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Biography

Nathália Fragoso de Almeida, MD, is a Brazilian pediatrician, born in Itaperuna, in the state of Rio de Janeiro. She earned her medical degree from Universidade Iguaçu in 2019 and completed her residency training in Pediatrics at Hospital Plantadores de Cana (2021–2023), in Campos dos Goytacazes/RJ. She currently serves as a Pediatrics preceptor at Afya Medical School, where she is actively involved in undergraduate medical education. Concurrently, she practices as an on-call pediatrician and attending physician in an urgent care setting and holds a public position as a pediatrician. Her clinical work is grounded in a commitment to excellence, comprehensive child-centered care, and a humanistic approach. She believes that the practice of medicine extends beyond science, guided by purpose, empathy, and faith—core values that shape her professional and personal trajectory.

Lower Limb Pain as an Initial Manifestation of Peripheral Neuropathy in Pediatrics: The Importance of Early Clinical Suspicion

Abstract:

Early recognition of potentially severe neurological conditions in pediatric patients remains a clinical challenge, particularly when initial manifestations are nonspecific. We report the case of an 11-year-old previously healthy patient admitted with complaints of myalgia affecting both upper and lower limbs, predominantly in the lower limbs, progressing to impaired ambulation. Symptoms began following a self-limited upper respiratory tract infection approximately one week prior. Initial outpatient evaluation, including laboratory tests and imaging, revealed no abnormalities, and symptomatic treatment with oral corticosteroids was prescribed. Despite this, the patient experienced progressive worsening of pain and walking ability, leading to hospital admission for further investigation. During hospitalization, serial laboratory tests remained unremarkable, except for urinary findings suggestive of a urinary tract infection, for which intravenous antibiotic therapy was initiated, without clinical improvement of the musculoskeletal symptoms. On the fourth day of hospitalization, a detailed clinical reassessment revealed neurological abnormalities, including decreased sensitivity in the lower limbs and diminished bilateral plantar reflexes. Based on these findings, acute peripheral neuropathy was suspected, particularly Guillain-Barré Syndrome, prompting urgent neurological evaluation and transfer to a referral center. The patient is currently undergoing diagnostic investigation, including lumbar puncture and electroneuromyography. This case highlights the importance of systematic clinical reassessment and thorough neurological examination in pediatric patients presenting with persistent musculoskeletal complaints. It also emphasizes how early recognition of subtle neurological signs can significantly impact clinical management and prognosis, aligning with the principles of innovation, prevention, and early intervention in pediatric care.