

SLEP SUMMER SCHOOL 2020

Fellow 11 Thelma Barreto

Newborn 18 days old presenting hypoactivity and cyanosis at 24 hours of life. Capillary blood glucose was 14 mg/dl so glucose 10% bolus and orotracheal intubation was indicated. At third day he presented seizures. The baby persisted with hypoglycemia requiring GKM up to 15. Even receiving oral alimentation, he started to receive hydrocortisone at 300mg/m²SC. Referred to our institute for persistent hypoglycemia for approach and management

FAMILY HISTORY: Mother of 24 years, healthy. Father of 39 years, healthy. Healthy half-brother. Younger sister 1 year and a half, with persistent hypoglycemia starting at 72 hours of life, requirements of GKM 18.8, pancreatectomy 32 days of life. Paternal grandmother with DM2. Maternal great-grandmother with stomach cancer and DM2

GYNECOBSTETRIC HISTORY: 24-year-old mother G1 at the time of pregnancy. Prenatal control from the second month. Three US reported normal. Three episodes of urinary tract infection in the last trimester, ampicillin management. 12 kg of weight gain during pregnancy. Denies other complications during pregnancy.

Vaginal delivery, Capurro 40 SDG, APGAR 8/9, weight 2760g, Height 50cm, head circumference 33cm.

GROWTH PARAMETERS: Weight: 3494gr (p41 Z -0.22) Height 51cm (p37 Z -0.34) W/H: (p38 Z -0.31) CP 34cm (p13 Z -1.14)

PHYSICAL EXAM: Normocephalic with posterior punctate fontanelle, anterior normotensive fontanelle 2.5 x 2 cm, red reflex present, normal palate, central uvula. Neck with small thyroid, adequate consistency. Depressible soft abdomen without visceromegaly, Tanner I / I female genitalia, symmetrical extremities, adequate tone.