



Medicina Interna Pediátrica

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MEDICINA INTERNA PEDIÁTRICA: APPROACH AND CLINICAL MANAGEMENT OF THE PEDIATRIC PATIENT IN HOSPITALIZATION.

A few medical diagnoses are straightforward. One of them is that of the exposed fracture: in this case, there is no need to conjecture invisible mechanisms to know the cause of tissue tearing, bleeding, and pain. However, all diagnostic problems in internal medicine are of the reverse type

Mario Bunge, *A la caza de la realidad*

From their beginnings in the predecessor institutions of modern hospitals such as the Byzantine Nosocómeion, the Zoroastrian/Islamic Maristan, and the Romanesque Hospitale (different from each other in the characteristics of patients and objectives), drawing on their continental and insular European successors of the late Middle Ages, and not to forget the transient and permanent overseas establishments that, from the late 17th century, accompanied the British Royal Navy around the world, as well as the pioneering hospitals of the American continent (insular: San Nicolás de Bari, now Santo Domingo, and continental: Hospital de Jesús, Mexico City), inpatient care always had distinctive characteristics within the medical practice.

With its founding domicile in European Mediterranean countries and publications in Romance languages from the 18th century onwards, Internal Medicine and its archetypal pillars (assistance, teaching, research), the love child of hospital practice and whose first Congress

took place in 1882 in Wiesbaden, nowadays Germany, has been confronted with the progressive increase in medical complexity, advances in diagnostic and treatment techniques, progress in genetics, translational medicine, proteomics and metabolomics, with the subsequent complexification of inpatient care and follow-up, as well as radical changes in cultural, political and socioeconomic areas.

One of the distinctive features of Pediatrics is the comprehensive approach to the patient and his family, both in outpatient practice and in the inpatient setting. Dr. Carlos Gianantonio defined the pediatric internist based on his essentially integrating role of the different views that converge on a hospitalized child and his family: He is the clinical pediatrician trained for the comprehensive treatment of patients with variable complexity and criticality in the inpatient setting. In this context, the pediatric internist is responsible for understanding and integrating the multiple aspects of the patient in diverse and dynamic clinical scenarios, organizing the diagnostic process, evaluating therapeutics, deciding the opportunity and type of interconsultations, leading institutional communication and being in charge of the dialogue and accompaniment of the patient and the family, assuming the defense of the child from invasive, onerous procedures, often supported by scarce/null scientific evidence.

In conclusion, pediatric internal medicine is a core subspecialty responsible for a broad, comprehensive, and integrative approach to the follow-up of the hospitalized patient, which encompasses not only the knowledge of diseases but also their epidemiology and relationship with

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public health, incorporating advances in experimental medicine, microbiology, biochemistry, among others. Dr. Juan Bautista Dartiguelongue has presented his book *Medicina interna pediátrica*. The text addresses, with an original and practical approach, a vast and outstanding selection of contents chosen according to their frequency, relevance, and complexity, oriented to the resolution of the vast majority of clinical situations of hospitalization. Pediatric Internal Medicine comprises 15 sections and 1 appendix, in total 91 chapters developed with a practical and updated approach, detailing the pathophysiological, clinical, and epidemiological aspects for each entity as well as the diagnostic-therapeutic strategies in a rational and stepwise manner, based on the best available evidence and according to national and international standards. But what distinguishes and constitutes this work's real "touchstone" is its exceptional originality in the approach to multiple topics.

Thus, the clinical approach to oliguria and polyuria; disorders of metabolism and action of arginine vasopressin and aldosterone (Section I); rational use of hemocomponents and blood products (Section II); compromise of distal oxygen supply (Section IV); criticality in hospitalization ("The golden hour" Section V); systemic inflammation (Section VIII) and the patient with complex chronic disease (Section XI) are some of the outstanding examples of this exceptional approach.

Oncology patients, clinical care of transplant patients, and pain management have their own sections, as well as communication in healthcare teams, patient safety, the interdisciplinary approach to child abuse, end-of-life care, evidence-based medicine and critical reading of the literature, topics of paramount relevance in the inpatient setting. The last section offers, for the first time in a book of these characteristics, a detailed guide of essential practices and procedures for the pediatric internist for day-to-day application in the hospitalization wards.

Pediatric Internal Medicine, the first text of its kind in Spanish in the Western Hemisphere, is an exceptional and original work

whose purpose is to combine comprehensive, safe, and quality pediatric care in terms of technical, scientific, and human aspects, intended, although not exclusively, for pediatricians in hospitalization, combining practical usefulness with a thorough understanding of the different clinical scenarios, whose strengths are comparable for pediatric subspecialists, pediatricians in training and medical students. I feel confident that this book will improve the care of children and adolescents in the inpatient setting.

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