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The term syndrome is commonly misused by the lay public to embrace a very broad spectrum of diseases and illnesses, many of which are not accepted by the traditional western medical fraternity. A syndrome is the composite of signs and symptoms that give a picture of the disease process. In genetics, a syndrome constitutes a pattern of related abnormalities that may be genetically related.

Syndromes may be eponymic — named for an individual, or several individuals [e.g., Tourette’s, Ostrum-Furst]. Others may be simply descriptive (e.g., cat-cry, acquired immune deficiency); some names are associated with several unrelated syndromes (see Weber). Other syndromes may be referenced by either description or eponym [e.g., bruising syndrome, or Diamond-Gardner syndrome].

The symptoms that comprise a syndrome may be singular or plural, specific, or broadly outlined. Syndromes may be physical or behavioral, congenital, or found later in life; and while syndromes are not diseases, they are used to describe diseases seen daily by health care givers. Commonly known diseases may be known by their accompanying syndromes, which complicates proper coding of ICD-9-CM codes.

ICD-9-CM contains a list of nearly 1,500 syndromes cross-referenced under its numeric system. The following list contains most of those syndromes, explained and cross-referenced by number and name. Many syndromes carry a number of names, which are noted within parenthesis in each entry. Similar syndromes with negligible differences are also grouped together to ease use.

5q minus
(238.74) The most commonly observed structural chromosome abnormality in patients with myeloid disorders, in which a portion of the long arm of chromosome 5 is missing.

13
(758.1) (Patau’s, trisomy D, D1) Variable symptoms of newborns with an extra chromosome in group D. Condition is usually fatal within two years and includes mental retardation and malformed ears, cardiac defects, convulsions, and others.

16-18 or E
(758.2) (Edward’s, trisomy E, E3) Congenital malformations in which extra chromosome is group E. Includes mental retardation, abnormal skull shape, malformed ears, small mandible, cardiac defects, short sternum, and other symptoms.

21 or Z2
(758.0) (Down, G, mongolism) Retardation with numerous markers varying from one person to another. Symptoms include retarded growth, flat face with short nose, epicanthic skin folds, protruding lower lip, rounded ears, thickened tongue, pelvic dysplasia, broad hands and feet, stubby fingers, and absence of Moro reflex.

Abercrombie’s
(277.39) One of a group of syndromes characterized by accumulation of insoluble fibrillar proteins (amyloid) in various organs and tissues of the body, compromising vital functions.

Achard-Thiers
(255.2) Aranodactyly with small, receding mandible, broad skull, and laxity of joints in hands and feet.

Acid pulmonary aspiration
(997.39) (Mendelson’s) Pulmonary disorder resulting from aspirating the contents of stomach following vomiting or regurgitation.

Acquired immune deficiency
(042) (AIDS) A contagious retroviral disease resulting from infection with human immunodeficiency virus (HIV) that can, in severe cases, suppress vital immunity. Several opportunistic infections, such as Kaposi’s sarcoma and pneumocystitis pneumonia, are associated with this syndrome.

Acrocephalosyndactylism
(755.55) (Apert’s) A chromosomal condition with webbing of digits and a pointed head and variety of defects. Often associated with other chromosomal abnormalities.

Acute brain syndrome with transient delirium
(293.0) Metabolic encephalopathy with altered state of consciousness or acute confusional state due to an underlying disease or condition.

Acute chest
(282.62) Sickle cell anemia complication with acute bony and soft tissue chest pain with pulmonary infiltrates present on x-ray, due to impaired breathing secondary to pain.

Acute coronary
(411.1) (intermediate coronary) Unstable angina pectoris that has not yet developed into an acute myocardial infarction but requires immediate treatment.
susceptible (MRSA and MSSA) strains. Although rare, MRSA pneumonia can be particularly severe and rapidly fatal, affecting otherwise healthy young people. Some MRSA strains contain toxins (e.g., Panton-Valentine leukocidin) that have been identified as responsible for the severity of illness. Certain genetic elements for methicillin resistance have been identified in specific, highly-virulent MSSA strains, posing significant public health concern. The presence of a toxin may contribute to the changing epidemiology and clinical presentation of staphylococcal pneumonia whether it is due to MSSA or MRSA. Community-acquired MRSA strains have an increased genetic predisposition for such concomitant toxins, although not all currently known MRSA strains are toxin-producing. Increased risk is associated with certain strains of influenza, or patients with a history of MRSA skin infections, or those who have had exposure to persons with MRSA infection. Diagnosis relies upon early recognition, empiric treatment, and microbiological confirmation to ensure appropriate infection control precautions. Treatment includes vancomycin or linezolid therapies when MRSA community-acquired pneumonia is suspected.

482.41 Pneumonia due to Staphylococcus aureus — bacterial infection of lung
AHA: Q3, 1988, 11; Q4, 1993, 39

482.42 Pneumonia due to Escherichia coli (E. coli)

482.43 Pneumonia due to other gram-negative bacteria — Proteus, Serratia marcescens, gram-negative not otherwise specified

482.44 Legionnaires’ disease

482.45 Pneumonia due to other specified bacteria — not elsewhere classified

482.46 Unspecified bacterial pneumonia — bacterial pneumonia, unknown
AHA: Q4, 1993, 39; Q1, 1994, 17; Q2, 1997, 6; Q2, 1998, 6

Coding Clarification
Assign new code 482.42 for methicillin resistant pneumonia due to Staphylococcus aureus (MRSA). Code 482.41 reports pneumonia due to methicillin susceptible Staphylococcus aureus (MSSA). Pneumonia due to Staphylococcus aureus NOS is classified as methicillin susceptible, not methicillin resistant. New V codes have been created to report MRSA (V02.53) and MSSA (V02.54) colonization status and personal history of MRSA infection (V12.04).

Coding Scenario
An otherwise healthy 55-year-old woman was admitted with a recent history of flu-like syndrome with fever, chills, cough, and myalgia. On admission, she had dyspnea, nonproductive cough, and rales in both lungs. Diagnostic imaging showed diffuse alveolar infiltration of both lungs, without pleural effusion. Sputum cultures were obtained on admission and empirical antibiotic treatment was initiated with Vancomycin due to suspected bacterial pneumonia. Due to her progressive respiratory failure, mechanical ventilation was initiated on day two. Sputum cultures identified S. aureus with an antimicrobial drug resistance profile.

Code assignment: 482.41 Methicillin resistant pneumonia due to Staphylococcus aureus

483 Pneumonia due to other specified organism
AHA: Nov-Dec, 1987, 5

Mycoplasma pneumoniae is also known as Eaton agent pneumonia.

Signs and symptoms of pneumonia due to Mycoplasma pneumoniae include history of recent upper respiratory infection or bronchitis, headache, fever, severe and minimally productive cough, harsh or diminished breath sounds, earache, and cervical lymphadenopathy.

Diagnostic tests include gram stain and culture of sputum or throat washing to reveal...
Influenza is an acute respiratory infection due to orthomyxoviruses characterized by the abrupt onset of acute tracheobronchitis. The severity of the disease varies from a mild upper respiratory infection to an extensive pneumonia that can be fatal. Influenza virus type A is the most common and causes epidemics of varying severity. Influenza virus type B is associated with more limited epidemics and has been linked to Reye’s syndrome. Influenza virus type C is an uncommon strain that causes very mild upper respiratory symptoms.

Signs and symptoms of influenza include fever, chills, malaise, cough, muscle aches, and excessive catarrh.

Diagnostic tests/reports/findings include blood work that may show leukopenia and proteinuria. Inoculation of embryonated eggs or cell cultures of throat washing isolate the virus. Chest x-ray may show pneumonia, commonly due to secondary pneumococcal or staphylococcal pneumonia.

Therapies include bed rest, antibiotics for secondary bacterial pneumonia, antipyretics for fever, and aerosol ribavirin for influenza type A or B.

Associated conditions include Reye’s syndrome, secondary pneumococcal or staphylococcal pneumonia, acute sinusitis, otitis media, and, rarely, circulatory system complications such as pericarditis, myocarditis, and thrombophlebitis.