



General Pediatrics in La Paz

By Ann Oluloro | July 26, 2010

Last week I completed my rotation in the general pediatric department with Dr. Bocangel. I enjoy general medicine because of the variety of cases that general practitioners can see on any given day. In the general pediatric unit, here at Hospital del Niño the cases presented are as varied as are the patients.

Each day on the general pediatrics ward began with “rounds.” Rounds is a term that refers to the act of the doctors reviewing the patients chart, completing an assessment of the patient, and then making any adjustments to the patient’s treatment plan. During rounds here in the general pediatrics ward, there is often about four doctors, several med students, a nutritionist, a psychologist, and a nurse per a patient. The bedside of the patient is surrounded by a ton of people, and I somewhat feel sorry for the patient because he/she probably feels smothered by the amount of health professionals. There were definitely several patients that I encountered during the week that stuck out in my head. One patient, who I’ll call Patient C (male; ~10 yrs old), was admitted to the hospital because he had sharp pains on his side and had difficulty breathing. The sharp pains started after a ball hit him on his side while playing with his friends. After being admitted to the hospital, the doctors took a chest x-ray. During the rounds, I listened as the doctors discussed the results of the chest x-ray. With the result of the chest x-rays, the doctors concluded that something was pushing on Patient C’s lung and therefore his lungs could not properly expand. He was going to need surgery as soon as possible to prevent complete lung collapse. To complicate matters, Dr. Bocangel told me and the other two interns in Spanish that Patient C had “quiste hidatidico” which was slowly leading to multiple organ failure. When the other two interns and I heard this, we immediately looked at each other in hopes that one of us knew what this disease was but none of us did. We asked Dr. Bocangel to explain what it was and she did. She translated “quiste hidatidico” into English for us; the English term is hydatid disease. Even though she had just translated the word into English, we were still confused because none of us knew anything about this disease. She began to explain in Spanish what hydatid disease is. From Dr. Bocangel, I learned that tapeworms cause hydatid disease. The tapeworm cycle that normally occurs in animals such as dogs causes illness in humans when present. In addition, the tapeworm is able to enter the human blood stream via the intestines and then is able to travel via blood to other organs thus causing organ damage. In Patient C’s case, cysts had begun to form in his abdominal region. Dr. Bocangel said that more likely than not Patient C has had the tapeworms for a while. She also said that the Patient C is currently undergoing dialysis b/c he has not been able to pee for 11 days and that he is anemic. As the doctors finished discussing Patient C’s case, they concluded that the most important thing right now is to have Patient C undergo surgery for his collapsing lung and to worry about the hydatid disease later.



Furthermore, during rounds I saw a variety of patients each with different symptoms and diagnoses. The following is a list of some conditions and diseases that I observed in while in the general pediatric unit:

- Neurofibromatosis (A genetic disease that leads to tumors in the fibrous sheaths of nerves and in some cases causes mild mental retardation)
- Urinary Tract Infections (UTI)
- Fractured knee caps
- Fractured skull
- Edema (but source/cause not known)
- Abuse (both mental and physical)

Besides doing rounds, I was also able to work with Dr. Bocangel as she did consults on Tuesday. By trade, Dr. Bocangel is a nephrologist (deals with the kidneys). During her consults, I noticed that most of her patients suffered from some sort of UTI. I asked her if this was common and she said yes because in Bolivia most children get a UTI because of poor hygiene. By being present during Dr. Bocangel's consults, I learned so much about UTIs. I learned about the three main types (acute pyelonephritis, cystitis, and urethritis), differences in symptoms for the three types, tests/diagnosis, and treatment. Dr. Bocangel also showed me what to look for in x-rays when suspecting UTI or other renal problems. Not only did she teach me those but she also taught me how to "read" lab results, specifically she went over the normal ranges of the chemical, sediment, and physical results. She let me review some of her patients' labs and would ask me my opinion of the results. I thought that was pretty fun because I have to use the knowledge and information I had just learned and put it into practice.



For this week, I'm in infectious diseases working with Dr. Velasco at Hospital del Niño. I can't wait to write about everything that I've done so far in the infectious disease unit.

To read more from Ann, visit her webpage at <http://anninbolivia.blogspot.com/>