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Main content

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Is it fact or fiction? In this first article of a new series, a pediatrician with years of practice experience offers his pediatric words of wisdom, or "mythbusters" as the case might be, about common childhood maladies.

In my many years as a pediatrician, I have identified a number of "pearls," or words of wisdom, that can help in the clinical setting. Some of these pearls are practical, but relatively little known, tips. Some of them are common but erroneous medical beliefs held by parents that must be addressed in order for families to follow through on a treatment plan or have faith that their pediatrician knows what he or she is doing. Lastly, some pearls are erroneous (or, at least, unsubstantiated) beliefs held by pediatricians themselves. In this first of several articles, I will review some of these unknown truths and known falsehoods.

Support for the statements that follow will be of various strengths. Although much of early medical school teaching is lost over time to the pediatrician without adverse effects (I know I have never had to rely on a knowledge of the Krebs cycle to provide good care in the outpatient setting), some truths consistently remain vital, particularly in microbiology, pharmacology, genetics, and probability theory. Thus, some of the material presented here will be derived from these first principles. Other comments will be backed by evidence-based medicine; still others by common sense (which is a useful, but not infallible, justification); and some simply by practical experience. I believe them all to be true, and they arise with some regularity in the office. These "pearls" will be grouped into categories for easy retrieval.

STREP THROAT

1 A red throat with tonsillar exudates, fever, swollen glands, and palatal enanthem might be strep, but the predictive value is low. (1) Throw in a scarlatiniform rash and you are almost certainly dealing with strep.

2 Instructions that come with a rapid strep test may say that any red line is positive. Do not believe this. Perform a conventional culture on those weak positives and see how they really stack up. We did this in the office and no...

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These Peds Pearls can be placed in the places education really gets done Bathrooms. Ships from and sold by Pedi-Ed-Trics Emergency Medical Solutions, LLC. Add to Cart. Buy Now. Have one to sell? Sell on Amazon. Flip to back Flip to front. Listen Playing Many soldiers living in the trenches suffered from Trench Foot. Rain and bad weather would flood the trenches making them boggy, muddy, and could even block weapons and make it hard to move in battle. Sustained exposure to the wet, muddy conditions could cause Trench Foot, which sometimes would result in the foot being amputated. Cold weather was dangerous too, and soldiers often lost fingers or toes to frostbite. Some soldiers also died from exposure in the cold. Soldiers rotated through three stages of the frontline. The distance between enemy trenches was anywhere from 50 to 250 yards apart. The noise and uncomfortable surroundings made it very difficult to sleep in the trenches. Soldiers were constantly tired and in danger of falling asleep. 4. Remove pearls from necklace by cutting the old thread. This can be done, one at a time, starting at the same end where clasp was removed, in which case, the pearl will be strung immediately on the thread. Or the pearls can be removed all at once, being careful to lay them in the same order. If they were knotted, you'll need to cut between each one. Be careful not to let them fly away from you. If using new pearls on a string, a few can be removed and strung together saving time. 5. String all pearls on the thread .