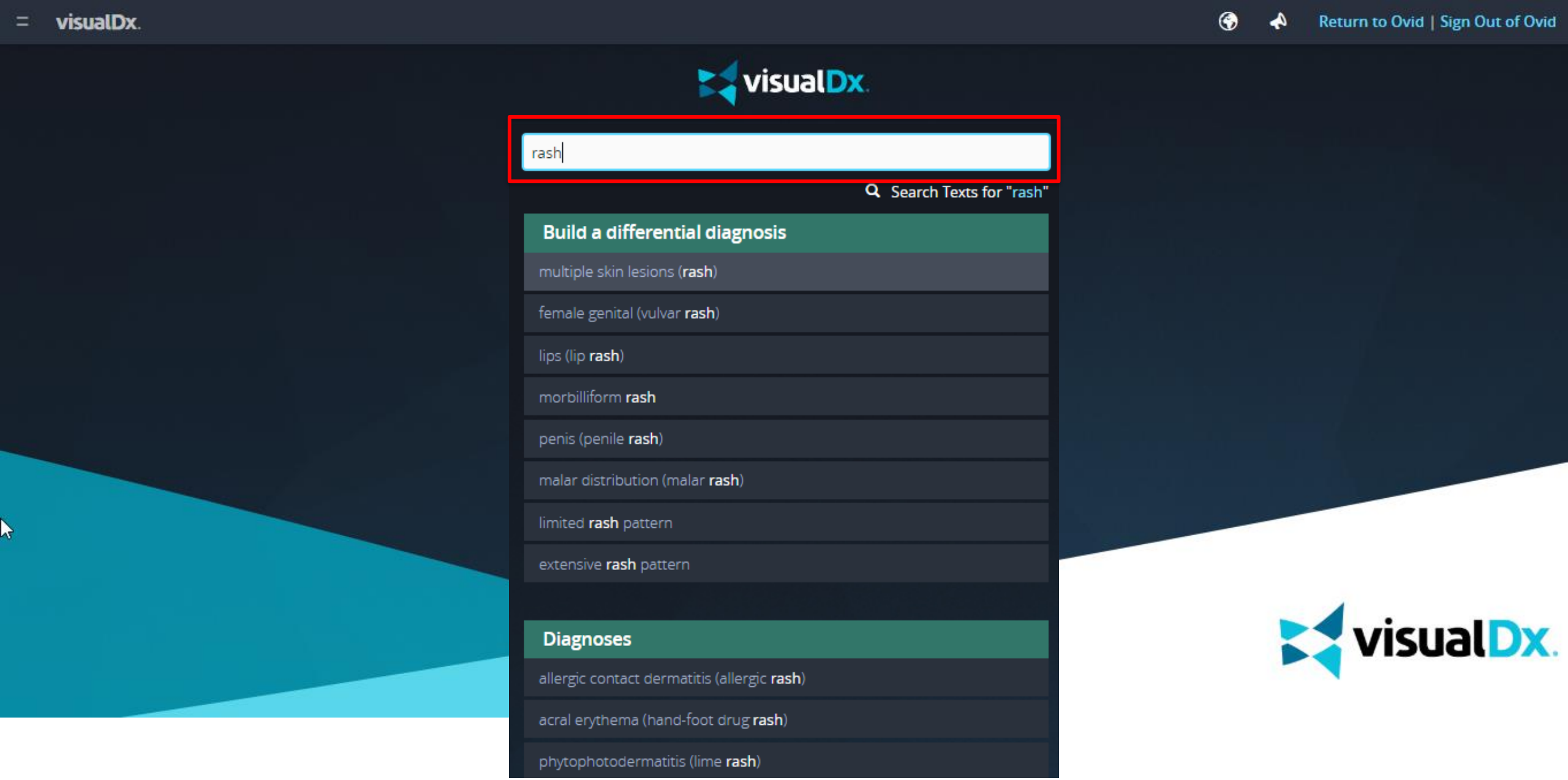
- VisualDx Facebook
  - https://www.facebook.com/VisualDx/

- VisualDX Blog -- What's the Diagnosis?
  - https://www.visualdx.com/visualdx-blog

實例演練

- A 15-month-old infant came in on her third day of illness with a fever. She was coughing a little and had diarrhea. The rash was generalized confluent over her hands, feet, groin area, and back.
- It looked very much like hives, which can happen with just such a viral illness. So I sent her home with antihistamines and close follow up.
- The next day she came in again, this time her mom said the rash was worse and her lips were a bit swollen.




visualDx.
Return to Ovid | Sign Out of Ovid
visualDx.
rash
Search Texts for "rash"
Build a differential diagnosis
multiple skin lesions (rash)
female genital (vulvar rash)
lips (lip rash)
morbilliform rash
penis (penile rash)
malar distribution (malar rash)
limited rash pattern
extensive rash pattern
Diagnoses
allergic contact dermatitis (allergic rash)
acral erythema (hand-foot drug rash)
phytophotodermatitis (lime rash)
visualDx.

visualDx / Patient Findings

Return to Ovid | Sign Out of Ovid

Workup for Multiple skin lesions, Multiple skin lesions

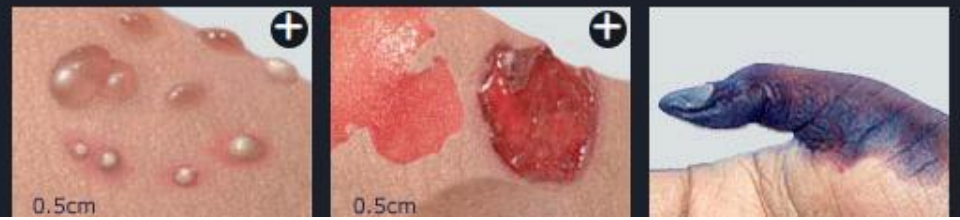
DDX STRENGTH: EXCELLENT

View this Differential

Enter additional findings and/or use the workup questions below

Additional Findings

- Skin lesion type
- Location of skin finding
- Symptoms/signs
- Appearance of patient
- Onset of findings
- Exposures
- Medical history
- Travel history
- Negative findings
- Additional Findings



PATIENT INFO

1 - 23 month old | Female

FINDINGS

- Multiple skin lesions
- Smooth papule/plaque
- Hands
- Foot or toes
- Fever
- Diarrhea
- Lip edema

Toggle the ● to make the finding required

Differential Diagnosis

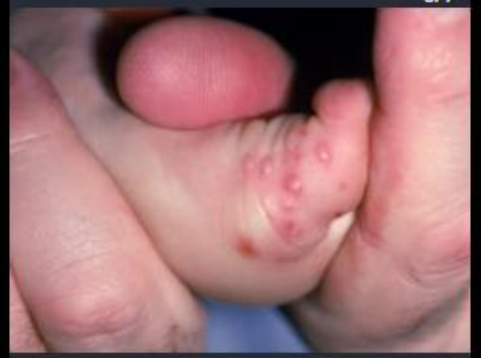
Multiple skin lesions, Smooth papule/plaque, Hands, Foot or toes, Fever, Diarrhea, Lip edema, 1 - 23 month old Female

ADD OR REMOVE FINDINGS

12 CONSIDER 1st | 53 CONSIDER 2nd | 16 EMERGENCIES | 31 INFECTIOUS | 18 DRUG INDUCED | 65 VIEW ALL | PHOTOS

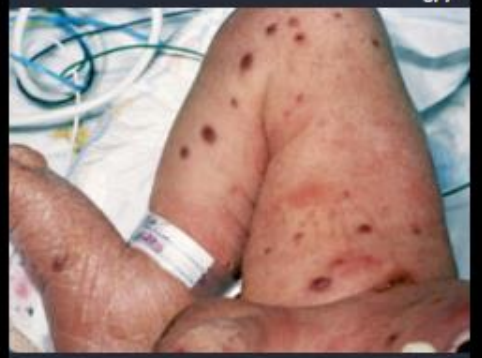
BEST MATCH IS IN CONSIDER 2nd

Hand, foot, and mouth disease 6/7



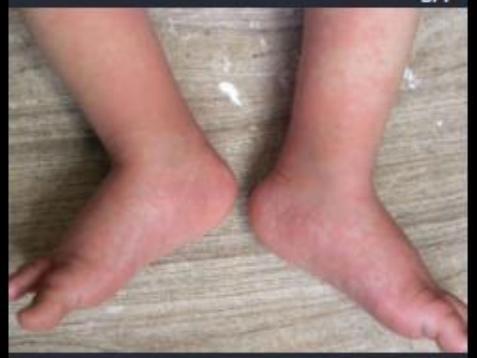
31

Langerhans cell histiocytosis 6/7



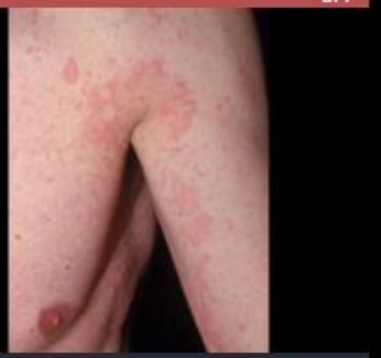
45

Exanthematous drug eruption 5/7



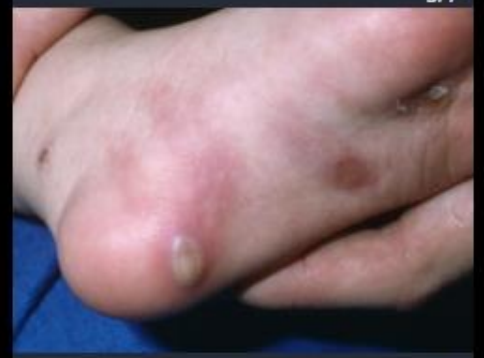
35

Anaphylaxis 5/7



2

Cellulitis 5/7



5

Bacterial sepsis

Erythema multiforme

Leukocytoclastic vasculitis

Spider bite

Unilateral laterothoracic exanthem of c...

visualDx / Patient Findings / Differential Diagnosis

Return to Ovid | Sign Out of Ovid

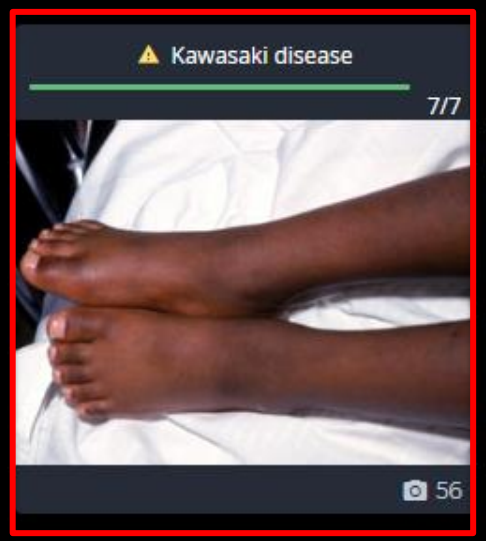
Differential Diagnosis

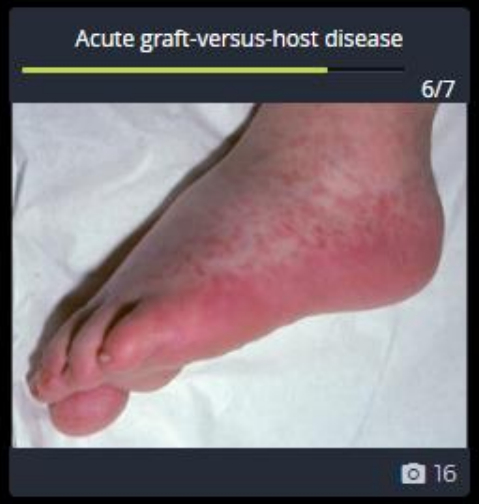
DDX STRENGTH: EXCELLENT

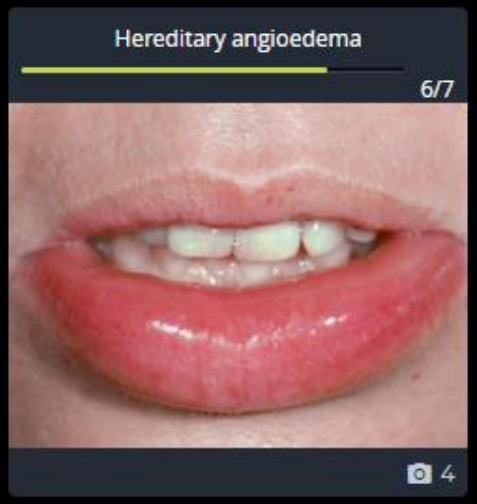
Multiple skin lesions, Smooth papule/plaque, Hands, Foot or toes, Fever, Diarrhea, Lip edema, 1 - 23 month old Female

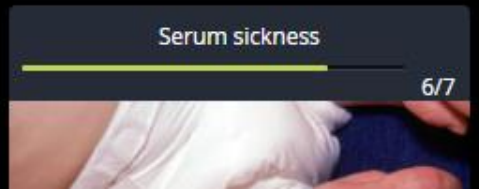
ADD OR REMOVE FINDINGS

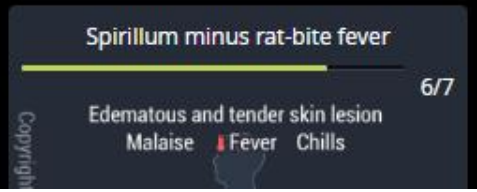
12 CONSIDER 1st | 53 CONSIDER 2nd | 16 EMERGENCIES | 31 INFECTIOUS | 18 DRUG INDUCED | 65 VIEW ALL | PHOTOS



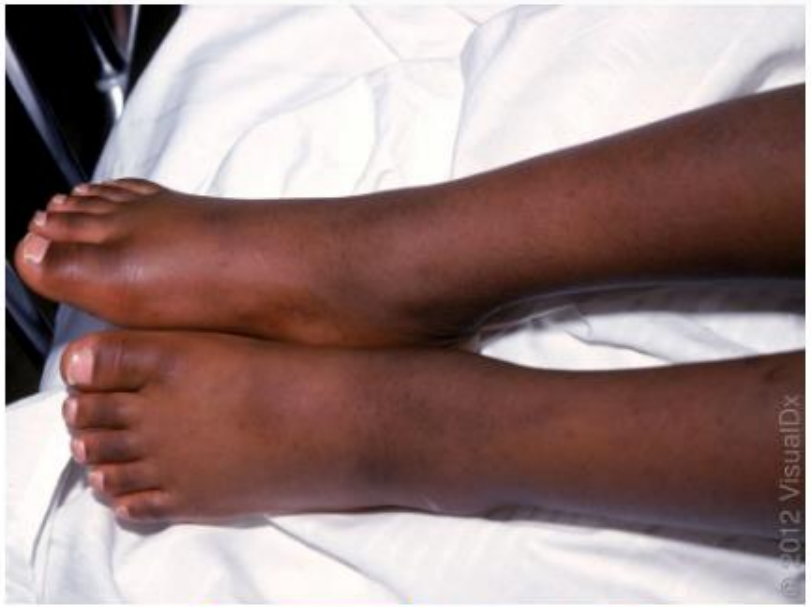




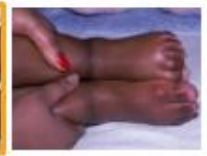
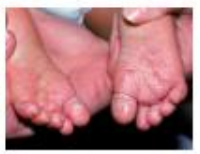
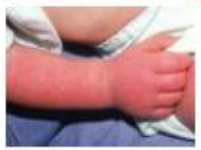




12 CONSIDER 1st | 53 CONSIDER 2nd | 16 EMERGENCIES | 31 INFECTIOUS | 18 DRUG INDUCED | 65 VIEW ALL | PHOTOS





View All (56)

Kawasaki disease

EMERGENCY: REQUIRES IMMEDIATE ATTENTION
UNCOMMON

A multisystem vasculitis that affects infants and children. The exact cause is unknown, although features of the disease suggest an infectious etiology that evokes an abnormal immunologic response in genetically susceptible individuals. The disease occurs primarily in children aged younger than 6 years. It is classically characterized by fever lasting at least 5 days, conjunctival injection without exudate, red lesions of the mouth or pharynx, acute hand and foot edema followed by peeling, polymorphous cutaneous eruption, and lymphadenopathy. Coronary artery aneurysms develop in 20%-25% of untreated patients. More prevalent in those of Japanese ancestry. More

See Full Article

Other Resources:

UpToDate PubMed

Matches 7 of 7 findings: Edit findings

Multiple skin lesions ✓ | Smooth papule/plaque ✓ | Hands ✓ | Foot or toes ✓ | Fever ✓ | Diarrhea ✓ | Lip edema ✓

Wolters Kluwer

EMERGENCY: REQUIRES IMMEDIATE ATTENTION

Kawasaki disease in Infant/Neonate

See also in: External and Internal Eye, Anogenital, Oral Mucosal Lesion

Print

Images (56)

Contributors: Tyler Werbel, Susan Burgin MD

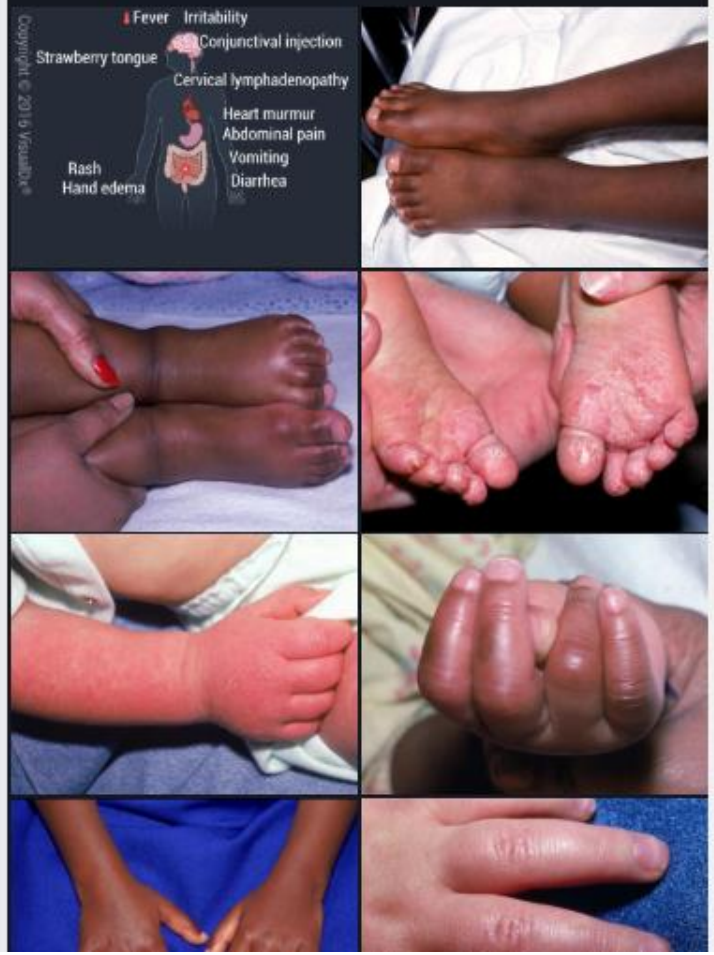
Synopsis

Kawasaki disease (KD), or mucocutaneous lymph node syndrome, is an idiopathic, multisystem vasculitis characterized by fever and mucocutaneous inflammation. It has a peak incidence in infants aged 9-11 months and is extremely rare in infants younger than 3 months of age. Most cases occur in individuals who live in East Asia or are of Asian ancestry. Although usually self-limited, potentially life-threatening coronary artery aneurysms may develop in 20%-25% of children without treatment (versus less than 5% with appropriate therapy). Mortality most often occurs within the first weeks to a year after KD due to ischemic heart disease caused by myointimal proliferation within persistent aneurysms. Infants younger than 6 months of age may be at increased risk for aneurysms.

The classic case definition of KD is fever lasting at least 5 days plus the presence of at least 4 of the following principal clinical criteria:

- Bilateral bulbar conjunctival injection without exudate

View all Images (56)



Other Resources

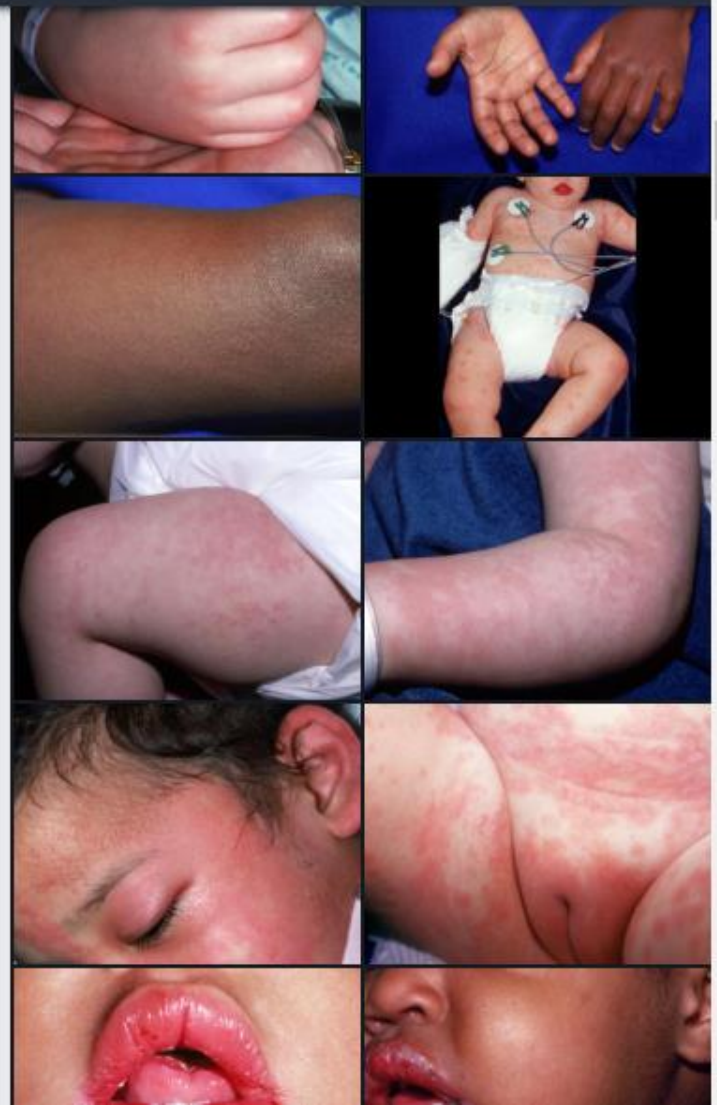
UpToDate
PubMed

Look For

The classic case definition of KD should be used as a guideline to increase awareness of KD and prevent over-diagnosis. However, one should remember that (1) the principal clinical criteria are typically not all present at a single point of time; and (2) infants will often present with "incomplete" KD, in which criteria are not fulfilled but coronary artery abnormalities do develop. Therefore, all suspected cases should be diagnosed based on (1) ruling out alternative diagnoses; (2) assessment of principal clinical criteria over time; and (3) supportive clinical features and laboratory data.

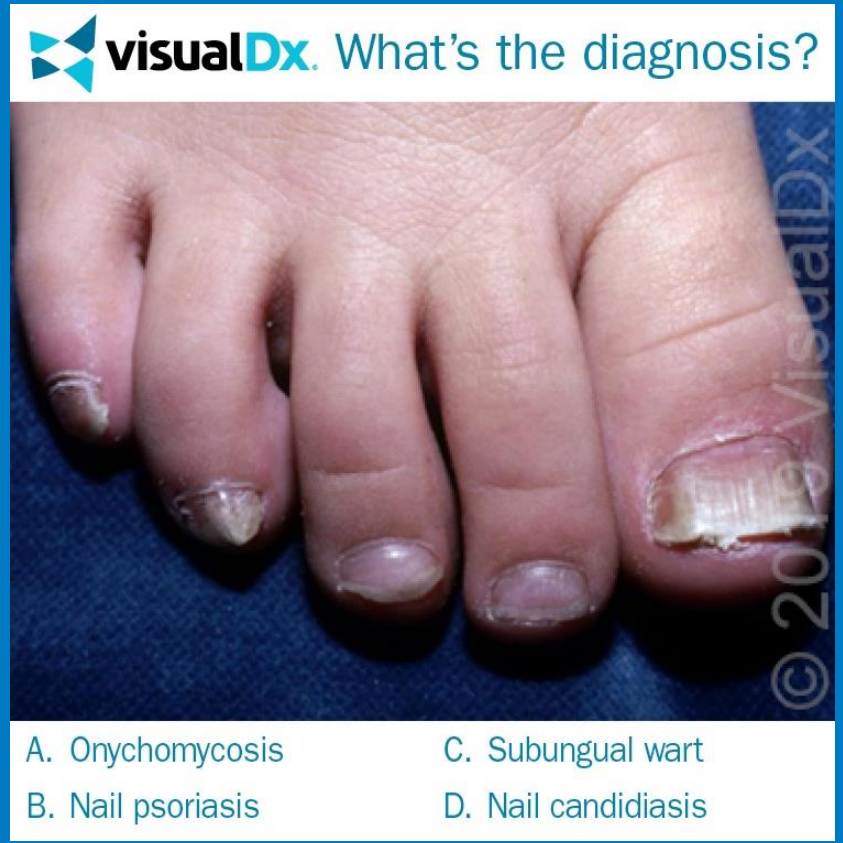
Principal clinical criteria:

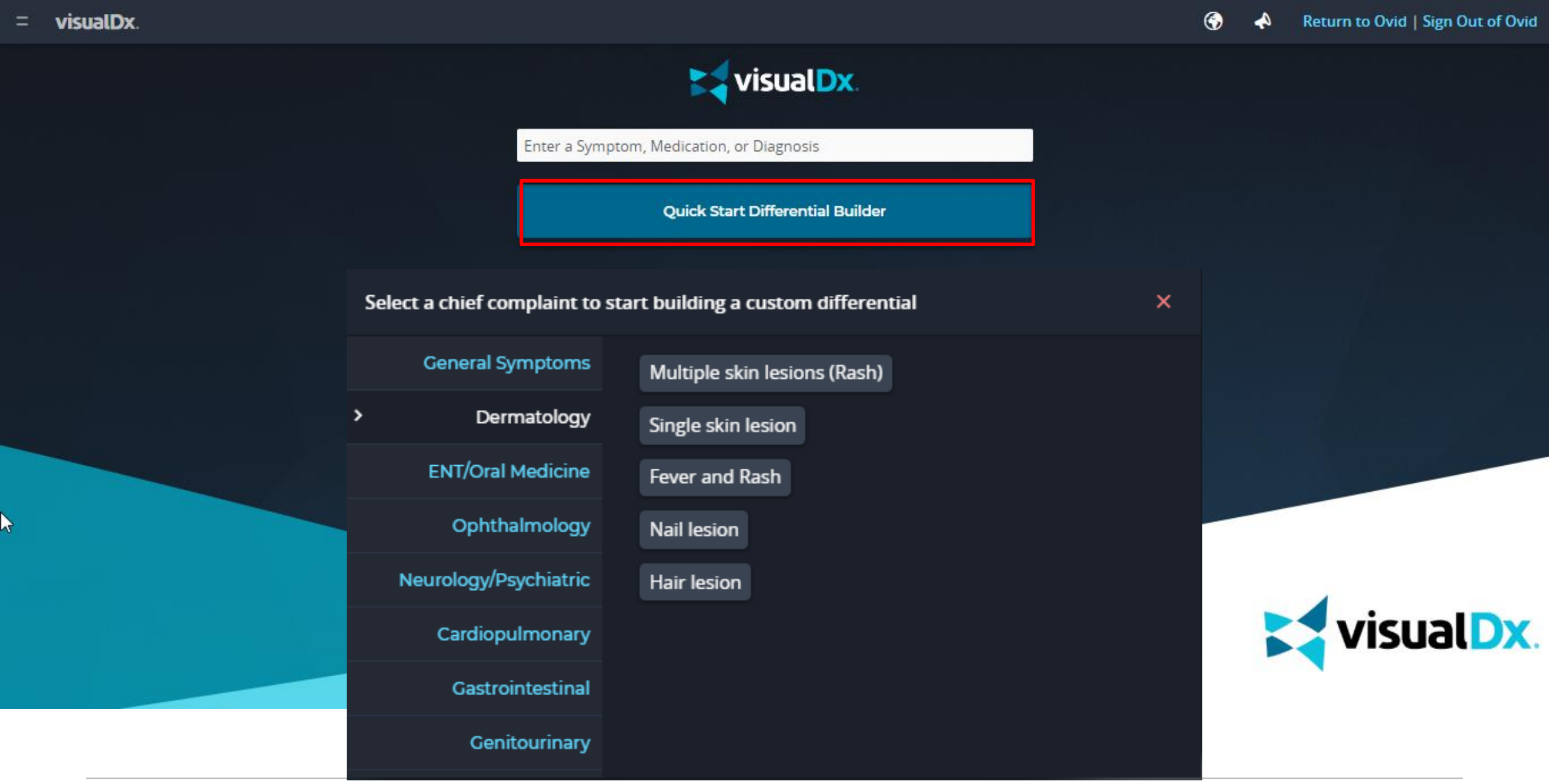
- Fever: Remittent and high spiking (greater than 39° C [102.2° F]); fever usually lasts 11 days without treatment or 2 days with appropriate therapy.
- Extremity changes: Erythema or firm induration of the palms and soles that may be painful is typical in the acute phase. Desquamation, usually beginning in the periungual region, occurs 2-3 weeks after disease onset.
- Exanthem: Within 5 days of fever onset, an erythematous, diffuse, nonspecific maculopapular eruption occurs, usually with accentuation in the perineal region. Occasionally, the rash is urticarial, scarlatiniform, erythema multiforme-like, or micropustular.
- Bilateral conjunctival injection: Bulbar injection usually begins shortly after fever onset, spares the limbus, and is not associated with pain, exudate, conjunctival edema, or corneal ulceration.
- Oral mucosa changes: Lips may be erythematous, dry, peeling, cracked, and bleeding. The tongue may be erythematous with prominent fungiform papillae ("strawberry tongue"). The oropharyngeal mucosae may be diffusely erythematous.
- Cervical lymphadenopathy: Nodes in the anterior cervical triangle may be unilaterally enlarged (greater than 1.5 cm). Lymph nodes are typically firm, nonfluctuant, and nontender.



實例演練

- A mother brought her 7-year-old girl to her pediatrician after she noticed that several of the girl's toenails on each foot had white patches and appeared short and broken. They seemed to be lifting off the nail beds and looked thinner than usual.




visualDx
Return to Ovid | Sign Out of Ovid
visualDx
Enter a Symptom, Medication, or Diagnosis
Quick Start Differential Builder
Select a chief complaint to start building a custom differential
General Symptoms
Dermatology
ENT/Oral Medicine
Ophthalmology
Neurology/Psychiatric
Cardiopulmonary
Gastrointestinal
Genitourinary
Multiple skin lesions (Rash)
Single skin lesion
Fever and Rash
Nail lesion
Hair lesion
visualDx

visualDx / Patient Findings

Return to Ovid | Sign Out of Ovid

Workup for Onycholysis - lifting nail, Onycholysis - lifting nail

DDX STRENGTH: STRONG

View this Differential

Enter additional findings and/or use the workup questions below

Additional Findings

- Nail lesions
- Distribution
- Symptoms/signs
- Exposures
- Onset of symptoms
- Medical history
- Laboratory
- Medications
- Negative findings
- Additional Findings

Nail Bed Deformity

Nail Fold Change

Nail Shape Change

Nail Plate Deformity

Onycholysis - Lifting Nail

Nail Color Change

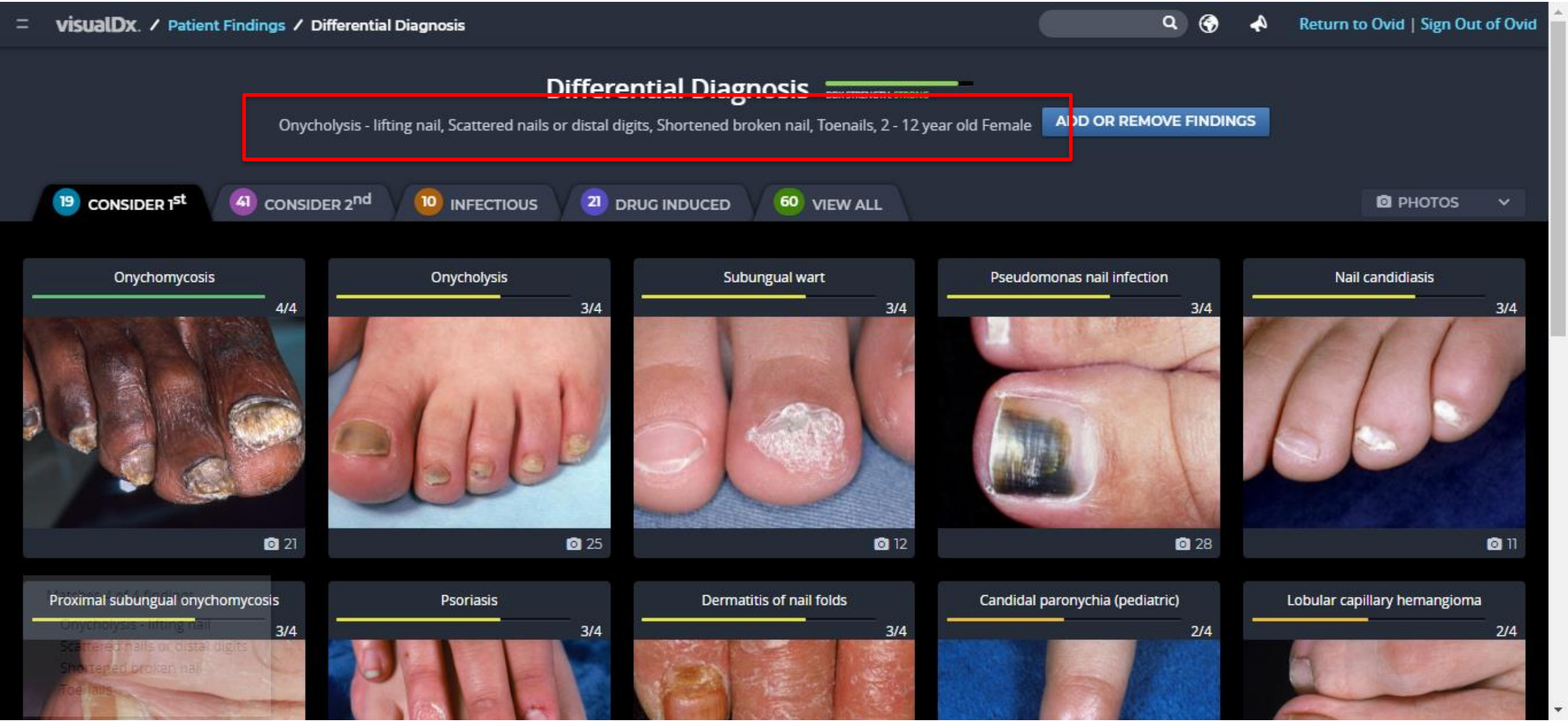
PATIENT INFO

2 - 12 year old | Female

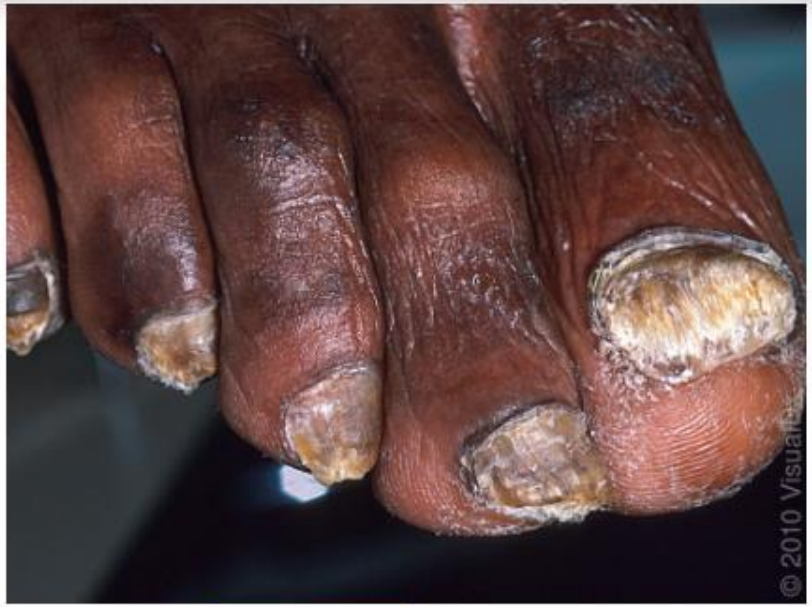
FINDINGS

- Onycholysis - lifting nail
- Scattered nails or distal digits
- Shortened broken nail
- Toenails

Toggle the ● to make the finding required

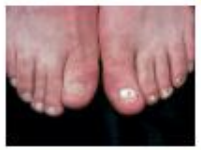

visualDx / Patient Findings / Differential Diagnosis
Return to Ovid | Sign Out of Ovid
Differential Diagnosis
Onycholysis - lifting nail, Scattered nails or distal digits, Shortened broken nail, Toenails, 2 - 12 year old Female
ADD OR REMOVE FINDINGS
19 CONSIDER 1st
41 CONSIDER 2nd
10 INFECTIOUS
21 DRUG INDUCED
60 VIEW ALL
PHOTOS
Onychomycosis 4/4 21
Onycholysis 3/4 25
Subungual wart 3/4 12
Pseudomonas nail infection 3/4 28
Nail candidiasis 3/4 11
Proximal subungual onychomycosis 3/4
Psoriasis 3/4
Dermatitis of nail folds 3/4
Candidal paronychia (pediatric) 2/4
Lobular capillary hemangioma 2/4

19 CONSIDER 1st | 41 CONSIDER 2nd | 10 INFECTIOUS | 21 DRUG INDUCED | 60 VIEW ALL | PHOTOS









View All (21)

Onychomycosis

VERY COMMON

Infection of the nail caused by dermatophyte fungi (tinea unguium), nondermatophyte molds, or yeasts. More frequent in men and is commonly associated with concurrent tinea pedis. Fingernail infection is typically preceded by or associated with toenail infection. Distal lateral subungual onychomycosis is the most common form and begins with fungal invasion of the distal nail, mainly due to *Trichophyton rubrum*. Superficial white onychomycosis is due to fungal invasion of the superficial dorsal nail plate, typically caused by *T. rubrum* in HIV-infected patients and *Trichophyton mentagrophytes* in immunocompetent individuals. Proximal subungual onychomycosis is caused by invasion of the proximal nail fold. More

See Full Article

Other Resources:

UpToDate PubMed

Matches 4 of 4 findings: Edit findings

Oncholysis - lifting nail ✓ | Scattered nails or distal digits ✓ | Shortened broken nail ✓ | Toenails ✓

Wolters Kluwer

Onychomycosis - Nail and Distal Digit

See also in: Overview

Print | Patient Handout | Images (21)

Contributors: Shari Lipner MD, PhD, Susan Burgin MD, Bertrand Richert MD, Robert Baran MD

Synopsis

Onychomycosis is a fungal infection of the nail caused by dermatophyte fungi (tinea unguium) and, less frequently, by nondermatophyte molds or yeasts. Onychomycosis is more frequent in men and is commonly associated with concurrent tinea pedis. The prevalence of onychomycosis in children varies from 0.2%-2.6% (mean 0.3%). The low prevalence in children as compared to adults is thought to be due to children's fast nail plate growth and their lower incidence of tinea pedis compared to adults.

Predisposing factors include diabetes mellitus, peripheral vascular disease, immunosuppression, genetic predisposition, atopic dermatitis, psoriasis, Down syndrome, occlusive footwear, trauma, and older age. It affects toenails more commonly than fingernails, and fingernail infection is typically preceded by or associated with toenail infection. Onychomycosis is classified into 7 patterns based on the route of fungal invasion into the nail unit: distal lateral subungual, proximal subungual, superficial, endonyx, mixed pattern, totally dystrophic, and secondary onychomycosis.

Distal lateral subungual onychomycosis (DLSO) is the most common form of onychomycosis and begins with fungal invasion of the distal nail (hyponychium). In Western countries, DLSO is mainly due to

Differential Diagnosis & Pitfalls

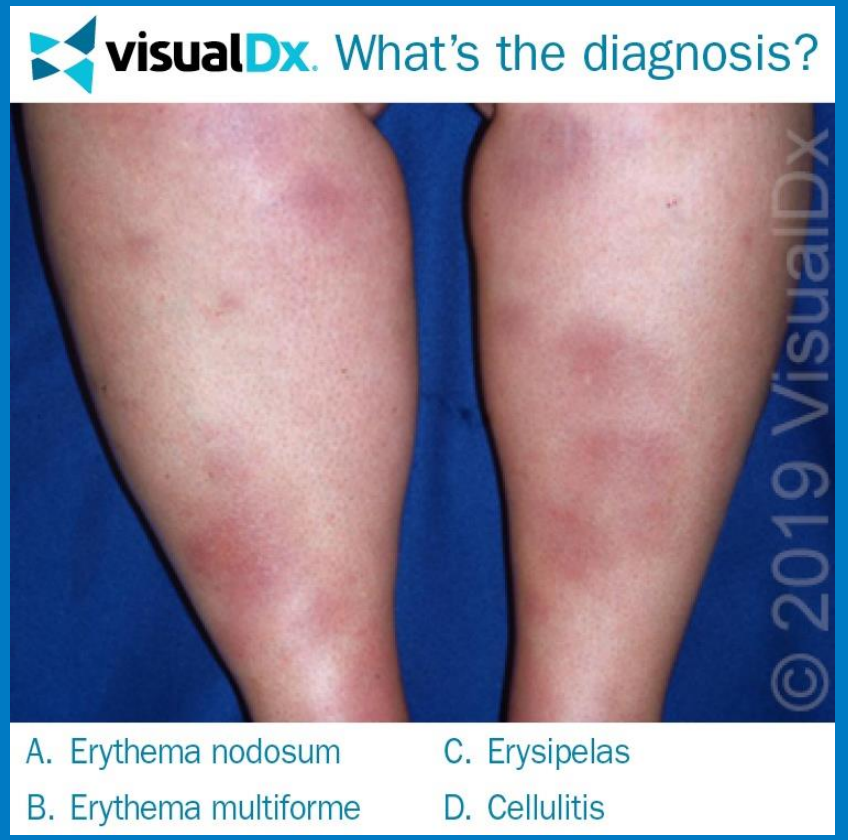
- Nail psoriasis – Multiple large, coarse, and deep pits randomly scattered on the nail plate; onycholysis (detachment of the nail plate from the nail bed) surrounded by an erythematous border; yellowish or salmon pink patches on the nail bed; subungual hyperkeratosis; and splinter hemorrhages.
- Trauma – Yellowing and thickening of the nail plate.
- Subungual wart – Thickening of the nail plate with subungual debris.
- Lichen planus – Thinning or ridging of the nail plate, dystrophic nail changes, and pterygium.
- Twenty-nail dystrophy, or trachyonychia – Characterized by rough nail surface with marked longitudinal striations resulting in splitting.
- Pachyonychia congenita – Marked subungual hyperkeratosis with accumulation of hard keratinous material resulting in uplifting of the nail plate.
- Amelanotic melanoma / subungual melanoma
- Squamous cell carcinoma

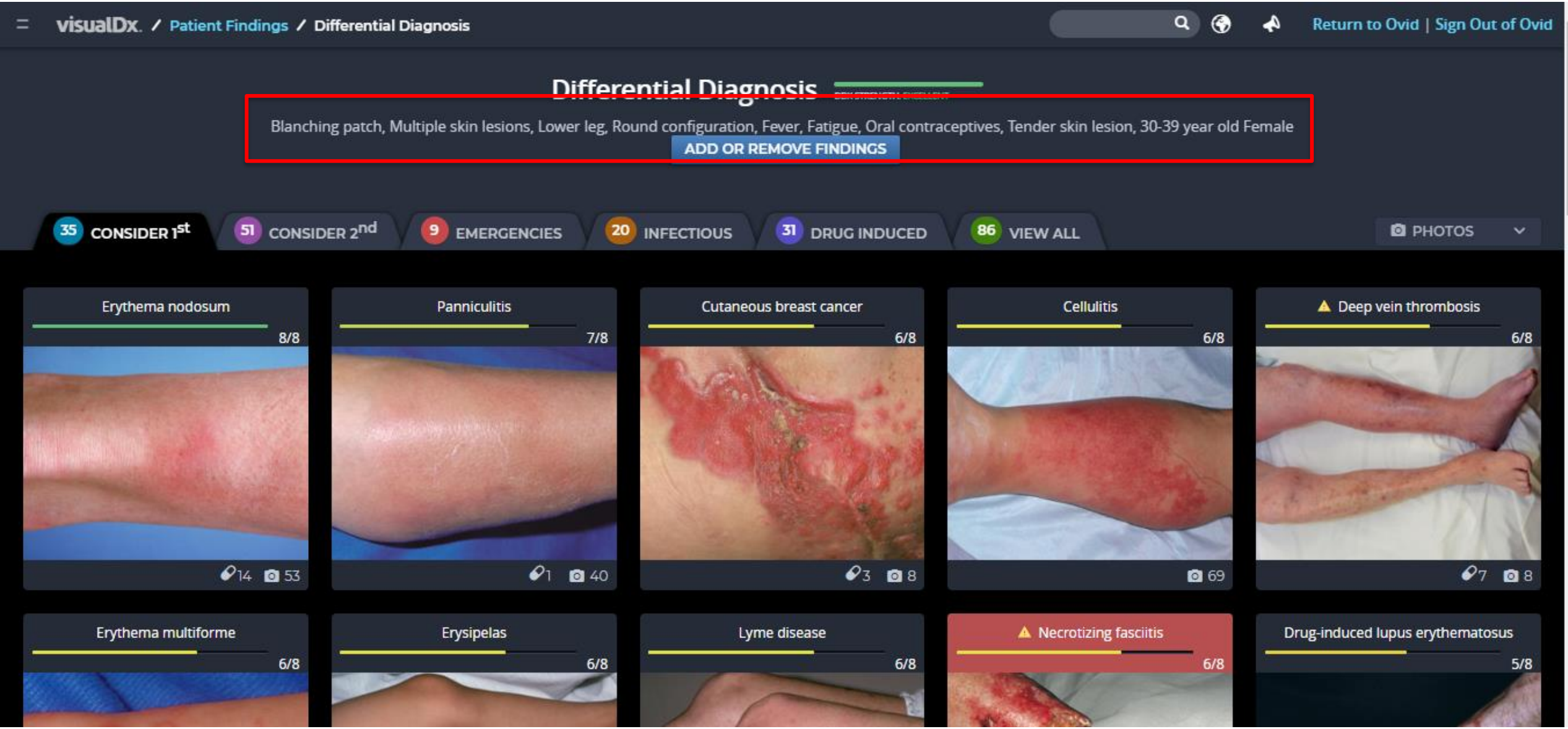
In children, also consider:

- Subungual exostoses
- Paronychia secondary to finger sucking or nail biting

實例演練

- A 33-year-old woman went to her doctor after she developed multiple blanching patches on her lower legs over the course of 2 weeks. The lesions were round and tender. She had also been fighting a fever and fatigue over the same period. Her only current prescription was for oral contraceptives.




visualDx / Patient Findings / Differential Diagnosis
Return to Ovid | Sign Out of Ovid
Differential Diagnosis
Blanching patch, Multiple skin lesions, Lower leg, Round configuration, Fever, Fatigue, Oral contraceptives, Tender skin lesion, 30-39 year old Female
ADD OR REMOVE FINDINGS
35 CONSIDER 1st
51 CONSIDER 2nd
9 EMERGENCIES
20 INFECTIOUS
31 DRUG INDUCED
86 VIEW ALL
PHOTOS
Erythema nodosum 8/8
14 53
Panniculitis 7/8
1 40
Cutaneous breast cancer 6/8
3 8
Cellulitis 6/8
69
Deep vein thrombosis 6/8
7 8
Erythema multiforme 6/8
Erysipelas 6/8
Lyme disease 6/8
Necrotizing fasciitis 6/8
Drug-induced lupus erythematosus 5/8

Erythema nodosum in Adult

Print | Patient Handout | Images (53)

Contributors: Andrew Walls MD, Susan Burgin MD, Lowell A. Goldsmith MD, MPH

Synopsis

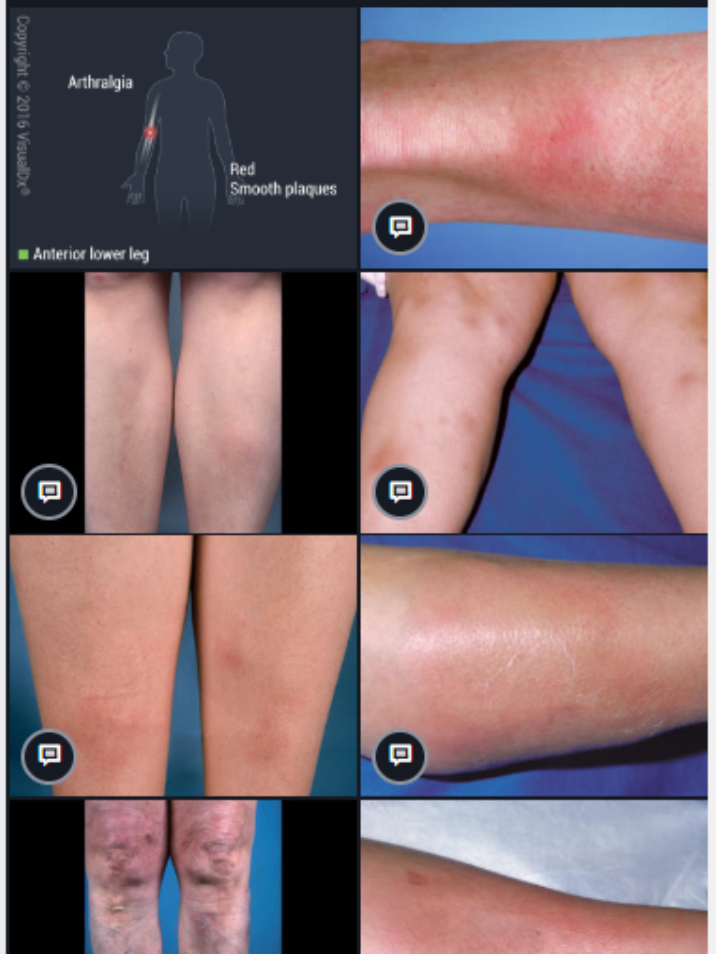
Erythema nodosum (EN) represents the most common type of inflammatory panniculitis (inflammation of the fat). It is an inflammatory process, typically symmetrical, and located on the pretibial region. It represents a form of hypersensitivity reaction precipitated by infection, pregnancy, medications, connective tissue disease, or malignancy. Streptococcal infections are the most common etiologic factor in children. Sarcoidosis, inflammatory bowel disease, and medications (particularly oral contraceptive pills) are more commonly implicated in adults. Often a cause or trigger is never found.

Associated bacterial, viral, fungal, and protozoal infections are numerous and include *Streptococcus*, *Shigella*, *Yersinia*, *Histoplasma*, *Coccidioides*, human immunodeficiency virus (HIV), and *Giardia*. Tuberculosis remains an important cause in areas of endemic disease. Autoinflammatory associations include sarcoidosis, inflammatory bowel disease, Sjögren syndrome, reactive arthritis, Behçet syndrome, and Sweet syndrome. Malignancy, such as lymphoma, is a rare cause of EN.

The eruption typically persists for 3-6 weeks and spontaneously regresses without scarring or atrophy. Recurrences are sometimes seen, especially with reoccurrence of the precipitating factors.

Arthralgias are reported by a majority of patients, regardless of the etiology of EN. Upper respiratory tract

View all Images (53)



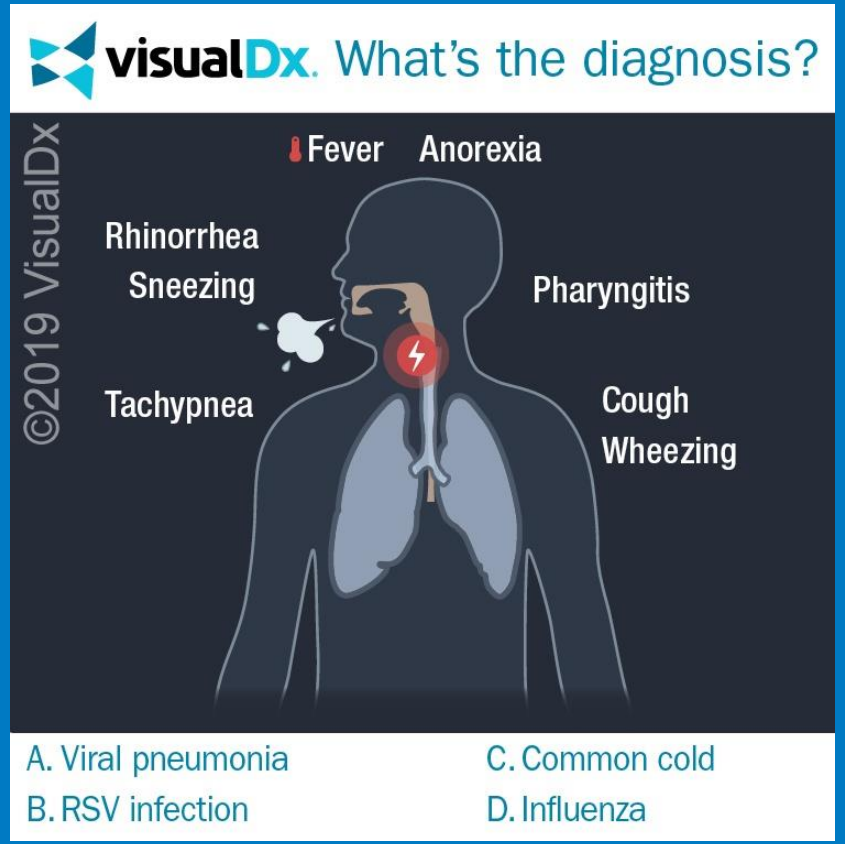
Drug Reaction Data

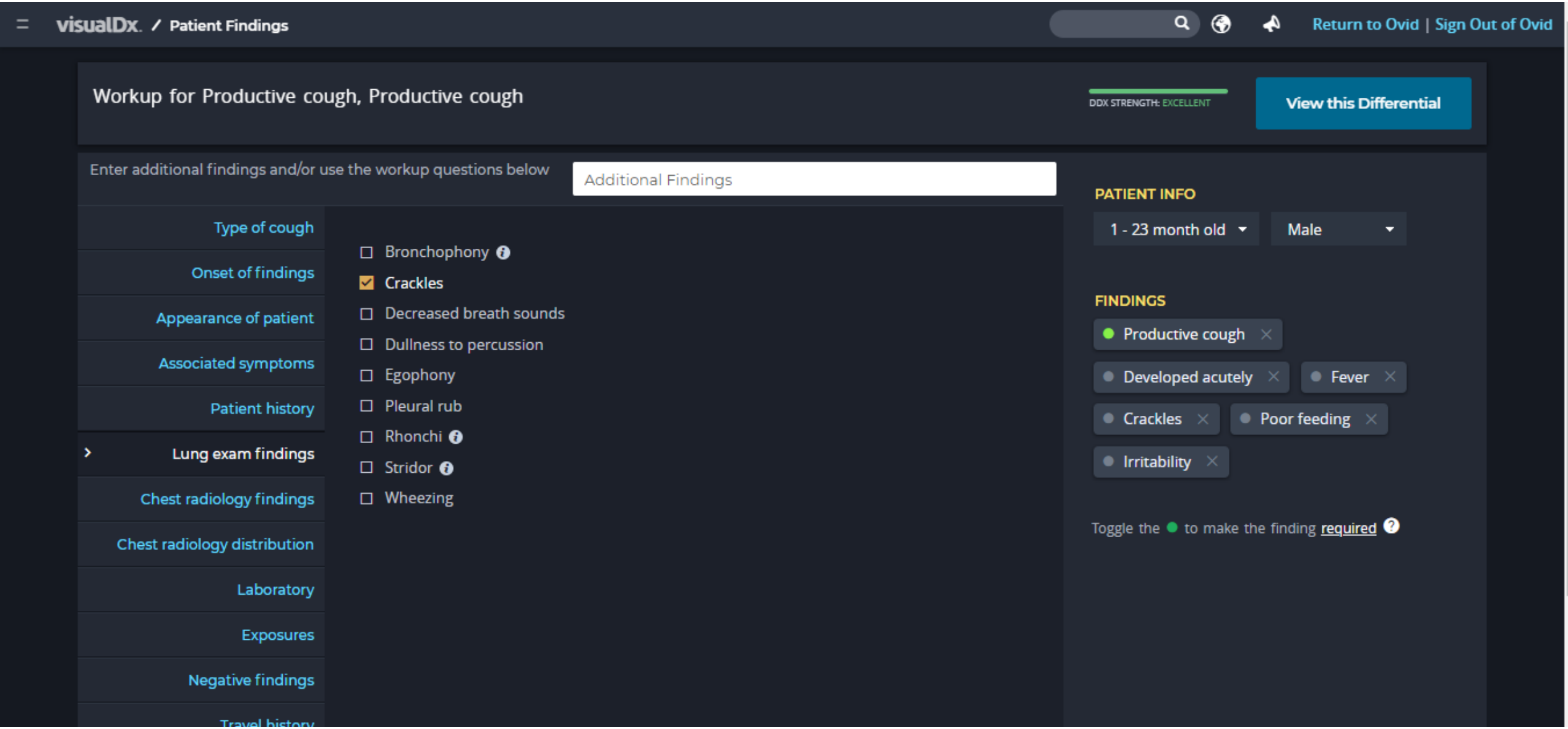
Below is a list of drugs with literature evidence indicating an adverse association with this diagnosis. The list is continually updated through ongoing research and new medication approvals. Click on Citations to sort by number of citations or click on Medication to sort the medications alphabetically.

Medication	Citations
abatacept	1
acyclovir	1
all-trans-retinoic acid (ATRA)	2
amiodarone	1
androgen	1
Antiarrhythmic	1
Anticonvulsant	3
Antimetabolite	2
Antimycobacterial	1
Antiprotozoal	1
Antiviral	1
Aromatase inhibitor	1
azacitidine	1

實例演練

- Parents brought their 5-month-old to his pediatrician after the productive cough he had had for a few days got significantly worse and he registered a fever. They could hear him wheezing, and he was irritable and feeding poorly. Normally, he was a very playful, active baby at home and day care, but now he just wanted to be held constantly by his parents. The doctor could hear crackles when listening to his breathing.




visualDx / Patient Findings
Return to Ovid | Sign Out of Ovid
Workup for Productive cough, Productive cough
DDX STRENGTH: EXCELLENT
View this Differential
Enter additional findings and/or use the workup questions below
Additional Findings
Type of cough
Onset of findings
Appearance of patient
Associated symptoms
Patient history
Lung exam findings
Chest radiology findings
Chest radiology distribution
Laboratory
Exposures
Negative findings
Travel history
Bronchophony
Crackles
Decreased breath sounds
Dullness to percussion
Egophony
Pleural rub
Rhonchi
Stridor
Wheezing
PATIENT INFO
1 - 23 month old
Male
FINDINGS
Productive cough
Developed acutely
Fever
Crackles
Poor feeding
Irritability
Toggle the to make the finding required

visualDx / Patient Findings / Differential Diagnosis

Return to Ovid | Sign Out of Ovid

Differential Diagnosis

Productive cough, Developed acutely, Fever, Crackles, Poor feeding, Irritability, 1 - 23 month old Male

ADD OR REMOVE FINDINGS

17 CONSIDER 1st | 44 CONSIDER 2nd | 19 EMERGENCIES | 42 INFECTIOUS | 15 DRUG INDUCED | 61 VIEW ALL | PHOTOS

Respiratory syncytial virus infection

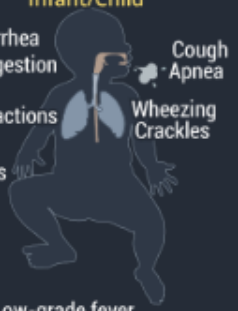
6/6

Common cold

5/6

Bronchiolitis

5/6

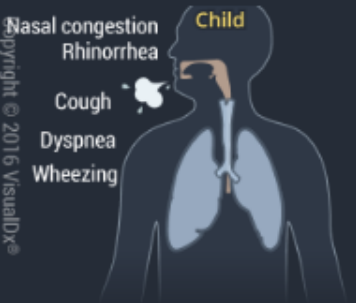


Influenza

5/6

Viral pneumonia

5/6



Streptococcus pneumoniae pneumonia

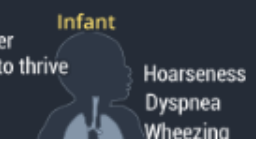
4/6

Adenovirus infection

4/6

Human metapneumovirus infection

4/6



Parainfluenza virus infection

4/6

Infant pertussis

4/6

Best Tests

Diagnostic tests involve detection of RSV antigen by rapid RSV antigen assays, positive RSV culture, or PCR-based assays. These are done on respiratory secretions, which may be a nasal wash, a naso-pharyngeal swab, or a throat swab in healthy children. In patients who are intubated or undergoing bronchoscopy, these tests can be done on the bronchoalveolar lavage fluid or a tracheal aspirate. In immunocompromised patients, lower respiratory tract secretions have a higher rate of positivity than nasal secretions.

RSV specific reverse transcription (RT)-PCR is more sensitive than rapid antigen or viral respiratory culture in the diagnosis and monitoring of RSV infection in adults with hematologic disease. However, neither a negative culture nor a negative rapid antigen test eliminates the diagnosis of RSV. Being highly contagious, RSV can cause nosocomial infections. Hence, infection control measures emphasize rapid diagnosis, hand washing, and gloves. Contact precautions, including surgical mask and eye protection, are recommended if there is concern for exposure to aerosols of infectious respiratory secretions.

Management Pearls

Prevention is the goal, but no effective RSV vaccine is currently available. RSV may be spread by close contact and direct inoculation of large droplets from the secretions of an infected person, as well as indirectly through contact with hands or fomites previously exposed to infectious secretions.

In the home setting, general precautions may be useful against the spread of infectious secretions present on hands and fomites. These include good hand hygiene, use of hand-rub antiseptic products, and proper handling of objects contaminated with secretions.

RSV poses a particular threat for nosocomial transmission. Yearly outbreaks occur among both children and adults, including medical personnel. Lack of durable immunity to RSV results in a susceptible patient population of all ages.

實例演練

- A 13-year-old went to the pediatrician after she developed scaling and fissures on her lips. No matter what product she used to try to soothe the skin, the condition persisted. She noticed that it began a month after she had started using a retinoid cream prescribed for her acne.

visualDx / Patient Findings / Differential Diagnosis

Return to Ovid | Sign Out of Ovid

Differential Diagnosis

Retinoid, Reaction 1 month to 1 year after drug, Lip scaling, 13 - 19 year old Female

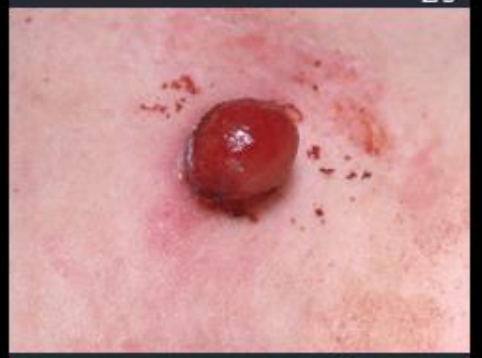
ADD OR REMOVE FINDINGS

36 CONSIDER 1st | 38 CONSIDER 2nd | 8 EMERGENCIES | 4 INFECTIOUS | 73 DRUG INDUCED | 74 VIEW ALL | PHOTOS

Cheilitis 3/3

32 4

Lobular capillary hemangioma 2/3



10 37

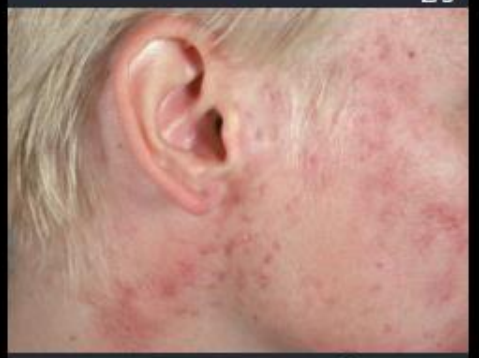
Drug-induced diarrhea 2/3

7 1

Drug-induced abdominal pain 2/3

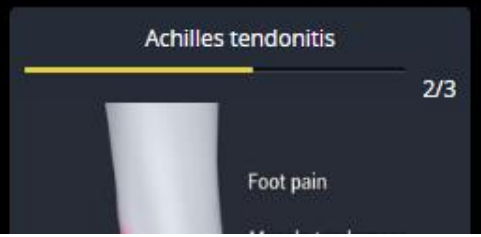
4 1

Acne vulgaris 2/3



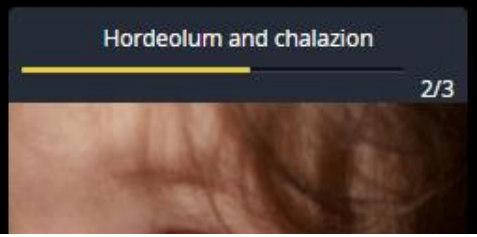
2 50

Achilles tendonitis 2/3

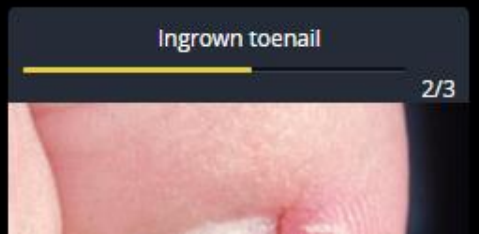


Folliculitis 2/3

Hordeolum and chalazion 2/3



Ingrown toenail 2/3



Nummular dermatitis 2/3

Cheilitis in Child

See also in: Oral Mucosal Lesion

Print | Patient Handout | Images (4)

Contributors: Carl Allen DDS, MSD, Sook-Bin Woo MS, DMD, MMSc

Synopsis

Lips of patients with cheilitis appear dry and scaly and may have one or more fissures. Often the lips are painful, and there may or may not be associated edema and erythema.

Cheilitis is one of the more challenging oral problems to diagnose and treat. Many cases represent a factitial disorder related to lip-licking habits, and it can be difficult to convince patients that the vermilion zone of the lip should be dry (the "wet line" is the demarcation between the labial mucosa and vermilion zone).

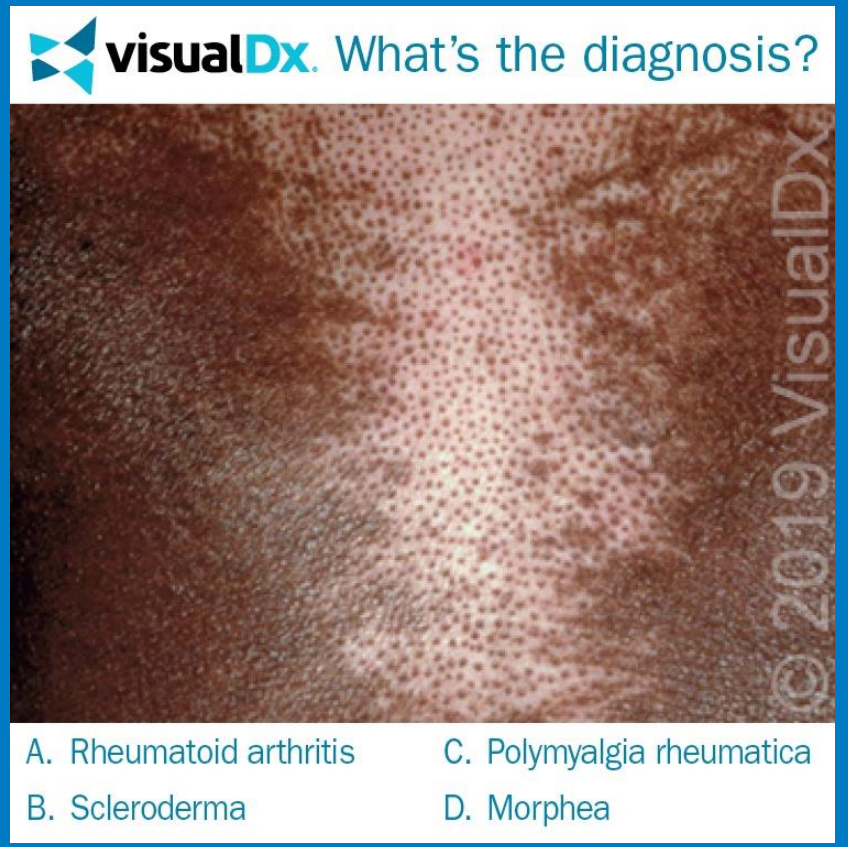
Some cases of cheilitis are related to contact hypersensitivity reactions to compounds found in products that commonly come into contact with the vermilion zone of the lip, including cosmetics, lip balms, toothpastes, and sunscreens (oxybenzone [benzophenone-3]).

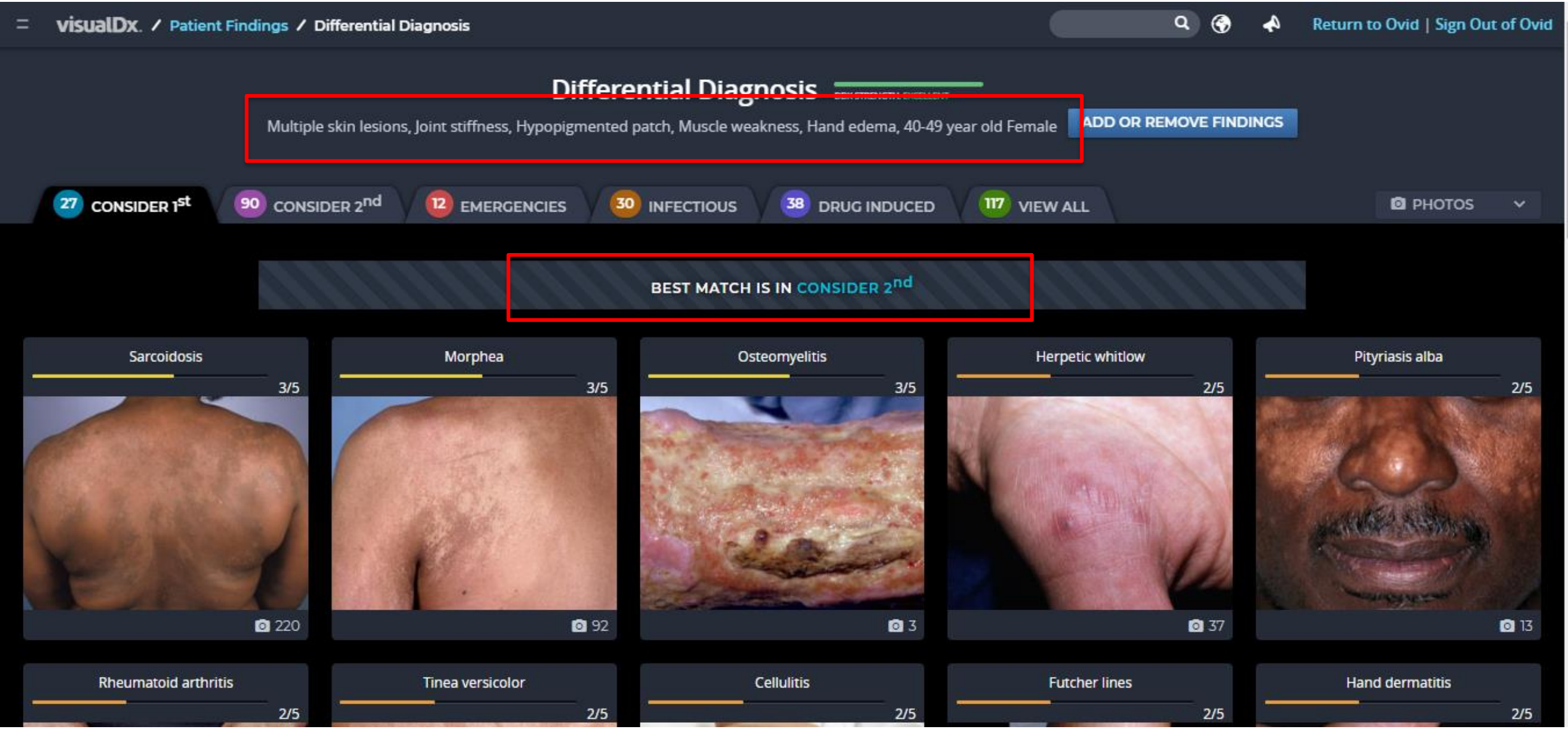
Other cases of cheilitis are due to candidal infection related to chronic lip-licking or to the use of petrolatum-based materials that are applied to the lips. The petrolatum seals in moisture, allowing the

View all Images (4)

實例演練

- A 43-year-old woman went to her primary care doctor after noticing that the skin on her hands had become taut and shiny and looked swollen. She complained of joint stiffness in both hands. Additionally, she had noticed some hypopigmented patches on her back, giving her skin a salt-and-pepper appearance. Other than fatigue and some muscle weakness, she hadn't noticed any other general symptoms.




visualDx / Patient Findings / Differential Diagnosis
Return to Ovid | Sign Out of Ovid
Differential Diagnosis
Multiple skin lesions, Joint stiffness, Hypopigmented patch, Muscle weakness, Hand edema, 40-49 year old Female
ADD OR REMOVE FINDINGS
27 CONSIDER 1st
90 CONSIDER 2nd
12 EMERGENCIES
30 INFECTIOUS
38 DRUG INDUCED
117 VIEW ALL
PHOTOS
BEST MATCH IS IN CONSIDER 2nd
Sarcoidosis 3/5 220
Morphea 3/5 92
Osteomyelitis 3/5 3
Herpetic whitlow 2/5 37
Pityriasis alba 2/5 13
Rheumatoid arthritis 2/5
Tinea versicolor 2/5
Cellulitis 2/5
Futcher lines 2/5
Hand dermatitis 2/5

Differential Diagnosis

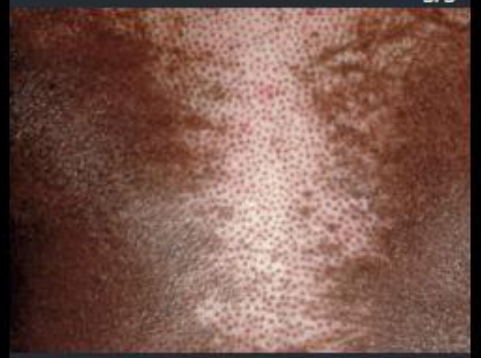
DDX STRENGTH: EXCELLENT

Multiple skin lesions, Joint stiffness, Hypopigmented patch, Muscle weakness, Hand edema, 40-49 year old Female

ADD OR REMOVE FINDINGS

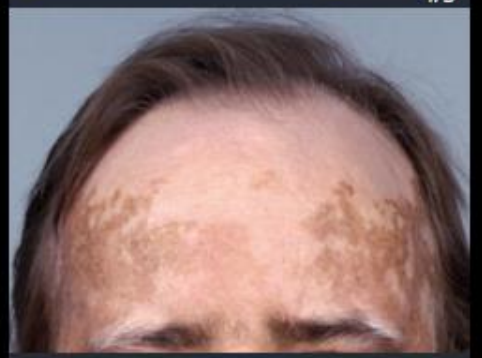
27 CONSIDER 1st | 90 CONSIDER 2nd | 12 EMERGENCIES | 30 INFECTIOUS | 38 DRUG INDUCED | 117 VIEW ALL | PHOTOS

Scleroderma 5/5



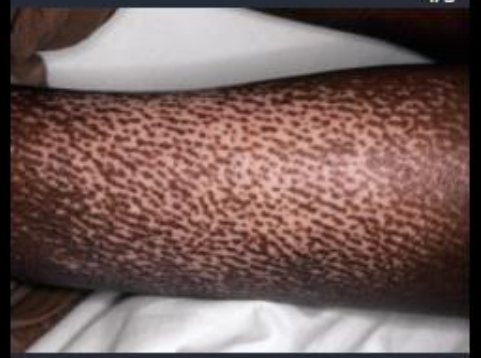
133

Chronic graft-versus-host disease 4/5



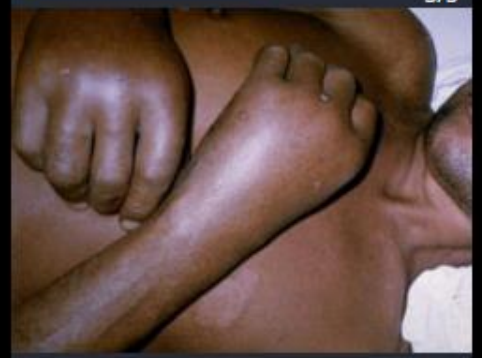
36

Sclerodermatomyositis 4/5



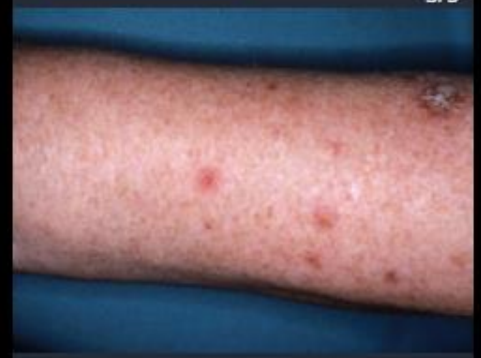
17

Leprosy 3/5



63

Polymyalgia rheumatica 3/5

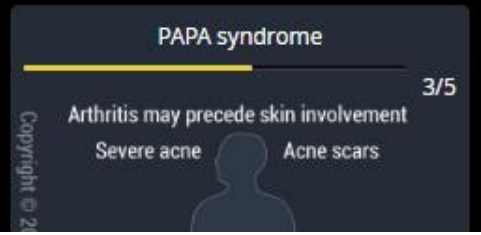


3

Drug-induced sclerodermoid reactions 3/5

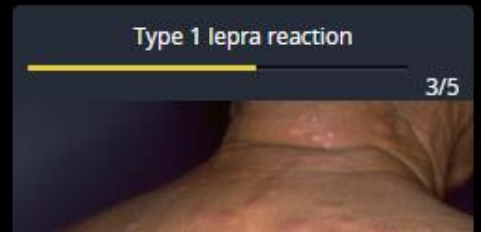
Eosinophilic fasciitis 3/5

PAPA syndrome 3/5



Trichinellosis 3/5

Type 1 lepra reaction 3/5



Differential Diagnosis

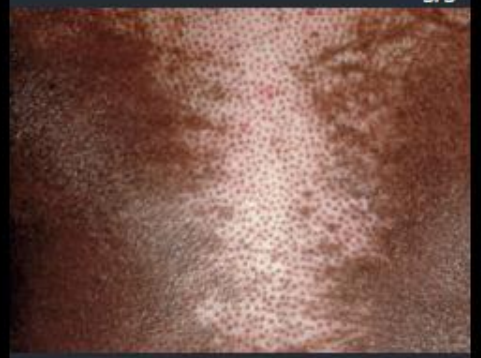
DDX STRENGTH: EXCELLENT

Multiple skin lesions, Joint stiffness, Hypopigmented patch, Muscle weakness, Hand edema, 40-49 year old Female

ADD OR REMOVE FINDINGS

27 CONSIDER 1st | 90 CONSIDER 2nd | 12 EMERGENCIES | 30 INFECTIOUS | 38 DRUG INDUCED | 117 VIEW ALL | PHOTOS

Scleroderma 5/5



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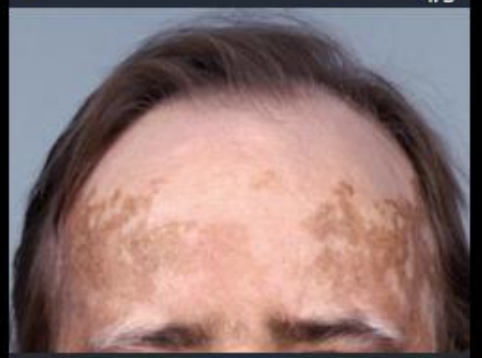
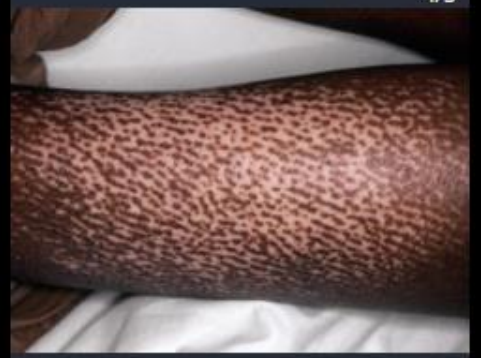
Chronic graft-versus-host disease 4/5



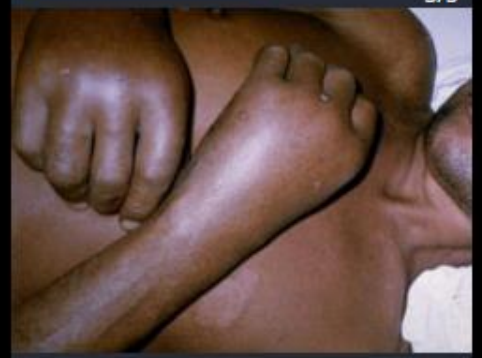
36

Sclerodermatomyositis 4/5



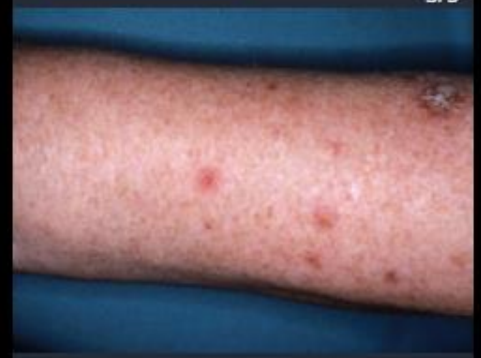
17

Leprosy 3/5



63

Polymyalgia rheumatica 3/5

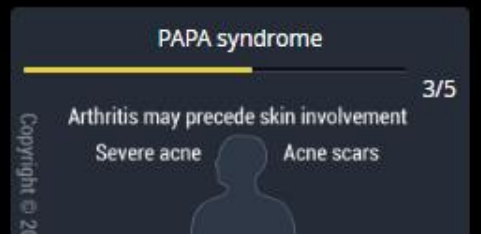


3

Drug-induced sclerodermoid reactions 3/5

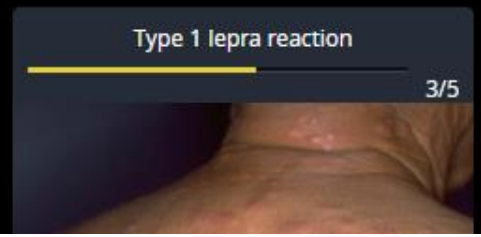
Eosinophilic fasciitis 3/5

PAPA syndrome 3/5



Trichinellosis 3/5

Type 1 lepra reaction 3/5



visualDx

Thank You

如需更多詳細內容

請洽飛資得醫學資訊 (02)2658-1258

Wolters Kluwer

Wolt