14000/mm³ with lymphocytic predominance and numerous atypical lymphocytes in the smear. Her IMN monospot test was positive. Her alanine aminotransferase (ALT) was 370 IU/L. She was discharged home with diagnosis of glandular fever on symptomatic treatment. A week later, she represented with jaundice, pruritus, nausea and anorexia. Her liver functions showed ALT: 1956 IU/L, aspartate aminotransferase (AST): 1007 IU/L, alkaline phosphatase (ALP): 162 IU/L, total bilirubin: 70 µmol/L, direct bilirubin: 47 µmol/L and albumin: 45 g/L. Her renal functions and clotting was normal.

Her viral markers (hepatitis B virus surface antigen, anti-hepatitis C virus, hepatitis A virus immunoglobulin IgM) were negative. Hepatitis E IgG antibody was positive whereas IgM was negative. Antinuclear, anti-mitochondrial and anti-smooth antibody profile was negative. Ultrasound abdomen showed mild splenomegaly (14cm). Her copper level was 35.8 µmol/L and ceruloplasmin level was 0.52 g/L (0.16-0.45 g/L). EBV viral capsid antigen IgM and IgG were positive and EBV nuclear antigen IgG was negative. Cytomegalovirus IgM was negative and IgG were positive. Her IgA and IgM antibody levels were mildly elevated 3.36 g/L (N: 0.8-2.8 g/L) and 2.8 g/L (N: 0.5-1.9 g/L) respectively. She was treated with ursodeoxycholic acid and fat soluble vitamins.

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Her liver functions improved but were still deranged 4 weeks later.

Symptomatic hepatitis in IMN is rare, more so in paediatric population compared to elderly. The elevation in aminotransferases levels are usually less than fivefold and hyperbilirubinaemia is seen in up to 5% of patients.

In our patient ALT increased more than 30 times and she became clinically jaundiced and symptomatic. Fulminant hepatitis is very rare. Possible mechanisms are lymphocytic infiltration of hepatocytes, cholestasis and auto-immune hepatitis. Treatment is mainly symptomatic and supportive.

Conclusion Patients with IMN should be observed for jaundice and subsequently monitored for liver function in case of hepatitis. EBV should be considered in patients presenting with clinical jaundice.
The results of the MBI further confirmed that 85% of physicians were facing moderate-high level burnout which declined after the roster change to 33%.

Burnout is a growing problem among physicians and can possibly lead to devastating consequences therefore requiring immediate interventions 1, 2, 3, 4, 5, 6, 7, 8. The results revealed that an uneven layout of shifts and breaks within the cycle contributed to high burnout levels which hugely declined after taking into account physicians preferences.

Obesity is a growing problem worldwide and is likely a major cause of the increased prevalence of high blood pressure in children. The aim of the screening program was to investigate the association of blood pressure levels and obesity, hypercholesterinaemia and increased body fluid in adolescents.

2202 children participated in the screening program. Blood pressure, heart rate, body composition, cholesterol and blood glucose level, weight and height and BMI were assessed.

The participants’ range of age was between 14-18 years. The average systolic blood pressure (SBP) was 126.34±12.55 mmHg. Boys had higher SBP than girls (131.87±13.59 mmHg versus 117.49±5.69 mmHg, p<0.001). The average diastolic blood pressure (DBP) was 71.86±8.74 mmHg. DBP was also higher in boys than girls (72.61±9.17 mmHg versus 66.69±5.04 mmHg, p<0.001). High SBP (>percentile 95%) was detected in 307/1326 cases in girls, and in 403/876 cases in boys. Delayed diagnosis of trisomy 21 although not the norm, is not unusual.

Some studies report infant mortality of about 6% in trisomy 21.(Martin et al., 2018) suggesting that up to 40% diaphragmatic hernias could potentially be missed antenatally. As screening tests in the antenatal period have limitations(Kater-Kuipers, Bunnik, de Beaufort, & Galjaard, 2018), it is not uncommon to make new diagnoses of trisomy 21 postnatally.

Trisomy 21 is associated with multiple anomalies including congenital heart disease (65%) (Martin, 2018), and gastrointestinal tract anomalies 6% (Stoll, Dott, Alembek, & Roth, 2015). Some studies report infant mortality of about 6% in trisomy 21. (Martin et al., 2018)

Case Summary We report a case of 8-month-old, previously fit and healthy baby presenting to our assessment unit with cough, coryza and increasing breathlessness. On assessment, he was noted to have respiratory distress, oxygen requirement and a respiratory acidosis on blood gas analysis. He was diagnosed with RSV negative Bronchiolitis. He was admitted and commenced on humidified high flow nasal cannula with oxygen requirement up to 40%. Over the next 3 days, he was weaned to nasal cannula oxygen and started nasogastric feeds.

It was reported to be suspicious of left diaphragmatic hernia with associated mediastinal displacement to right side.

Further imaging with computed tomography confirmed a left sided Morgagni’s diaphragmatic hernia with multiple bowel loops and the left lobe of liver.

The patient was transferred to a tertiary Paediatric unit for surgical correction. He was operated successfully without any complications and discharged home. His genetic testing was laterreported as confirmatory of non-dysjunctional trisomy 21.

Discussion Traditionally, trisomy 21 is described as a syndrome with the classic phenotype of slanted palpebral fissures, protruding tongue and single palmar creases. In view of a persistent oxygen requirement and a gurgling sound and crepitations on auscultation disproportionate to his symptoms, a chest x-ray was requested.

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In one study from Saudi Arabia (Al-Salem et al., 2014), out of 53 infants with Morgagni’s hernia 15 (28.3%) had down syndrome.

Benachi et el describe the antenatal detection rate in Europe reaching up to 60%(Benachi, Cordier, Cannie, & Jani, 2014) suggesting that up to 40% diaphragmatic hernias could potentially be missed antenatally.

Conclusion Delayed diagnosis of trisomy 21 although not the norm, is not unusual.

One should be proactive in offering genetic tests in suspected trisomy 21 and once diagnosed should be thoroughly screened to diagnose associated anomalies.