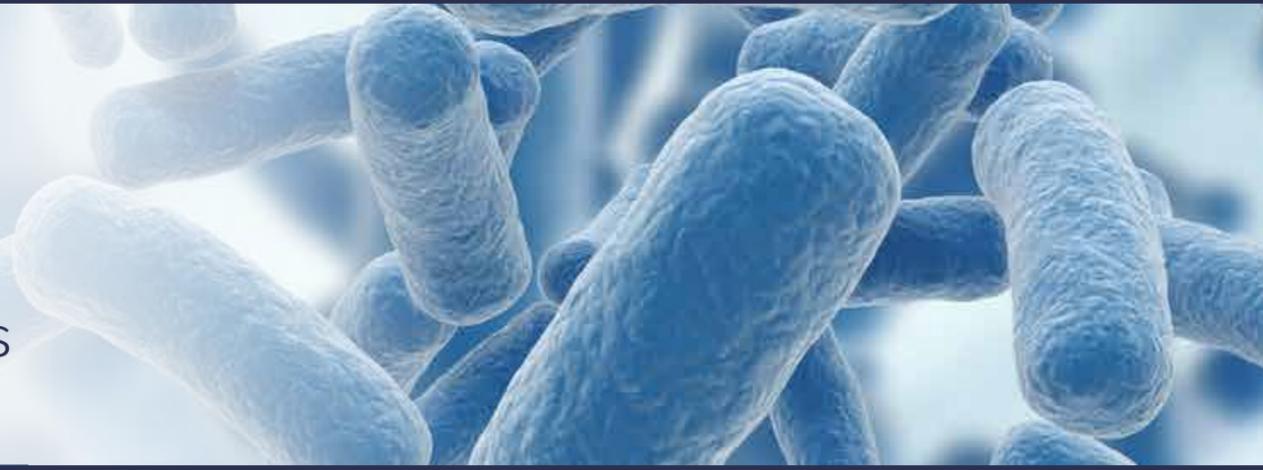


E. coli killed a boy
and 2 weeks later
his sister gets sick
with same symptoms



Canadian Doctor posts case to SERMO asking:

What follow-up blood tests would be best for the child to have as an outpatient, and what interval?

Should we be ordering regular complement levels over the next 6 weeks to look for evidence of consumption below normal blood levels?

2 case solved in less than **2 days**

46 unique doctors participated in solving the case

Post was viewed by **1,253** doctors around the world

some of the responses included:



You need to keep these patients in hospital until they are better. ignore the nurse managers and utilization review people. Do they have hypoglobulinemia, any immunodeficiency, IgA def? Not that it matters now. Hydration, supportive care prevention of iatrogenic problems. Prime importance. Get CDC involved in tracing. You can't do that yourself. Do they eat out habitually? Salad bars, cold cut meats, salads etc? You want to do everything to prevent intravascular dehydration. It is a self healing condition. ABX will not change outcomes avoid them.



History taking: involving places visited, parties they went to ect. could help to trace the source. Keep the patient in hospital until they are well. Add probiotics to the treatment.



HUS and associated E.coli infection mentioned here fell within the forecast band. This overall story is an example of how a forecast might compel folks to think of HUS and be more proactively aggressive in management. By "folks" I'm referring to the rural hospital who sent the child home.



Yes, we have decided to try the conservative approach with the use of probiotics. I also detailed the parents about hand washing, etc. The little girl is now continent of stool. The local antibiogram for the local children's hospital is here: <http://www.calgarylabservices.com/files/Healthc...> Thanks for your comments!

Medical Crowdsourcing led to full recovery

A recent SERMO poll of over 1,350 physicians in seven countries explored the benefits of medical crowdsourcing among doctors and found the below ranked highest:

- Solving tough patient cases like the Canadian doctor's case.
- Education on new medical techniques/approaches.
- Having a safe space to talk with other physicians.

