

## **8 month old with poor weight gain**

William Anderson who is an 8 month old child is new to this practice. He is here for a routine physical but Mom is most concerned that he is small.

### **Tasks:**

- Read the history and physical exam.
- Write a detailed assessment and plan including:
  - A 1-2 sentence summary of the case
  - Problem List
  - Differential Diagnosis
  - A discussion of what you think the diagnosis is and why you think it is.
  - Explain why other things on the differential are less likely
  - Thorough discussion of your plan.
- You are definitely allowed to look things up or read about failure to thrive.
- Bring in your reading materials as well as your write-up. Also e-mail your writ-up to me.

8 month old male with cc pale, thin, and small.

William Anderson is an eight month old child who one month ago moved from Springfield, MA. He is seen for the first time by his pediatrician, who is concerned because the infant appears thin, pale, and of small stature.

William was a full term infant born to Gravida III, Para II, 24 year old married woman. He weighed 6 pounds 12 ounces at birth and was delivered vaginally after an uneventful pregnancy. Mrs. Anderson attempted to breast feed him, but he gained weight poorly and was switched to Enfamil. This was a difficult transition - he didn't seem to know what to do with the bottle. He would drink 3-4 ounces every three to four hours and when he was 3 months old he weighed only 9 pounds. At the time the family was living with Mrs. Anderson's parents and his mother started him on cereal which he also rejected. He would push the nipple or food out of his mouth. She added fruit which he like and would eat a jar of fruit with each meal. he eats very little cereal and continues to drink no more than 12-16 ounces of milk per day. He still doesn't seem to gain as well as his two sisters.

He had no history of vomiting or diarrhea, but was rather constipated and had one firm stool every 2-3 days. he had no episodes of fever, although he had several respiratory infections and one ear infection. Unlike his two older sisters, he was a fussy baby and would wake frequently during the night at which time he was given apple juice or water.

At age 6 months the family moved to a small one bedroom apartment south of Springfield and when Mr. Anderson could not find work they moved to Worcester where Mr. Anderson works at the Norton company as a maintenance man. At this time they switched him to whole milk, but he still takes only 12-16 ounces per day.

PMH: Indicates other than his poor feeding, William did not have any infections or unexplained fevers. He had one DPT and IPV at age 3 months.

Development: He smiled at six weeks, sat at five months, stood at seven months. He had his first tooth at seven months and currently babbles using bisyllabic repetitions.

Family History: Mother is age 24, she is 5'3", weighs 120 pounds, and is in good health. Father is age 23, is 5'11", weighs 180 pounds, and works as a maintenance man at Norton Company. Prior to his current job the family was on welfare. there are two other female siblings ages 3 and 2 years who are "normal" size. there is a family history of diabetes in the maternal grandfather. No members of the family are described as short. The family currently lives in a one bedroom apartment in a newly renovated triple decker.

Pertinent positive findings 1) poor feeder, 12-16 ounces of milk per day, 2) juice and fruit supplement, 3) weighed at birth 6 pounds 12 ounces, at three months 9 pounds, 4) multiple moves and unemployed father, 5) incomplete immunizations, 6) was on Enfamil without iron, 7) no other sources of iron intake.

Pertinent negative findings: 1) no history of fever, 2) no vomiting or diarrhea, 3) normal developmental milestones, 4) parents and grandparents of normal stature.

<b>Growth</b>	<ul style="list-style-type: none"><li>• BW: 6 lb 12 oz (3.07 kg)</li><li>• 3 months: 9 lb 00 oz (4.09 kg)</li></ul>
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	• 8 months: 13 lb 10 oz (6.20 kg)
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**PE:**

Vital signs: BP 75/55 RR 20 P 140 T 98.0

Growth: HC 44 cm Wt 6.2 kg Ht 66 cm

Gen appearance: Pale, thin, somewhat irritable. Clinging to mom and is unwilling to separate.

Skin: Minimal subcutaneous tissue, pallor, papular peeling rash in the diaper area.  
No cyanosis or jaundice.

Head: Normal shape. Fontanel is 1x2 cm and flat.

Eyes: PERRL. No strabismus. RR present bilaterally.

ENT: Unremarkable.

Neck: Supple without lymphadenopathy.

Chest: Prominence of the ribs without any deformity.

Heart: RRR, no mgr.

Lungs: Clear.

Abdomen: scaphoid. Liver palpable 1.5 cm below RCM. Spleen is not palpable.

Abdomen is soft, non tender without masses.

GU: Normal immature male.

Neuro: Pulls to stand. Bisyllabic babbling. Pincer grasp. Normal tone and strength.

Reflexes 2+ =. CN's grossly intact.

## **Baby food**

The baby fruits have between 46 and 80 cal's per 4 oz jar of the strained stage 1 fruits. Most are at the high end.

### **Labs:**

WBC 6800; HCT 27; Hb 8; Plt 450K; S38/L56/M4/E2;  
MCV 60; MCHC 26; RDW 17.4; Retic count 2%.  
Smear microcytosis, hypochromia. No basophilic stippling.

Ferritin < 10 ng/ml  
Fe < 20 mg/dl; TIBC 410

Lead 18 µg/ml

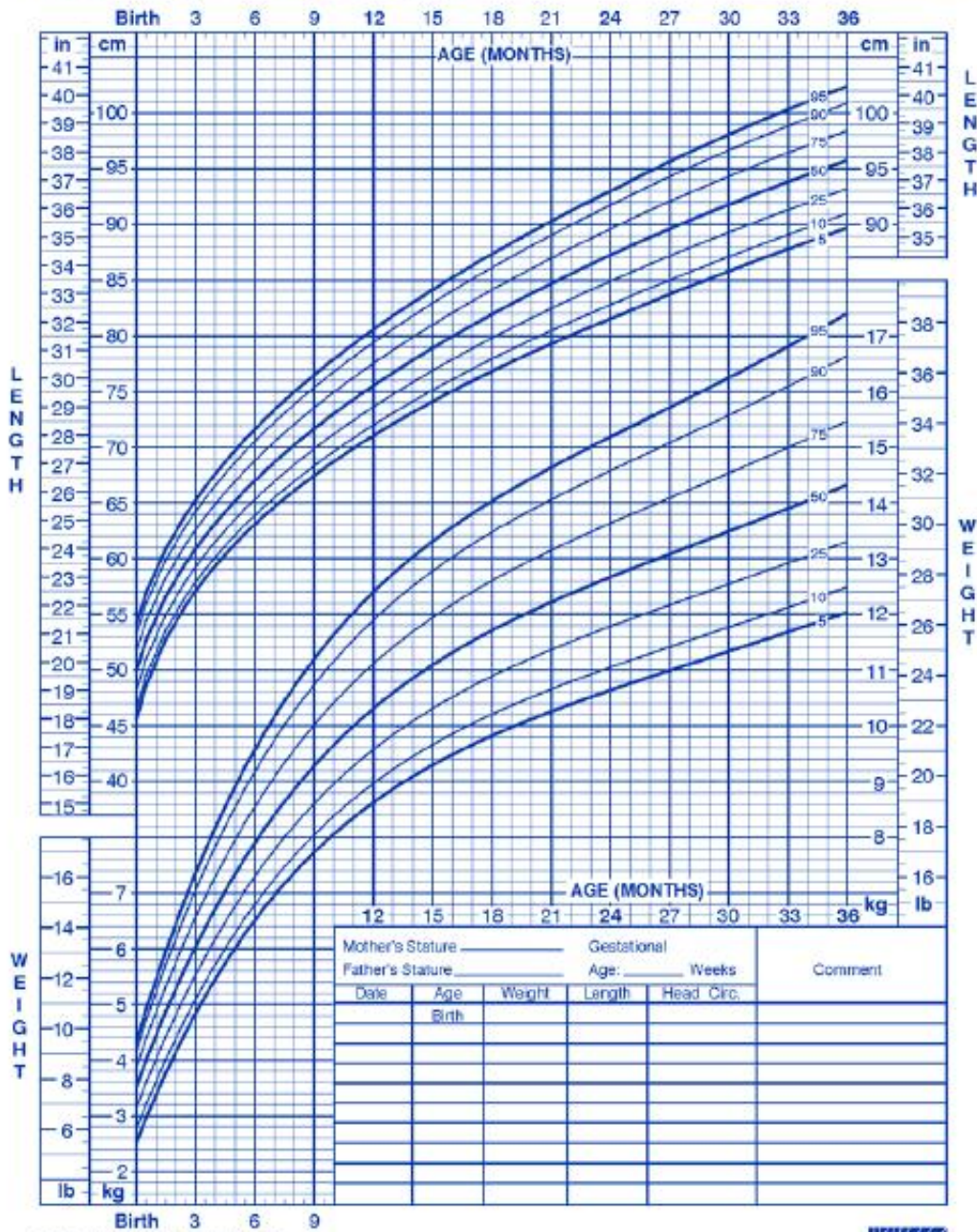
UA: SG 1020; Ph 6.0; negative for glucose, protein, leukocytes, nitrites, and blood.

Na 138; K 5.2; Cl 108; HCO<sub>3</sub> 22; BUN 14; Cr 0.3;

**Birth to 36 months: Boys**  
**Length-for-age and Weight-for-age percentiles**

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 4/2001).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>

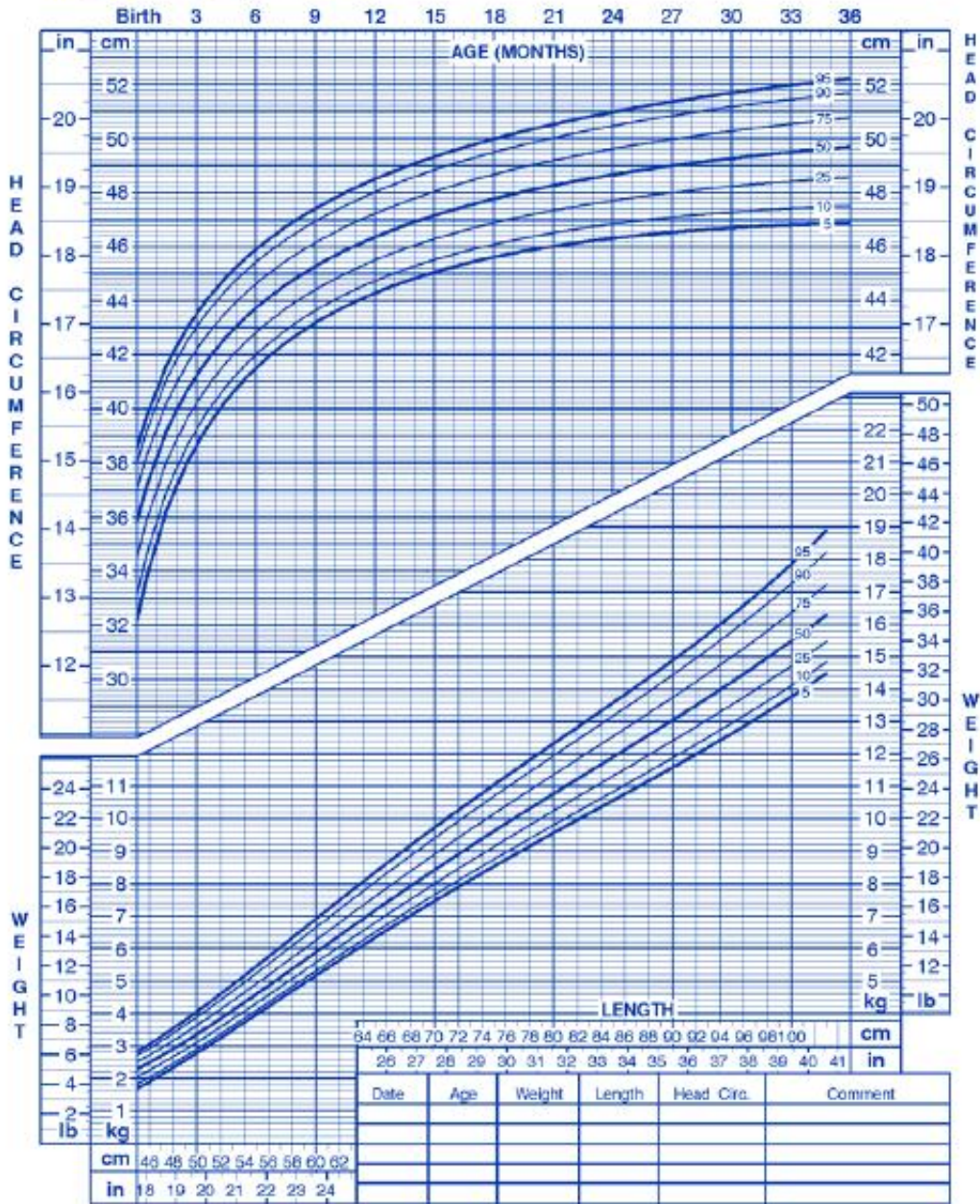


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**Birth to 36 months: Boys**  
**Head circumference-for-age and**  
**Weight-for-length percentiles**

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 10/16/00).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with  
 the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



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