# Photo Quiz

## A Newborn With Inconsolable Crying

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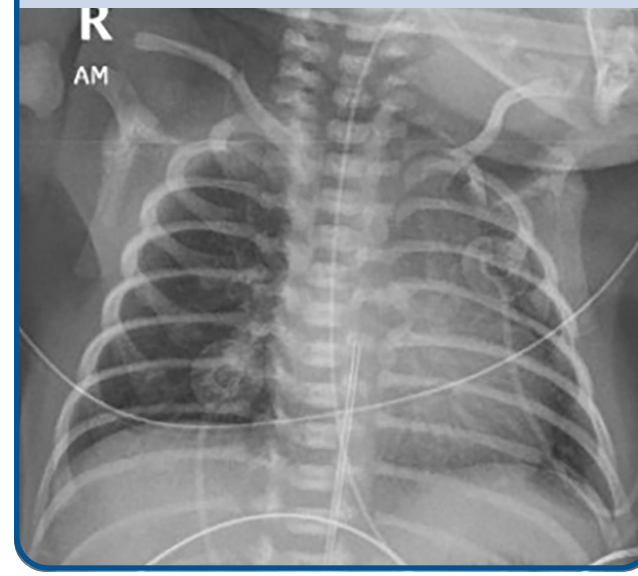
**A newborn** was admitted to the nursery following an assisted delivery. The 24-year-old mother (primigravida) had an uneventful pregnancy. After delivery, the newborn had inconsolable crying and intermittent tachypnea. She was placed on pulse oximetry. The nurse reported a heart rate of 140 beats per minute, with an oxygen saturation of 99% on room air. The family medicine resident was called to the bedside.

On examination, the chest was clear to auscultation. No cardiac murmur or radiofemoral delay were present. The infant had normal tone in all extremities. Blood pressure measurements in all four extremities were similar. Chest radiography was performed *(Figure 1)*.

FIGURE 1




### Question

Based on the patient's history and physical examination findings, which one of the following is the best course of action?

- ☐ A. Counsel and reassure the parents.
- ☐ B. Obtain urgent echocardiography.
- ☐ C. Perform complete workup for sepsis.
- ☐ D. Transfer patient to the neonatal intensive care unit.

**See the following page for discussion.**

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## Discussion

The answer is A: counsel and reassure the parents. A right midclavicular fracture was found on careful review of the radiograph. A neonatal clavicular fracture may occur during instrumental delivery, as in this case, and is often unavoidable. Macrosomia with higher birth weight is a common risk factor. The fracture usually heals spontaneously without treatment and has a good prognosis overall. Intervention is rarely indicated for nondisplaced fractures. Parental counseling and reassurance are important to alleviate concerns and anxiety.[1-4]

Cardiac conditions may cause inconsolable crying in the neonatal period. This newborn had good oxygen saturation on room air with no cyanosis. Therefore, echocardiography is not indicated.

Central nervous system infection can also present as inconsolable crying. The newborn was afebrile, had a normal heart rate, and had normal oxygen saturation. The neurologic examination was normal, making meningitis unlikely. A complete workup for sepsis is not warranted.

Because the infant was clinically stable on room air, escalating support is not required. A transfer to the neonatal intensive care unit would separate the newborn from the mother and may create further anxiety.

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## References

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2. Khan A. An infant with inconsolable crying. *Am J Emerg Med*. 2022;55:227.e5-227.e6.
3. Matijasic N, Plesa Premilovac Z. Inconsolable crying in infants: differential diagnosis in the pediatric emergency department. *Clin Pediatr (Phila)*. 2019;58(2):133-139.
4. Allister L, Ruest S. A systematic approach to the evaluation of acute unexplained crying in infants in the emergency department. *Pediatr Emerg Med Pract*. 2014;11(3):1-18. ■

## GLOSSARY OF EVIDENCE-BASED MEDICINE AND STATISTICAL TERMS

| Term | Definition |
|---|---|
| Sensitivity | Percentage of patients with disease who have a positive test for the disease in question |
| Specificity | Percentage of patients without disease who have a negative test for the disease in question |
| Predictive value (positive [PV+] and negative [PV−]) | Percentage of patients with a positive or negative test for a disease who do or do not have the disease in question |
| Pretest probability | Probability of disease before a test is performed |
| Post-test probability | Probability of disease after a test is performed |
| Likelihood ratio (LR) | LR > 1 indicates an increased likelihood of disease, LR < 1 indicates a decreased likelihood of disease. The most helpful tests generally have a ratio of less than 0.2 or greater than 5. |
| Relative risk reduction (RRR) | The percentage difference in risk or outcomes between treatment and control groups. Example: if mortality is 30% in controls and 20% with treatment, RRR is (30 − 20)/30 = 33%. |
| Absolute risk reduction (ARR) | The arithmetic difference in risk or outcomes between treatment and control groups. Example: if mortality is 30% in controls and 20% with treatment, ARR is 30 − 20 = 10%. |
| Number needed to treat (NNT) | The number of patients who need to receive an intervention instead of the alternative in order for one additional patient to benefit. The NNT is calculated as: 1/ARR. Example: if the ARR is 4%, the NNT = 1/4% = 1/0.04 = 25. |
| Number needed to harm (NNH) | The number of patients who need to receive an intervention instead of the alternative in order for one additional patient to experience an adverse event. |
| 95% CI | An estimate of certainty. It is 95% certain that the true value lies within the given range. A narrow CI is good. A CI that spans 1.0 calls into question the validity of the result. |
| Systematic review | A type of review article that uses explicit methods to comprehensively analyze and qualitatively synthesize information from multiple studies |
| Meta-analysis | A type of systematic review that uses rigorous statistical methods to quantitatively synthesize the results of multiple similar studies |