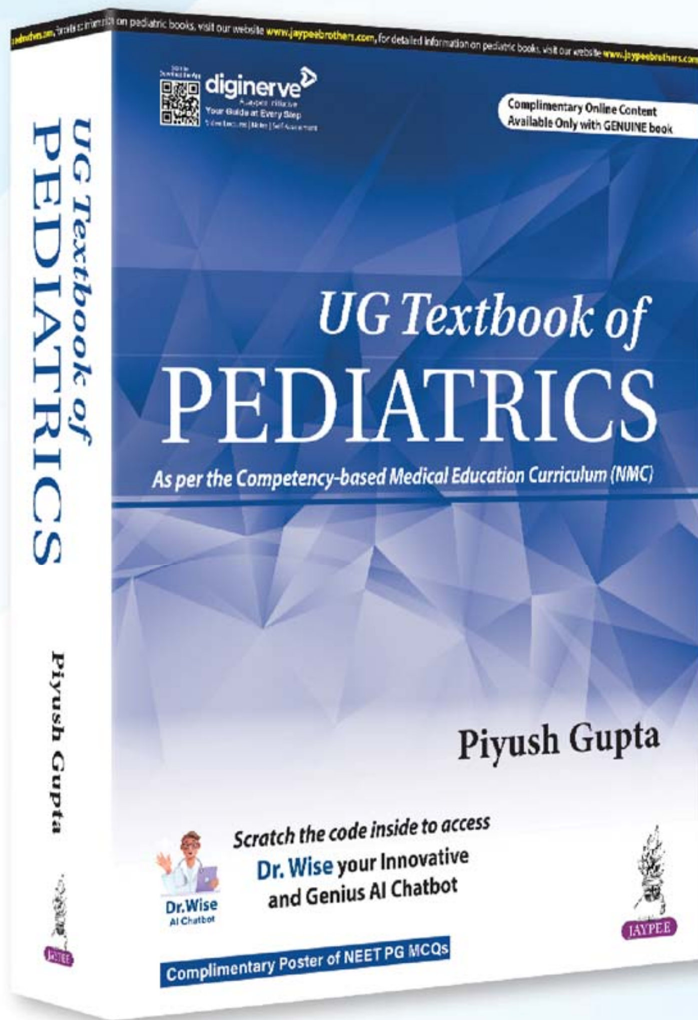

UG Textbook of PEDIATRICS

As per the Competency-based Medical Education Curriculum (NMC)

by Piyush Gupta

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SAMPLE PAGES

Treatment part are highlighted in blue boxes.

TREATMENT Celiac Disease

Stop all gluten containing foods. Gluten is a collective term used to describe the elastic protein component of the cereal grains: wheat, rye, barley, and triticale. A strict gluten-free diet is the cornerstone of management of celiac disease. A gluten-free diet should not contain any detectable source of gluten in it. To manage this, it requires a lot of care in terms of avoiding unintentional consumption of gluten and cross contamination with foods containing gluten.

Wheat contains the greatest amount of gluten, and therefore, *chapattis*, breads, cakes, biscuits, breakfast cereals, etc., are the most significant source of gluten in Indian diet. The starch derived from these cereal grains may also contain small amount of gluten, and should therefore be avoided. These starches are used as thickeners, binders, fillers, stabilizers in many types of processed foods and drinks available in the market.

In celiac disease, rice and maize are the main cereals to be consumed as wheat substitutes. *Chapattis* and breads can be made from mixture of other flours such as gram flour (*besan*), soya flour, maize flour or dried water chestnut (*singhara*) flour. It is best to make these flours at home as commercially available unlabeled flours or flours made in local mills are likely to be contaminated with wheat flour made in the same grinding machine. Commercially available gluten-free flours are acceptable and convenient, but expensive.

A list of common foods which are allowed or forbidden in a child with celiac disease is given here. The clinical response to gluten withdrawal is dramatic. Diarrhea stops, and the growth velocity improves rapidly. A lifelong strict gluten free diet is mandatory.

What is Permitted in Celiac Disease?

- Rice, rice flour, South Indian foods such as *Dosas, Vadas*, and *Uttapams* (except *Rawa/Sooji* preparations such as *Rawa Idli, Rawa Dosa, Upma*)
- Maize, maize flour, corn, bajra, millets, ragi
- Pulses, and flour made out of them (*besan*, soya flour, *moong* dal flour)
- Fresh fruits, fruit juices, salads
- Vegetables and tubers (e.g., potato)
- Home cooked meat, fish, poultry, eggs
- Milk and homemade milk products
- Nuts (not coated/roasted) and dry fruits
- Ghee, butter and oils

What is to be Avoided?

- *Grains:* Items made of wheat, barley, maida, *sooji* such as *roti, poori*, samosa, bhature, etc.
- *Breakfast items:* Bread, bread-rolls, oatmeal, all bakery items, commercial breakfast cereals, seviyan, upmas, etc. (*Note:* All bakery products are likely to contain wheat or traces of wheat gluten)
- *Snacks:* Patty, burger, kulcha, *naan*, biscuits, cutlets, cakes, samosa, mathri, pizza, bread crumbs, soup-sticks, etc.
- *Commercially prepared:* Noodles, pasta, and vermicelli.
- *Beverages:* Barley water, hot chocolate, commercial preparations for enhancement of taste/nutrient content of milk (e.g., Complan, Horlicks, Boost, Bournvita, Protinex), soup cubes, or soup made of a powder mix.
- *Fruits:* Processed fruits and commercial sweets made of fruit extracts, and commercial juices.
- *Sweets/Indian mithai:* All sweets prepared in the market are unsafe to be consumed in celiac disease.

70 Case Studies highlighted in yellow boxes throughout the book

CASE STUDY Celiac Disease

A 5-year-old boy belonging to a middle-income North Indian family has been visiting the pediatric clinic for last 1 year with nonspecific abdominal pain, poor appetite and inadequate weight gain. On one such visit, his records were examined in detail.

He was noted to have microcytic hypochromic anemia on several occasions and thus received iron containing medications every time for varying periods. He had history of several episodes of diarrhea subsiding on its own or on receiving medications. His examination revealed pallor and a slightly protuberant abdomen. On asking, mother reported that the child often develops abdominal fullness after meals. The child's weight was 12 kg and height was 91 cm. Other systemic examination was noncontributory.

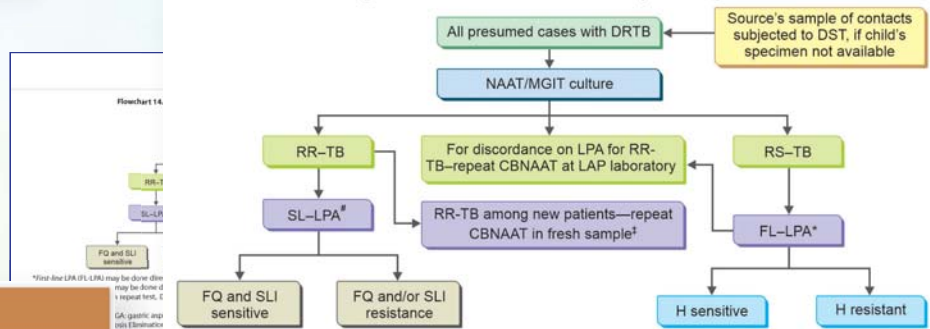
A diagnosis of short stature and anemia was made and celiac disease was suspected to be a cause of the child's problems.

What made clinician think of celiac disease?

In this child, presence of short stature and refractory anemia along with GI symptoms such as recurrent diarrhea and protuberant abdomen made the clinician suspect celiac disease.

The mode of presentation of celiac disease may be quite variable. Though many children with celiac disease have a history of diarrhea, it may not always be typical greasy, bulky and foul smelling stools. Associated short stature (child's height is 83% of expected

No need to Buy Separately **Clinical Case Book on Pediatrics.**



"Nutshell" after each topic helps for last minute review.

IN A NUTSHELL

Tuberculosis

1. Tuberculosis (TB) is caused by a bacterium *Mycobacterium tuberculosis*.
2. Although TB affects lungs more commonly, it can affect any organ of the body.
3. About one-quarter of the world's population has a TB infection.
4. Tuberculosis is spread from person-to-person through the air. When people with lung TB cough, sneeze, or spit, TB bacilli are suspended in the air. Inhalation of this air causes TB infection in the person.
5. Two TB-related conditions are: Latent TB infection (no symptoms) and TB disease where clinical manifestations of disease are present.
6. Tuberculosis can present with fever, cough, weight loss, loss of appetite, and other organ specific manifestations.
7. Diagnosis of TB is based on clinical features, history of contact with an open infective case, positive Mantoux test, evidence of radiological lesions suggestive of TB (X-ray of chest, ultrasound abdomen, or computed tomography (CT) brain), and laboratory investigations (elevated erythrocyte sedimentation rate (ESR), demonstration of tubercle bacilli in the sputum, gastric lavage, or bronchial aspirate), or histopathology of affected lymph nodes.
8. *Cartridge-based nucleic acid amplification test (CB-NAAT)* is the new diagnostic modality that can detect the deoxyribonucleic acid (DNA) of *Mycobacterium* in body fluids and tissues. These tests also detect rifampicin (R) resistance, a surrogate for multidrug resistance (MDR) TB.
9. Tuberculosis is curable with a combination of antitubercular drugs for a proper duration.
10. Disease can be prevented by bacillus Calmette–Guérin (BCG) vaccination, contact tracing, good hygiene, and tubercular preventive therapy to the eligible population.

Flow Charts Given

REVIEWS

The book is wonderful and written in very simple and understandable language apt for UG students. All Domains well covered as per CBME. Every topic covered with case scenarios makes it easier and more practical to understand and remember.

Dr Anjali Edbore
Associate professor
NKP Salve Institute of Medical Science, Nagpur

I have been using this book for 3 months now. This book is very helpful! It is explained in simple language for us students to understand. The topics are broken down under suitable subheadings which makes it easier for us to skim through and remember. The manner the topic has been explained is perfect for us to present on answer paper during exams as it is. The book has many flowcharts, images and highlight boxes wherever necessary.
Cons- There are no cons!
Overall, I would and I have recommended this book to my peers and juniors.
Regards,

Druvadeep S
4th year, RRMCH-BANGALORE

Piyush Gupta Pediatrics" is a comprehensive and insightful guide for pediatric healthcare professionals. Authored by Dr. Piyush Gupta

- All topics are covered in very sequential and eloborative manner with proper font size in colourful manner giving different colour to headings and subheadings
- Topics are explained with the help of flowcharts and tables and very clear images of clinical cases
- Details about clinical cases and their practical application is very helpful for understanding topics clearly
- In every chapter at the end IN A NUTSHELL is given which will be very helpful for scoring in viva as well as MCQs.

Thank you !

Vaishnavi Pandharkar
Final Year, SRTRGMC, Ambejogai

Really it is a great book and language wise easy to understand with colourful and full of flow charts. In University exam short notes are almost covered by flow charts. Diagrams are good and colourful. It is also based on latest CBME curriculum. I recommend it to all my juniors to once try this book, you will fall in love with pediatrics by Dr. Piyush Gupta. Thank you sir for making this book so that students can develop keen interest in pediatrics.

Yogesh
College GMC HALDWANI, Student.

Hi, recently I have used UG textbook of Pediatrics by Dr Piyush Gupta, and the content was well organised and comprehensive with a focus on building concepts. This textbook is competency based following the latest NMC guidelines. The language throughout the textbook is clear and the concepts are explained beautifully. The book has a lot of tables, diagrams and pictorial presentation which keeps it interesting throughout. Highly recommended for all the UG students.

Dr Mansi (PG - Pediatrics)
Carrer Institute of Medical Sciences, Lucknow (U.P)

It is an updated book. The diagnosis and management of diseases presented very nicely. The differential diagnosis and case studies are highlighted for easy to understand. Common diseases of children are presented with colour clinical photographs. The summary of the chapters are helpful for MBBS students. The tables and flow charts are very helpful.

Abhishek Das
Final Year, IPGMER, Kolkata

Textbook of Pediatrics
I have been reading this book since 3 months and covered a few part of it, the book is really good and explains the concept very well.
The book gives a very unique way to revise all the things which we have read already in a very short period of time, by giving ' In a Nutshell' after every chapter. The book also gives the competencies according to the recent syllabus which makes it again a better choice for us both for the university as well as Pg preparation.
It also comes with a chat bot ' Dr. Wise ' which I have been using recently since 1 month and it makes very easy to find answer to a question or a topic with proper reference from the same book along with page number, So my overall experience with this book is really great and I will surely recommend everyone to read this book.

Ashish Ranjan
4th year , MBBS KSHEMA

I switched from reading OP Ghai to Piyush Gupta and I think it was the best thing I could have done this year. No doubt Ghai is the standard book but the book by Piyush Gupta is top notch upto the mark as per international and IAP guidelines. Moreover the pattern of presentation is very much lucid and reader friendly. Very upto date information and strictly adhering to the CBME 2019 guidelines.
The clinical cases, concepts and vignette adds to its perks.They really help after completion of the chapters and also a quick revision. The flowcharts and numerous tables helps as a last minute guide.
I can conclude that this book is the Indian Nelson of pediatrics and has helped me a lot.

Kumarjit
Final year, RG kar Medical College

UG textbook of Paediatrics by Dr. Piyush Gupta is the new force to reckon with.
This CBME updated textbook has numerous unique features which I'm sure are the reason for its high quality. The Contents Page is thoroughly informative, mentioning not only chapter names but also important subtopics listed under each chapter.
What truly makes the book a standout is the numerous case studies indexed according to each chapter with frequently asked follow-up viva questions. Each chapter is summed up in the end in a precise 'Nutshell' which makes revision easier and faster. Photos wherever possible and flowcharts make learning more efficient. Each medical condition is explained thoroughly including vital information from pre-clinical subjects.
Important chapters include those on 'Drug Therapy' which enlists majority of drugs used in paediatrics with their appropriate dose, indications and side effects. A vital need for practical exams indeed! Compared to other books in the market this is definitely a better choice due to better interaction with the reader. Highly recommended!
Regards,

Dr.Kanupriya Ganeriwala
Final MBBS (Topper)

I found UG TB book of Pediatric by Piyush Gupta very useful for UG point of view. The content of the book is more than enough for ug students it is competency based and cover all requirements. The language is simple and easy to understand. Nutshell' given in chapter is helps to review and remember. There are very nice figures, flow charts and case scenario given in book which make book very interesting. This book covers theory and clinical need of pediatric very nicely. Must have book for all pediatric clinical students.

Rahul Gorasia
4th MBBS student, GMC Surat

A comprehensive and simplified book for UG students on Paediatrics- yet covering all the required competencies listed by NMC, with easy-to-understand language and emphasis given on the fundamentals of the subject to build a strong base. The tabulated and graphical manner of representation of information is central to remembering the vast amount of facts and to do a quick revision in order to ace the examinations. With coloured pictures, chapter summaries and clinical case discussions, it is sure to become a favourite of the students in the upcoming years!

Shukayna Das
Final year student
Fakhruddin Ali Ahmed Medical College and Hospital, Barpeta, Assam

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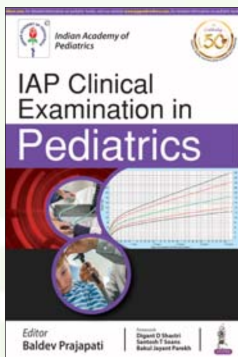

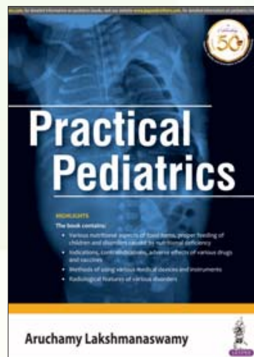

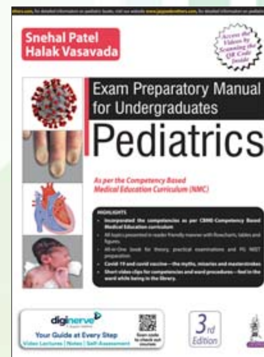

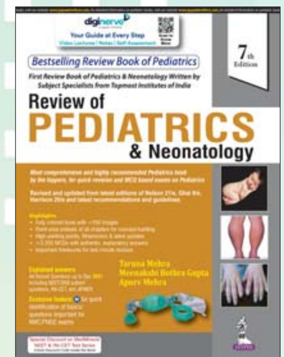

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