CT Children's CLASP Guideline Suspected Pediatric Acute-onset Neuropsychiatric Syndrome (PANS)

INTRODUCTION PANS (Pediatric Acute-onset Neuropsychiatric Syndrome) and a suggested subset, PANDS (Pediatric Autoimmune conditions in which a proposed infectious and autoimmune response results in a suddom onset of neuropsychiatric symptoms and functional impairment in a pre-pubertal child. Acute psychiatric symptoms may occur alone or in conjunction with neurologic signs/symptoms and do not eculue other OSMS diagnoses manifesting similar psychiatric Symptoms. At this time, the diagnosis and management of these entities are controversial within the medical community due to a lack of conclusive studies. The AAP currently recommends that children be managed by specialists who have experience with the presenting signs and symptoms. We recommend that chinicians do not perform the PANS/PANDAS medical diagnostic testing in otherwise healthy children with mild to moderate, non disabling OCO or tits. The 2018 AAP Red Book Guidlense doing support testing of GAS without acute chinical signs and symptoms, or antibiotic treatment or prophylaxis, IVIG (Intravenous Immune Globulin), or plasmapheresis for children suspected of having PANDAS. INITIAL EVALUATION AND MANAGEMENT I. Look for signs of function impairment . Consider other diagnosis OCD, Manic-Depressive illness, Sydenham chorea/acute rheumatic fever, systemic lupus erythematosus, Tourette disorder, etc. TARGETED EXAM: . Assess for involuntary movement . Refer to the appropriate subspecialist as indicated above based on the presenting symptoms: and then 4-6 weeks latery. If cultures are positive, then GAS shouid be treated with the appropriate artholitotic. However, with		
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