Demographics

- Patient A
- DOB: 13/2/21
- from Hillbrow

1 year old male
#RVD unexposed
Dual Feeds (Breastmilk and Complimentary feeds)
IUTD
Previous admission to RMMCH in April 2021 for a LRTI at 2mo of age, subsequently presented in November 2021 for a URTI sent to IMCI for TST (not done)
16/2/22: presented with poor weight gain as reported by mother
Wt 6kg (-3) MUAC 11cm Ht 66cm
Patient was then referred to Edenvale Paeds OPD as a SAM ? Cause.
8/3/22: Came in for review of results. HIV PCR +ve CD4 662 Hb 7.8 Plt 537 WCC 16,35
Mother was apprehensive and overwhelmed at the news of the results & thus requested a repeat test 9/3/22 before initiation of treatment
Past medical history

- As above in problem list

Feeding history

- Exclusively breastfed for 6 mo
- Breastmilk and complimentary feeds (soft diet)

Immunization status- IUTD
Birth history

- Term baby delivered via NVD- uneventful
- RVD Unexposed

Maternal history

- Mother RVD non reactive in pregnancy
- Normal Booking bloods
- No illnesses within pregnancy

Social history

- Child on social grant
- Resides with mother

On Examination
Baby bouncy and happy
Apyrexial
No lymphadenopathy
Systems:NAD

Assessment: Newly Diagnosed RVD and SAM

<u>QUESTIONS</u>

1. Do you think this patient was appropriately managed from index presentation? If no, what would you as a clinician have done differently?
2. Is ANC efficient enough in PMTCT?
3. What is the further management of the above case?

4. On the visit mother was in denial, and requested to come back the following day for a repeat test before initiation, however the mother didn’t come back as planned. what do you do now for this child?
5. What would you initiate the patient on, and dosages?