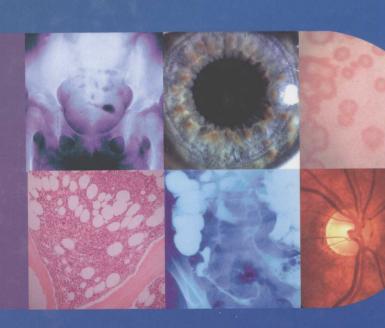


Forfar & Arneil's

Textbook of Pediatrics

Edited by

Neil McIntosh Peter Helms Rosalind Smyth Stuart Logan



Forfar & Arneil's TEXTBOOK of PEDIATRICS

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Note

Knowledge and best practice in this field are constantly changing. As new research and experience broaden our knowledge, changes in practice, treatment and drug therapy may become necessary or appropriate. Readers are advised to check the most current information provided (i) on procedures featured or (ii) by the manufacturer of each product to be administered, to verify the recommended dose or formula, the method and duration of administration, and contraindications. It is the responsibility of the practitioner, relying on their own experience and knowledge of the patient, to make diagnoses, to determine dosages and the best treatment for each individual patient, and to take all appropriate safety precautions. To the fullest extent of the law, neither the Publisher nor the Authors assumes any liability for any injury and/or damage to persons or property arising out or related to any use of the material contained in this book.

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Seventh Edition

Forfar & Arneil's

TEXTBOOK of PEDIATRICS

Preface

One of the most important developments in the 21st century has been the acknowledgment that clinical practice should be embedded where possible in a sound evidence base. The editors of this new edition of Forfar & Arneil's Textbook of Pediatrics continue to set contributors the challenging task of ensuring that the statements and recommendations made are based on the most robust clinical research available. The objective assessment of evidence and the formulation of secure recommendations from the evidence are gathering pace. In Child Health the evidence base, with the possible exception of disciplines such as oncology and neonatology, is not as comprehensive or as well defined as we would wish. This edition of Forfar & Arneil continues to flag up the most important evidence sources for the content of each chapter. The whole book has been revised and updated and the chapter authors and editors again incorporate where possible secure evidence of therapy, diagnosis, etiology and prognosis. This evidence is incorporated into the individual chapters and in the chapter reference list is starred for easy reference. We believe that the result is the most comprehensive evidence-based general textbook of pediatrics available. Our ability to access best evidence has been greatly enhanced by the rapid advances of information technology and electronic

publishing and consequently another important new feature for this edition is a website of the text in which references listed in PUBMED can be accessed via the internet. We would like to acknowledge the outstanding contributions of the many individual authors and our chapter editors, without whom this ambitious project would not have been possible. It has been a great privilege to work with them. We would also like to thank our own secretaries for their unstinting help (Elaine Forbes, Flora Buthlay, Collette Lorne and Stella Taylor) and of course our respective families for sharing the burden with us.

As with previous editions the book is produced by the Elsevier Organization. There have been many highly professional people involved. We hope that this new 7th edition with its expanded formal evidence base will be well received by you, the reader, and become as trusted a friend and guide as have previous editions.

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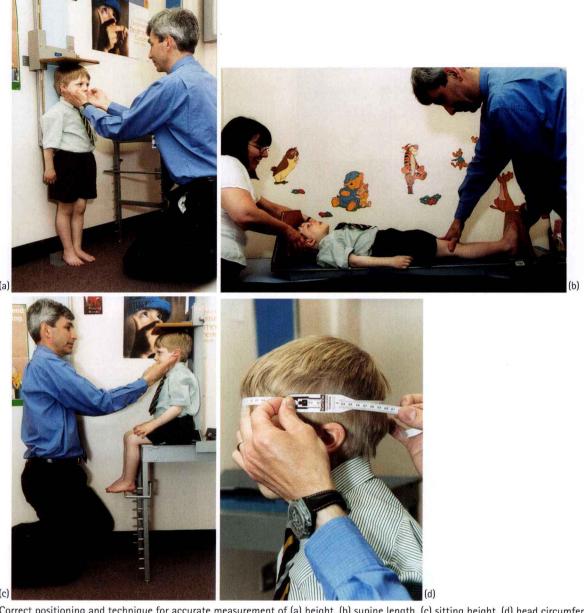


Plate 15.15 Correct positioning and technique for accurate measurement of (a) height, (b) supine length, (c) sitting height, (d) head circumference. For description see text (see p. 430).



Plate 22.15 Tuberous sclerosis: adenoma sebaceum (see p. 839).



Plate 22.16 (a) Tuberous sclerosis: Shagreen patch (see p. 839).



Plate 22.16 (b) Tuberous sclerosis: depigmented patches (see p. 839).



Plate 22.28 Ataxic 3-year-old child showing broad-based gait and elevated arms (see p. 891).



Plate 22.30 A child with dyskinetic cerebral palsy, showing uncontrolled patterns of movement and flaccid trunk, while attempting to reach out (see p. 892).

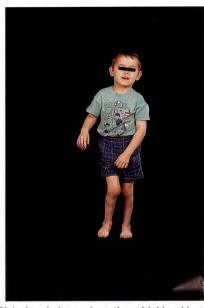


Plate 22.26 Diplegic gait. Internal rotation with hip adduction (see p. 890).

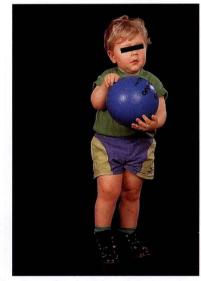


Plate 22.29 Spastic hemiplegia, right-sided – hyperpronated (see p. 892).



Plate 22.32 Central core disease: the cores show absence of staining with NADH (see p. 910).

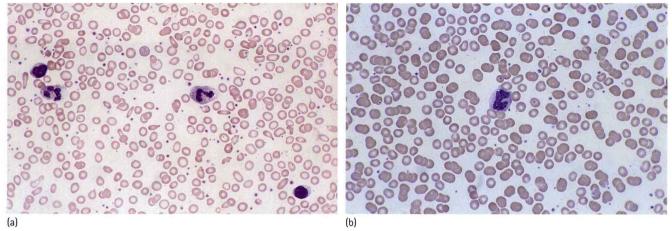


Plate 23.4 Peripheral blood appearances in severe hypochromic iron deficiency with microcytic red cells (a) compared with a normal film (b) (same magnification) (see p. 962).

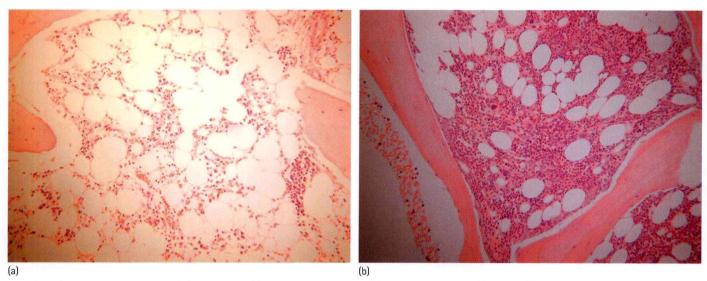


Plate 23.7 The appearances of aplastic bone marrow (a) with a normal marrow (b) for comparison (trephine biopsy) (see p. 965).

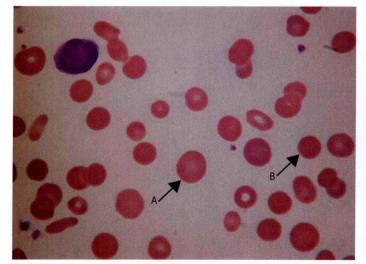


Plate 23.10 Peripheral blood appearance in spherocytosis with spherocytes and polychromasia. A, polychromatic cell; B, microspherocyte (see p. 967).

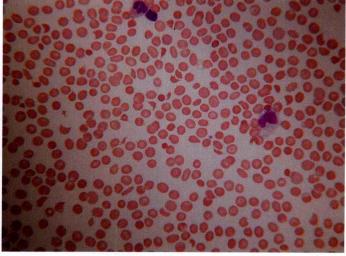


Plate 23.12 Red cell appearances in red cell fragmentation syndromes (see p. 969).

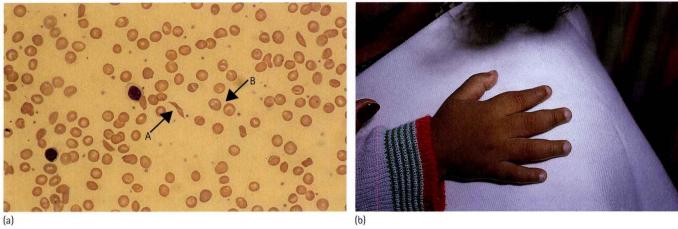


Plate 23.15 (a) Peripheral blood appearance in homozygous sickle cell disease with target cells, polychromasia and distorted red cells (A, sickle cell; B target cell). (b) Swelling of the fingers from dactylitis, a common mode of presentation of sickle cell disease in late infancy. (From Lissauer & Clayden 2001³⁵ with permission) (see p. 971).



Plate 23.20 Acute ankle hemarthrosis in a child with severe hemophilia A (see p. 979).



Plate 23.21 (a) Severe hemophilia in an adolescent showing fixed flexion of right knee, marked arthropathy of left knee and muscle wasting (see p. 980).



Plate 23.26 Acute monocytic leukemia causing gum infiltration (see p. 985).

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