

PediatricEducation.org is a Pediatric Digital Library and Learning Collaboratory intended to serve as a source of continuing pediatric education.

The goal of PediatricEducation.org is to build a pediatric virtual learning community.

The project's hypothesis is that residents, fellows, and staff physicians practicing pediatrics can broaden and deepen their knowledge of pediatrics through the use of a continuing pediatric education program that is delivered daily in small granules and integrated into their workflow in the form of pediatric cases.

Over time these cases will aggregate into an unstructured curriculum of pediatric topics that will closely parallel the structured curriculum of a pediatric residency, fellowship and continuing medical education program. Engaging in discussions related to these cases will also result in the development of educational collaborative relationships.

PediatricEducation.org is written for and intended primarily for use by residents, fellows, or attending physicians practicing pediatrics. Medical students beginning their study of pediatrics or other health care providers practicing pediatrics may find it useful.

PediatricEducation.org has three components:

- 1. Case Library** - Cases are entered on a regular basis and the case archive is indexed by disease, symptom, specialty, age, and date.
- 2. Learning Collaboratory** - Discussions about the pediatric cases are encouraged. The purpose of this Learning Collaboratory is to bring together, online, individuals interested in pediatrics so they may discuss issues in pediatric patient care, education, or research.
- 3. Reference Library** - The reference library serves as a pediatric knowledge management system, connecting the individual faced with a question with the right information at the right time so they can make the right decision.

The PediatricEducation.org web site can be found at:
<http://www.pediatriceducation.org>

PediatricEducation.org is a work in progress, and we welcome your comments, which may be sent via our online Comment Form at:
<http://www.pediatriceducation.org/sendcomments>

PediatricEducation.org™
"Ex infante, scientia"
A pediatric digital library and learning collaboratory
Curated by Donna M. D'Alessandro, M.D. and Michael P. D'Alessandro, M.D.

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Additional pediatric resources: [SearchingPediatrics.com](#) | [PediatricCommons.org](#) | [GeneralPediatrics.com](#)

What are the Common Benign Bone Tumors?

May 25th, 2009

Patient Presentation
A 4-year-old female was sent to the emergency room of a regional children's hospital for treatment of a right femur fracture. The child had been playing outside with her older siblings and tripped over a sandbox while playing and hit her knee. She was able to get up and come into the house where she again fell in the doorway. She refused to walk and was taken to a local emergency room. Radiographs were obtained and showed a non-displaced femur fracture located a bone lucency. Because of the lucency she was sent to the children's hospital for further evaluation and management.

The past medical history showed a healthy child with a normal diet. The family history showed heart disease and diabetes and no bone problems or cancer in the family. The review of systems was negative including weight loss, sweating, problems bruising or bleeding.

The pertinent physical exam showed a healthy 4 year old with normal growth. Skin examination showed minor shin bruising. She had some mild redness over her right patella and complained of pain just above the knee with palpation and movement. Hip and ankle examination were normal as was the rest of her examination.

The radiologic evaluation showed an oblique non-displaced distal femur fracture through a radiolucent lesion with a well-defined border with no periosteal reaction. There was no soft tissue swelling. The diagnosis of non-ossifying fibroma with a pathological fracture of the femur was made.

The patient's clinical course including consulting orthopaedics who placed her into a hip spica cast as a long leg cast would not be long enough to approximate and fix both fracture ends. She was admitted to the hospital for cast placement and parental education about the cast. She was to followup in the orthopaedic clinic in 2 weeks.

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