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Figure 1. Multiple facial lesions.



Figure 2. Different types of burns on patient's back.



Figure 3. Burn. The cigarette in the picture was used to compare diameters. Used with permission of Itai Shavit, MD, Emergency Department, Meyer Children's Hospital, Rambam Health Care Campus, Haifa, Israel.

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A previously healthy 4-year-old child was presented because of refusal to eat or drink. No vomiting, fever, or diarrhea was reported by the parents. Examination revealed a normally behaving afebrile child with no signs of dehydration or sepsis. Multiple "impetigenized" lesions were noted on his face (Figure 1). The initial diagnosis of impetigo was cast into doubt after more lesions were revealed on patient's back and limbs. All lesions were regular in size and round, some had vesicular appearance, and others were more erythematous and raised (Figure 2). Child protective services were called.

*For the diagnosis and teaching points, see page 582.
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drawbacks of nesiritide and intravenous nitroglycerin in the treatment of patients presenting to the ED with acutely decompensated congestive heart failure.

4. A. What is the trial registration? Why is it important? This trial was registered. Find the registration page online. Is the trial registration information adequate? When was the trial registered? Are there any potential problems? What else would you like to see?
- (NOV) B. What is the Consolidated Standards of Reporting Trials (CONSORT) statement (see <http://consort-statement.org>)? Discuss the importance of items 6 through 11 in the CONSORT checklist (study outcomes, sample size, randomization generation, allocation concealment, randomization implementation, blinding, or masking). What are the pros and cons of reporting guidelines such as CONSORT, Quality of Reporting of Meta-Analysis (QUOROM) and Standards for Reporting of Diagnostic Accuracy (STAR-D)?
- (INT) C. Discuss to what extent this study successfully addressed items 6 to 11 in CONSORT and how any shortcomings might bias this study.
5. A. In your opinion, what are the most important conclusions from this article? How might the limitations mentioned by the authors affect your decision whether to change your clinical practice with regard to the treatment of patients with acutely decompensated congestive heart failure in your ED?
- (NOV) B. Nesiritide is a recombinant form of the natural human peptide, hBNP. Studies have demonstrated that patients with acutely decompensated congestive heart failure often already have increased BNP levels in the blood.^{9,10} If these

patients already have increased levels of BNP circulating in their blood, how does nesiritide improve the treatment of acutely decompensated congestive heart failure?

- (INT) C. What additional information or data analyses would you like the authors to provide for you to change your clinical practice?

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DIAGNOSIS:

Child abuse caused by cigarette burns. The patient's mother admitted that she had purposely inflicted cigarette burns to her child. Cigarette burns are a major diagnostic problem.¹ Burns located on a child's back or buttocks are unlikely to have been caused nondeliberately and therefore are more suspect than burns about the face and eyes, which can occur accidentally if the child runs into a lighted cigarette held by an adult.^{1,2} Multiple lesions caused by cigarette burns are distinctively suggestive of child abuse, especially if they are of uniform size, circular, and showing groupings on the face, back, or limbs.^{1,2} A typical lesion has a diameter of 0.5 to 0.8 cm and a well-defined smooth edge (Figure 3). Lesions in various stages of healing may be misdiagnosed as staphylococcal bullous impetigo or varicella virus infection.³ These cases are probably underreported because of low index of suspicion. A missed diagnosis can result in inappropriate medical care, ongoing abuse, and future fatality.^{2,4}

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