

1. Diagnostic Accuracy of Point-of-Care Cranial Ultrasound for Initial Assessment of Infants Without Suspected Trauma in the Pediatric Emergency Department.

Mori T, Teng SS, Ong GY. J Emerg Med. 2025 Dec;79:143-150. doi: 10.1016/j.jemermed.2025.05.002. Epub 2025 May 13.

Background: Cranial point-of-care ultrasound (POCUS) has shown efficacy for traumatic intracranial hemorrhage in pediatric emergency care. However, reports of its use in patients without trauma are limited.

Objectives: This study aimed to assess the diagnostic accuracy of cranial POCUS for identifying intracranial pathologies in infants without a history of trauma in a pediatric emergency department (PED).

Methods: This retrospective, observational study was conducted in the PED of a tertiary children's hospital between March 2020 and March 2024. Pediatric patients aged <2 years without a history of trauma who underwent cranial POCUS were included in the study. Pediatric patients with suspected traumatic brain injuries who underwent cranial POCUS were excluded. The cranial POCUS was performed by trained pediatric emergency physicians. Neuroradiological imaging including computed tomography, magnetic resonance imaging, and radiology department ultrasound was used as the reference standard. If patients did not undergo neuroradiological imaging, clinical follow-up was used as a surrogate to detect the likelihood of serious intracranial pathologies.

Results: During the study period, 75 patients underwent cranial POCUS, and 51 were included in the analyses. The median age was 2 months, [interquartile range; 0 to 5 months]. Seizures (20/52), and apnea (8/52) were the common indications for cranial POCUS. The sensitivity and specificity of cranial POCUS were 40.0% (95% confidence interval [CI]; 13.4-56.1%) and 97.8% (95% CI; 94.9-99.6%), respectively.

Conclusions: Cranial POCUS performed by pediatric emergency physicians demonstrated high specificity for identifying intracranial pathologies in infants without trauma in the PED. However, the sensitivity of this method was low.

2. Assessing Outcomes of Point-of-Care Ultrasound Use in Testicular Torsion in a Pediatric Emergency Department.

Journal Scanning – March 11, 2026

Takadera T, Bularan C, Sarathy K, Lee HJ. *Pediatr Emerg Care*. 2026 Feb 1;42(2):e26-e29. doi: 10.1097/PEC0000000000003505

Objectives: Testicular torsion is a surgical emergency in which a timely diagnosis under 6 hours can significantly increase the survivability of the testicle. This study aims to retrospectively analyze cases of testicular torsion to determine whether the use of point-of-care ultrasound (POCUS) expedites care compared with radiology department ultrasound (RADUS). We evaluated POCUS effect on emergency department (ED) workflow, urological consultation time, and time to the operating room (OR).

Methods: We conducted a retrospective review of patients diagnosed with testicular torsion between January 2021 and October 2024. Inclusion criteria were patients confirmed to have testicular torsion intraoperatively. Demographics were taken of each patient as well as multiple time intervals of events such as radiologic imaging, consult time, and time to surgery. Patients were grouped into 3 cohorts, POCUS only, POCUS followed by RADUS, and RADUS only. Mann-Whitney U tests were performed for pairwise comparisons between groups.

Results: Sixty-five patients were eligible for the study. The time between physician initial assessment (PIA) to the OR in the subgroups of POCUS only, POCUS/RADUS, and RADUS only were 97, 141, and 195 minutes, respectively. A 98-minute difference in the PIA to OR time between POCUS-only and RADUS-only groups ($P < 0.001$) was found to be statistically significant.

Conclusion: With a difference in PIA to OR time of close to 100 minutes between POCUS-only and RADUS-only groups, our findings suggest that POCUS significantly reduces time to urological consultation and has the potential to expedite surgical intervention if POCUS can reliably replace RADUS. These results highlight the value of integrating POCUS into ED workflows for testicular torsion.

4. Evaluating the TWIST score and point-of-care ultrasound for paediatric testicular torsion.

Nakamura T, Kinoshita M, Ihara T, Hagiwara Y, Sato H, Hataya H, Morikawa Y. *Emerg Med J*. 2026 Feb 23:emermed-2025-215067. doi: 10.1136/emermed-2025-215067.

Background: An acute scrotum is an urological emergency. One of its most important causes is testicular torsion, which can result in testicular necrosis unless quickly

diagnosed and treated. Along with point-of-care ultrasound (POCUS), the Testicular Workup for Ischemia and Suspected Torsion (TWIST) score can be used to differentiate between testicular torsion and other causes of an acute scrotum. However, their diagnostic performance when undertaken by emergency physicians (EPs) and paediatricians in the emergency department (ED), as opposed to urologists/radiologists, is uncertain.

Methods: This retrospective observational study investigated patients aged ≤ 15 years with an acute scrotum who visited a paediatric tertiary care hospital's ED between March 2018 and August 2022. The diagnostic accuracy of the TWIST score and POCUS when performed by EPs and paediatricians to diagnose testicular torsion was calculated. Each TWIST score served as a cut-off. For practical purposes, a cutoff ≥ 3 points was used for sensitivity and the negative predictive value (NPV), and a cutoff ≥ 5 points was used for specificity and the positive predictive value (PPV). The final diagnosis served as the reference standard.

Results: Of 512 patients, 55 (11%) had testicular torsion. The TWIST score had 91% sensitivity (95% CI 80%-97%), 95% specificity (95% CI 93% to 97%), 63% PPV (95% CI 50% to 75%) and 99% NPV (95% CI 97% to 100%). When positivity was defined as either impaired testicular blood flow or the whirlpool sign, the sensitivity, specificity, PPV and NPV were 96% (95% CI 87% to 100%), 95% (95% CI 93% to 97%), 70% (95% CI 58% to 80%) and 100% (95% CI 98% to 100%) respectively.

Conclusion: Although the TWIST score and POCUS had high diagnostic accuracy for paediatric testicular torsion when performed by EPs or paediatricians in the ED, the non-negligible, false-negative rate indicated that the TWIST score should be used for risk stratification rather than as an exclusionary method.

5. Learning Curve for Point-of-Care Ultrasonography for Pediatric Skin and Soft Tissue Infections.

Neal JT, Miller AF, Gravel CA, Levy JA, Neuman MI, Monuteaux MC, Rempell RG, Pusic MV.

Pediatr Emerg Care. 2025 Dec 1;41(12):e205-e209.

Objectives: Point-of-care ultrasonography (POCUS) for skin and soft tissue infections (SSTIs) has been integrated into routine clinical care in pediatric emergency medicine (PEM). Despite its widespread utilization, empirical data on skill development are

required to inform standards of care. We sought to evaluate the accuracy of POCUS for the detection of SSTIs, and to estimate a learning curve as providers gained experience.

Methods: A database was created at a single urban pediatric emergency department (ED) for all POCUS studies performed for cellulitis and abscess among children from August 2009 to January 2020. Providers who completed at least 10 total studies were included. The accuracy of each study was asynchronously rated by 6 POCUS experts. We report each provider's learning curve. Within the provider, the studies were ordered temporally. Mixed-effect logistic regression was used to model study accuracy with study accuracy as the dependent variable, within-provider examination temporal order as a fixed effect, and random effects for provider-level intercept and longitudinal slope.

Results: A total of 3408 ultrasounds by 87 providers were included. The median number of ultrasounds per provider was 32 (range: 10 to 184). Accuracy increased significantly with each additional scan [odds ratio: 1.02 (1.01, 1.03)]. Significant variability was found across provider-level intercepts ($P < 0.001$) but not across slopes ($P = 0.215$). To reach mean accuracy levels of 90% and 95%, averages of 29 and 80 scans were required, respectively.

Conclusions: POCUS accuracy for detecting pediatric SSTIs improved with experience, with a mean of 29 scans required to reach 90% accuracy.

6. Nurse-Performed Bladder Ultrasound Effect on Pediatric Bladder Catheterization Success.

Ng C, Promer G, Troy B, Lewis A, Hoyos A, Covelo L, Carlson O, Reddy NR, Abdallah C, Sarnaik A, Ling J, Jergel A, Morris CR, Berkowitz TE.
Pediatr Emerg Care. 2025 Dec 1;41(12):950-956.

Background and objectives: Bladder catheterization (BC) is a routine procedure, but unsuccessful attempts due to inadequate bladder volume are common and stressful for children and caregivers. Physician-performed bladder point-of-care ultrasound (POCUS) improves BC success rates, but the effect of nurse-performed POCUS remains understudied.

Methods: We randomized children under 24 months of age to receive either nurse-performed POCUS before BC or standard blind BC in the pediatric emergency

department to compare dry catheterization rates. A simplified POCUS technique using a single bladder measurement was employed to enhance efficiency and feasibility for nursing staff. We also compared caregiver satisfaction and procedural time between groups. Statistical comparisons used the Pearson χ^2 test for categorical variables and the Wilcoxon rank sum test for continuous variables. A P value of <0.05 was considered statistically significant. Univariate logistic regression estimated the odds of outcomes with POCUS versus standard care.

Results: In the POCUS group, the dry catheterization rate was 5% compared with 17% in the standard group (odds ratio=0.24, 95% CI=[0.09, 0.72]), indicating fewer dry BCs in the POCUS group. Caregivers of children in the POCUS group reported higher satisfaction ($P =0.02$). There was no significant difference in the time from BC orders to initial BC attempt between groups.

Conclusions: Nurse-performed POCUS before BC reduces dry BCs and improves caregiver satisfaction without causing procedural delays. Incorporating nurse-performed POCUS into standard BC workflows may enhance patient care.

7. Discrepancies Between Estimated and Expressed Abscess Volume in Pediatric Incision and Drainage.

Neal JT, Waltman EM, Miller AF, Gravel CA, Chiang EL, Ansari E, Flegler EW, Ozonoff A, Landschaft A, Kimia AA.

Pediatr Emerg Care. 2025 Dec 22.

Background: Incision and drainage (I&D) is the standard treatment for pediatric abscesses. However, discrepancies between estimated abscess volume, determined clinically or by point-of-care ultrasound (POCUS), and the actual volume expressed may result from poor ultrasound or I&D technique. These discrepancies may lead to inappropriate management decisions and unnecessary procedures.

Objective: To determine the prevalence of discrepancies between estimated and expressed abscess volumes during pediatric I&D.

Methods: We conducted a cross-sectional chart review at a tertiary care pediatric emergency department (ED) between 2017 and 2023. Patients younger than or equal to 21 years with an attempted I&D were identified using a natural language processing tool. We focused on 2 groups based off of documented abscess diameter: predicted volumes of ≤ 1 mL and ≥ 10 mL. Per author discretion, these values correspond with

decision-making of 'not worth pursuing I&D' and 'definitely worth pursuing I&D', respectively. We considered a positive discrepancy if for an expected abscess volume of ≤ 1 mL, the documented volume expressed was ≥ 10 mL (underestimated), and if for an expected volume of ≥ 10 mL, the documented volume was ≤ 3 mL (overestimated). Prevalence and confidence intervals were calculated using descriptive statistics.

Results: Among 653 patients, 13.2% of sonographic and 7.6% of clinical estimates underestimated abscess volume, whereas 2.3% of sonographic and 19.6% of clinical estimates overestimated abscess volume. Combined assessment reduced discrepancies to 5.2% underestimated and 1.2% overestimated.

Conclusions: Combining clinical with POCUS assessment of pediatric abscesses provides better prediction of volume than reliance on a single method potentially reducing unnecessary procedures and missed I&D opportunities.

8. Diagnostic accuracy of point-of-care ultrasonography in physeal fractures.

Gurkan O, Kozaci N, Colak S, Aydin IE.

Am J Emerg Med. 2026 Feb;100:198-204.

Objective: The aim of this study was to compare the accuracy of Point of Care Ultrasound (POCUS) with X-ray (XR) in the diagnosis of physeal fractures and Salter-Harris classification in pediatric patients.

Methods: The study was conducted in a university hospital emergency department between January 1, 2024 and June 30, 2025. Pediatric patients aged 0-18 years who were admitted to the emergency department due to extremity trauma, had stable vital signs, and presented with suspected physeal fractures on physical examination were included in this prospective study.

Results: A total of 117 patients were included in the study. Fractures were detected on XR in 73 % of patients. Compared with XR, POCUS demonstrated a sensitivity (Sn) of 97 %, specificity (Sp) of 94 %, positive predictive value (PPV) of 98 %, negative predictive value (NPV) of 91 % (AUC: 0.951, 95 % CI: 0.90-1.00), and a κ value of 0.894 for fracture detection. For physeal fractures, POCUS showed Sn 93 %, Sp 95 %, PPV 74 %, NPV 99 % (AUC: 0.942, 95 % CI: 0.87-1.00) and $\kappa = 0.794$. For detecting the extension of the fracture into the joint space, POCUS showed Sn 62 %, Sp 100 %, PPV 54 %, NPV 100 % (AUC: 0.810; 95 % CI: 0.68-0.94) and a κ value of 0.727. Moderate concordance was observed between POCUS and XR for Salter-Harris classification ($\kappa = 0.673$).

Conclusion: POCUS demonstrates high sensitivity in detecting traumatic extremity fractures and physeal fractures in pediatric patients. However, only moderate concordance was observed between POCUS and XR in assessing the extension of the fracture into the joint space and in applying the Salter-Harris classification.

9. Impact of Point-of-Care Ultrasonography on the Management of Hospitalized Pediatric Patients.

Fennell M, Dancel R, Stephens JR, Heath J, Kwan W, Park D, Zwemer E, Guidici J, Campbell RA, Finn EM. *Hosp Pediatr.* 2026 Feb 3:e2025008579.

Background and objectives: Although evidence supports the use of point-of-care ultrasonography (POCUS) in many clinical settings, pediatricians have not widely adopted POCUS. Our objective is to illustrate the impact of POCUS within a children's hospital by describing a registry of cases in which POCUS guided or changed management.

Methods: This is an observational study of a pediatric POCUS registry in an academic children's hospital. Patient cases were included if POCUS guided or changed diagnostic or procedural management. Cases were identified by the physicians performing the examination, and encounters were separately reviewed. We summarize characteristics of POCUS encounters, including our categorization of diagnostic or procedural changes made as a result.

Results: We identified 66 patients (median age, 5.5 years [interquartile range, 1-15]) who had 76 POCUS encounters during which ultrasonography changed management or guided a procedure. There were 31 diagnostic POCUS encounters performed on 29 patients. Diagnostic POCUS encounters led to a change in primary diagnosis (48%), changed disposition by facilitating or preventing discharge or transfer to higher levels of care (36%), prompted a procedure (29%), expedited specialist consultation (26%), or obviated additional imaging (19%). There were 45 procedural POCUS encounters performed on 37 patients. Procedural POCUS led to salvaged procedures (49%), prevented placement of unnecessary central venous catheters (16%), and avoided unnecessary procedures (4%).

Conclusions: This study describes the impact of POCUS in the care of patients in a children's hospital. Our results may serve as an impetus for further study, training, and adoption of POCUS within hospital pediatrics.

10. Ultrasound-Based Prediction Model for Air Enema Failure in Pediatric Ileocolic Intussusception: Comparison of Point-of-Care Ultrasound and Radiologist-Performed Ultrasound.

Kim SH, Kwon JH, Paek SH, Park SH, Kim MJ, Byun YH, Song HY, Kim JH.

Pediatr Emerg Care. 2026 Jan 21. Doi: 10.1097/PEC.0000000000003554. Online ahead of print

Objectives: Pediatric ileocolic intussusception often presents without classic symptoms, making early diagnosis and management challenging. While the enema reduction is the standard treatment, failed reduction may lead to surgical intervention. This study aimed to identify predictors of reduction failure focusing on ultrasonographic features, to develop a predictive model and to assess capabilities of point-of-care ultrasound (POCUS).

Methods: We conducted a retrospective study at a pediatric emergency center from January 2020 to December 2024. Children who underwent air enema reduction for ileocolic intussusception were included. Univariable and multivariable logistic regression analyses were performed to identify predictors of reduction failure. A prediction model was constructed using ultrasound features and validated using a distinct cohort. Paired comparative analysis between POCUS and radiologist-performed ultrasound was performed.

Results: Among 179 children, 35 experienced failure. Most of the demographic and symptom-based variables were not significantly associated with outcomes. Radiologist-performed US revealed that lymph nodes around the lesion, greater invagination length, hypoechoic ring thickness, and suspected low vascularity were associated with failure. A multivariable logistic regression model using 6 ultrasound features demonstrated good predictive performance. External validation with 58 patients yielded good predictive performance and 100% sensitivity. Comparative analysis showed that radiologists more frequently assessed long-axis views and vascularity, identifying risk features more comprehensively than pediatric emergency physicians.

Conclusions: Ultrasound-based features are possibly more reliable predictors of enema reduction failure in pediatric emergency settings. Our validated model and comparative analysis highlight the importance of standardized ultrasound assessment and support the expanded role of POCUS.

11. Shunt trouble or something else? Diagnosing an abdominal CSF pseudocyst in a child using point-of-care ultrasound.

McCreary DJ, Girdhar N. J Ultrasound. 2025 Dec 15. Doi: 10.1007/s40477-025-01103-x. Online ahead of print

Background: With increasing rates of survival amongst pre-term infants, patients with ventriculoperitoneal shunts are an increasingly common presentation to the emergency department, meaning that paediatricians must be familiar with the potential complications shunts can bring. Abdominal cerebrospinal fluid pseudocyst is a rare complication of ventriculoperitoneal shunts but remains an important cause of distal site failure in children. Irradiating imaging modalities have been traditionally relied upon in the past to help make such diagnoses, however, point of care ultrasound offers many advantages to this and presents itself as a reliable alternative.

Case presentation: A 7-year-old girl who was born prematurely at 27 + 6 weeks and had a ventriculoperitoneal shunt inserted as an infant was brought to the Paediatric Emergency Department by her grandparents after they noticed her abdomen was distended. Her grandfather stated that he had replaced her gastrostomy recently and had unable to obtain aspirates for the past 48 h. POCUS revealed a large anechoic fluid collection with the shunt tip visible within it consistent with a CSF pseudocyst. POCUS was also able to confirm position of the gastrostomy balloon in the expected location helping to exclude malposition as a potential differential diagnosis.

Conclusions: In patients with ventriculoperitoneal shunts, POCUS can correctly identify the presence of abdominal CSF pseudocyst differentiating it from other causes of abdominal distension including gastrostomy-related complications. This case supports the role of POCUS as a safe, reliable first-line imaging tool for diagnosing CSF pseudocysts in patients with ventriculoperitoneal shunts, particularly where previous similar complications have existed.

12. Evaluating the diagnostic accuracy of point-of-care ultrasound for paediatric appendicitis: a UK multicentre observational study.

McCreary D, Chan N, Miller B, Rees J, Sarvesh B, Mullen N. Arch Dis Child. 2026 Feb 19;111(3):199-204.

Objective: To evaluate the diagnostic accuracy of point-of-care ultrasound (POCUS) performed by paediatric emergency medicine (PEM) clinicians for suspected paediatric appendicitis.

Design: Prospective observational study.

Setting: Two paediatric emergency departments in the UK.

Patients: Patients aged 1-16 years presenting with abdominal pain and right lower quadrant tenderness on examination.

Primary outcome measures: Sensitivity, specificity, positive predictive value and negative predictive value of POCUS.

Secondary outcome measure: Comparison to radiology-performed ultrasound in terms of agreement of findings.

Results: 226 patients were included in our study, of which 130 (58%) were boys. The mean age of patients was 9.7 years. 28 patients had appendicitis confirmed on histological examination, giving a prevalence of 12.4%. Compared with our reference standard, POCUS demonstrated a sensitivity of 0.89 (0.71-0.97), specificity 0.96 (0.92-0.98) positive predictive value 0.76 (0.57-0.88) and negative predictive value 0.98 (0.95-1.00). The appendix was visualised in 82/226 patients (36%). There was a very high degree of agreement between POCUS and radiology-performed ultrasound with a Cohen's kappa (k) of 0.87 (95% CI 0.70 to 1.00).

Conclusion: POCUS performed by PEM clinicians has a high degree of accuracy in detecting paediatric appendicitis. There was a high level of agreement between POCUS and radiology-performed ultrasound.

13. Ultrasound-Guided Nerve Block for Pediatric Femur Fractures: A Secondary Analysis of Needle Tip Distance.

Riera A, Lawson SL, Klekowski N, Moake MM, Snelling PJ, Toney AG, Ng C, Pade KH, The TS, Shaahinfar A, Chaudoin LT, Binder ZW. *Pediatr Emerg Care.* 2026 Feb 1;42(2):e20-e25.

Background: Fascia iliaca compartment nerve blocks (FICNB) have been shown to be an effective management strategy for pediatric femur fractures in the emergency department, but they can be performed using different techniques. Our main objective was to evaluate the association between needle tip distance to the femoral nerve and pain score reduction following ultrasound-guided FICNB in pediatric patients with acute femur fractures.

Methods: We conducted a secondary analysis of a prospective, multicenter observational study conducted in the United States and Australia. Participants were children aged 4 to 17 years with isolated femur fractures who received a FICNB, divided into 2 groups based on ultrasound visualization of needle tip distance from the femoral nerve: ≥ 5 mm or < 5 mm. The main outcome was a comparison of the mean pain score reduction between groups using the Faces Pain Scale-Revised (FPS-R). The FPS-R is a validated 0 to 10 continuous scale in which participants self-report their pain intensity. Pain scores were taken immediately before the nerve block (t 0) and 60 minutes postprocedure (t 60). In addition, adverse events were recorded. Differences in mean pain scores were analyzed using t tests, and categorical variables were compared with Fisher exact test.

Results: Of the 54 participants who received a FICNB (31 with needle tip ≥ 5 mm from the femoral nerve, 23 with needle tip < 5 mm), 49 had a t 60 pain score available for analysis (30 in the ≥ 5 mm group, 19 in the < 5 mm group). Pain scores at t 0 were similar between both groups. Both groups experienced a reduction in mean pain score at t 60 [≥ 5 mm group 3.5 vs < 5 mm group 4.6, difference between groups: 1.1 (95% CI, -0.6 to 2.7)]. No serious adverse events were reported.

Conclusion: In pediatric patients with acute femur fractures, needle tip distance from the femoral nerve does not seem to be associated with a difference in pain score reduction or the occurrence of serious adverse events.

14. Mindful Scanning: Lung Point of Care Ultrasound for Diagnosing Retroscapular Pneumonia in Children.

Cordone A, Constantine E, Riera A. *Pediatr Emerg Care.* 2026 Feb 1;42(2):154-156.

Diagnosing pneumonia in children presenting with nonspecific symptoms such as chest or back pain can be challenging. We present two cases in which specific positioning and ultrasonography technique were necessary to detect retroscapular consolidations, which traditionally have been thought to be difficult or impossible to visualize with point-of-care lung ultrasound (POCUS).

15. ED Lung Ultrasound of Suspected Atelectasis and Assessment of Reaeration in Children: A Case Series.

Pek JH, Tsung JW. *Pediatr Emerg Care*. 2026 Jan 16. Doi: 10.1097/00000000000003524. Online ahead of print.

Objectives: Point-of-care ultrasound of the lung is a useful tool in the assessment of pediatric patients with acute respiratory distress or hypoxemia. However, the sonographic features of atelectasis and pneumonia appear similar. Unlike pneumonia, the use of lung ultrasound to diagnose atelectasis and assess its reaeration in children is not well described. We describe the lung ultrasound features of atelectasis correlated with radiographic imaging and clinical context.

Methods: This series describes 5 pediatric ED patients with atelectasis, confirmed by lung ultrasound with radiographic correlation, to illustrate the use of PoCUS in guiding interventions such as chest physiotherapy and assessing reaeration.

Results: In all 5 cases, lung ultrasound identified lung consolidations consistent with atelectasis, which appeared sonographically similar to pneumonia. Static air bronchograms were seen in all cases. In 1 case of asthma exacerbation, repeat ultrasound demonstrated complete resolution of atelectasis following chest physiotherapy, correlating with clinical improvement. In the other 4 cases, including patients with cystic fibrosis and bronchiolitis, the consolidations persisted on repeat ultrasound despite various treatments for atelectasis.

Conclusions: The overlap between the sonographic features of lung consolidation in atelectasis and pneumonia in children makes it difficult to distinguish between the 2 conditions reliably based on lung ultrasound alone. Clinicians will need to interpret PoCUS images within the patient's clinical context, using radiographic correlation when available. Assessment of atelectasis reaeration on lung ultrasound is feasible and easily repeatable at the point of care, allowing for real-time monitoring of lung consolidations in response to therapy.

16. Not so FAST! Review of Adolescent Point-of-Care Ultrasound Reveals Splenic Mass Requiring Splenectomy.

Frederick AB, Tresslar CE, Rinaldi MB, Moake MM, Hollinger LE. *Pediatr Emerg Care*. 2026 Jan 1;42(1):76-78.

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Point-of-care ultrasound (POCUS) plays a vital role in rapid diagnosis and management in emergency settings. We present a case of a 9-year-old male who presented after a high-speed motor vehicle collision with a negative focused assessment with sonography for trauma (FAST). However, the quality assurance (QA) review raised concerns for a splenic mass. Further imaging confirmed the finding, and the patient underwent elective splenectomy, revealing a rare benign littoral cell angioma. This case illustrates the importance of QA in identifying findings during POCUS exams, the limitations of POCUS compared with comprehensive imaging, and the value of a multidisciplinary approach to pediatric trauma care.