JOINT EVENT

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Proceedings of

18th International Conference on

PEDIATRICS HEALTH

&

2nd Edition of International Conference on

ADOLESCENT HEALTH & MEDICINE

August 06-07, 2018 Madrid, Spain



Scientific Program

Pediatrics Health 2018 and Adolescent Health 2018

Day-1

August 06, 2018

09:00-09:30 Registrations

Opening Ceremony

09:30-10:00

Meeting Hall: Velazquez

KEYNOTE FORUM

Introduction

10:00-10:40 **Title: Parent opinion in medical care for congenital diaphragmatic hernia**
Dawn M Ireland, CDH International, USA

10:40-11:20 **Title: Effect of Taijiquan and Qigong on emotional and behavioral disorders in children and adolescents**
Jorge Manuel de Sousa Magalhaes Rodrigues, Institute of Biomedical Sciences of Oporto University Portugal

GROUP PHOTO

Networking & Refreshments 11:20-11:40 @ Conference Centre Lobby

Sessions: Neonatology and Perinatology | Child Abuse | Pediatric Psychiatry | Pediatric Hematology | Pediatric Case Reports

Chair: Dmytro Dmytriiev, Vinnitsa National Medical University, Ukraine
Co-Chair: Dorit Olenik Shemesh, Open University of Israel, Israel

INTRODUCTION

11:40-12:10 **Title: Neonatal pain: Assessment and treatment**
Dmytro Dmytriiev, Vinnitsa National Medical University, Ukraine

12:10-12:40 **Title: Youth online aggressive behaviors and cyber-victimization as correlated with psycho-social aspects and sense of well-being**
Dorit Olenik Shemesh, Open University of Israel, Israel

12:40-13:10 **Title: Obstetric outcomes and antenatal access among adolescent pregnancies in Kwazulu-Natal, South Africa**
Poovendhree Reddy, Durban University of Technology, South Africa

Lunch Break 13:10-14:10 @ Nature Restaurant

14:10-14:40 **Title: An infant with a unilateral facial paralysis caused by infectious mononucleosis**
Lama Alghuneim, Ministry of National Guard Health Affairs, Saudi Arabia

14:40-15:10 **Title: Aetiology and clinical features associated with blood culture positivity among neonates with clinical sepsis admitted at Dodoma Regional Referral Hospital, Tanzania**
Evaline Maziku, University of Dodoma, Tanzania

15:10-15:40 Title: **The integral role of neurosurgery in managing rare craniofacial anomalies**
Hazem A Mostafa, Ain Shams University, Egypt

Networking & Refreshments 15:40-16:00 @ Conference Centre Lobby

16:00-16:30 Title: **Alcohol's effect on pregnant mothers: A study**
Luckenson Chery, Centro Medico Dominico Cubano, Dominican Republic

16:30-17:00 Title: **Bacteremia among febrile under five children: Prevalence, etiology, antibiotics susceptibility and factors associated with antibiotic prescriptions in Dodoma, Tanzania**
Cecilia Lucas Msafiri, University of Dodoma, Tanzania

PANEL DISCUSSION

Day-2

August 07, 2018

Meeting Hall: Velazquez

KEYNOTE FORUM

09:50-10:00 **Introduction**

10:00-10:40 Title: **Quantitative assessment of renal heterogeneity and echogenicity in healthy pediatric patients using a novel protocol**
Sleiman R Ghorayeb, Hofstra University, USA

10:40-11:20 Title: **Promoting mental health of youths: An approach to the prevention of suicidal risk**
Maria Helena de Agrela Goncalves Jardim, University of Madeira, Portugal

Networking & Refreshments 11:20-11:40 @ Conference Centre Lobby

Sessions: Adolescent Health | Pediatric Neurology | Pediatric Infectious Diseases | Pediatric Hematology | Pediatric Case Reports

Chair: Dawn M Ireland, CDH International, USA
Co-Chair: Johanna Maria Kotze, University of the Free State, South Africa

INTRODUCTION

11:40-12:10 Title: **20 years demographics and preliminary survey results from CDH International**
Dawn M Ireland, CDH International, USA

12:10-12:40 Title: **The lack of confirmatory clinical signs in child sexual abuse evaluation**
Johanna Maria Kotze, University of the Free State, South Africa

12:40-13:10	Title: **Specific triggers of migraine headache in adolescents** **Knezevic Pogancev Marija,** University of Novi Sad, Serbia

Lunch Break 13:10-14:10 @ Nature Restaurant

14:10-14:40	Title: **Predictors of blood pressure control among hypertensive Type 2 diabetic patients in Dodoma Region, Central Tanzania: A cross sectional study** **Ezekiel Noah Moirana,** University of Dodoma, Tanzania
14:40-15:10	Title: **Clinical case reports: Multiple pediatric case presentations** **Asma Awadalla,** Ministry of National Guard Health Affairs, Saudi Arabia
15:10-15:40	Title: **Predictors of early onset neonatal sepsis among neonates in Dodoma, Tanzania: A case control study** **Pendo Paschal Masanja,** University of Dodoma, Tanzania

Networking & Refreshments 15:40-16:00 @ Conference Centre Lobby

SPECIAL SESSION

16:00-16:30	Title: **An update on Henoch-Schonlein Purpura in children** **Omer A Ahmed,** American Hospital Dubai, UAE
16:30-17:00	Title: **Extremely rare multiple malformations: Split vertebral column and spinal cord** **Slobodan Marinkovic,** University of Belgrade, Serbia

VIDEO PRESENTATION

17:00-17:30	Title: **Effect of the anti-cancer preparation NSC-631570 (UKRAIN) on Xeroderma pigmentosum (case report)** **Wassil Nowicky,** Nowicky Pharma/Ukrainian Anti-Cancer Institute, Austria

POSTER PRESENTATIONS 17:30–18:00

PH&AH 01	Title: **The extent of off-label and unlicensed drug use in neonatal intensive care units in Iran** **Leila Kouti,** Ahvaz Jundishapur University of Medical Sciences, Iran
PH&AH 02	Title: **Pattern of viral infection in acute asthma exacerbation and association with the severity of the episode** **Bader Al-Dhouyani,** Oman Medical Specialty Board, Oman

PANEL DISCUSSION

Awards & Closing Ceremony

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Keynote Forum

Day 1

Dawn M Ireland, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-010



Dawn M Ireland

CDH International, USA

Parent opinion in medical care for congenital diaphragmatic hernia

Purpose: To assess the opinions of parents of children born with Congenital Diaphragmatic Hernia on how well the medical professionals cared for and communicated with the patients and their families.

Methods: We reviewed the results of our survey for 161 patients between the years 1995 and 2017. This study included 53 female survivors, 64 male survivors, 27 female non-survivors, and 17 male non-survivors. Parents were asked basic subjective questions on how well they felt they were treated and how well they were informed of their child's diagnosis.

Results: 90.6% of survivors' and 77.3% of non-survivors' parents said they felt the hospital staff did well in taking care of the patient and involved the parents in the decision making process. 3.4% survivors' and 15.9% of non-survivors' parents responded negatively. A total of 6.2% either didn't respond or had no comment. When asked if the parent was given enough information about their child's diagnosis, 76.9% of parents of survivors and 68.2% of parents of non-survivors answered affirmatively. 19.7% of survivors' and 27.3% of non-survivors' parents responded in the negative. 3.8% either had no comment or did not respond. The participants were then asked if the patient's doctor explained the diagnosis in terms they could easily understand. Of the non-survivor's families, 77.3% said "yes" and 15.9% said "no." Of the survivor's families, 88% responded "yes" and 6.8% "no." The remaining 6.2% of both survivors and non-survivors either did not know or had no comment.

Conclusion: The vast majority of respondents agreed that their hospital experience was sufficient, there is still room to improve within the field of medical professionals. Our collected data can offer important insight into which hospitals need development and which institutions can be models for such development.

Biography

Dawn M. (Torrence) Ireland is the founder of CHERUBS – The Association of Congenital Diaphragmatic Hernia Research, Awareness and Support. Created in 1995, after the birth of Ms. Ireland's son, who was born with Congenital Diaphragmatic Hernia (CDH), she wished to create a supportive, collaborative community of families of researchers. It was built upon a foundation of research, awareness and support – providing as many services and as much information as the budget and volunteer system could withstand. With the encouragement of several prominent pediatric surgeons, CHERUBS began to have a presence at medical conferences in 1996. By 2000, the CDH Research Survey Database was created. In 2017, the charity was restructured. Ms. Ireland stepped away as President of CHERUBS and into the role of President of CDH International to further the research projects that the organization is involved in. CHERUBS still exists as the family support division of CDH International. Currently, Ms. Ireland oversees CDH International which now runs the world's largest natural history database of CDH, has 3 boards, employees, many volunteers, assists over 6300 patient families in 70 countries, presents research abstracts, and works with both the NIH and the EU. Ms. Ireland also is a founding member of the Rare Advocacy Movement and senior level patient advocate, mentors several other non-profit organizations, is a founding member of the Alliance of Congenital Diaphragmatic Hernia Organizations, has written/edited 4 books and spends her time between the United States and Europe to continue the organization's growth and outreach.

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Jorge Manuel de Sousa Magalhaes Rodrigues, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-010



Jorge Manuel de Sousa Magalhaes Rodrigues

Institute of Biomedical Sciences of Oporto University, Portugal

Effect of Taijiquan and Qigong on emotional and behavioral disorders in children and adolescents

Child development and wellness are strictly dependent on several factors among them physical activity, a proper nutrition and, of critical importance, a healthy mind. Psychopathologies like attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder (CD), Anxiety and depressive disorders (ADD), and Autism Spectrum disorder (ASD) have a direct negative impact on social, academic or occupational functioning of the affected children. If left untreated, these pathologies may progress to adulthood, thus requiring research strategies on conventional and nonconventional modalities of treatment. Several studies have already been performed on children and adolescents using Taijiquan and/or Qigong as treatment. These techniques follow the philosophy of Traditional Chinese Medicine, aiming to act and restore normal functioning of the body as a whole. With that in mind, this communication will present recent results on the topic, shedding some light on these alternative and complementary techniques for the treatment of emotional and behavioral disorders in children and adolescents.

Biography

Jorge Magalhães Rodrigues is a Traditional Chinese Medicine Specialist by the Institute of Biomedical Sciences of Oporto University. With 18 years of experience in the field, focused in Taijiquan and Qigong, early career in sports granted him several official national and international titles, gradually turning solely to the therapeutic effect of these modalities, especially in children. In addition, he is founder and president of the Portuguese Institute of Taiji and Qigong.

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Scientific Tracks & Abstracts

Day 1

Sessions

Neonatology and Perinatology | Child Abuse | Pediatric Psychiatry Pediatric Hematology | Pediatric Case Reports

Session Chair
Dmytro Dmytriiev
Vinnitsa National Medical University, Ukraine

Session Co-Chair
Dorit Olenik Shemesh
Open University of Israel, Israel

Session Introduction

Title: **Neonatal pain: Assessment and treatment**
Dmytro Dmytriiev, Vinnitsa National Medical University, Ukraine

Title: **Youth online aggressive behaviors and cyber-victimization as correlated with psycho-social aspects and sense of well-being**
Dorit Olenik Shemesh, Open University of Israel, Israel

Title: **Obstetric outcomes and antenatal access among adolescent pregnancies in Kwazulu-Natal, South Africa**
Poovendhree Reddy, Durban University of Technology, South Africa

Title: **An infant with a unilateral facial paralysis caused by infectious mononucleosis**
Lama Alghuneim, Ministry of National Guard Health Affairs, Saudi Arabia

Title: **Aetiology and clinical features associated with blood culture positivity among neonates with clinical sepsis admitted at Dodoma Regional Referral Hospital, Tanzania**
Evaline Maziku, University of Dodoma, Tanzania

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Hazem A Mostafa, Ain Shams University, Egypt

Title: **Alcohol's effect on pregnant mothers: A study**
Luckenson Chery, Centro Medico Dominico Cubano, Dominican Republic

Title: **Bacteremia among febrile under five children: Prevalence, etiology, antibiotics susceptibility and factors associated with antibiotic prescriptions in Dodoma, Tanzania**
Cecilia Lucas Msafiri, University of Dodoma, Tanzania

Dmytro Dmytriiev, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-011

Neonatal pain: Assessment and treatment

Dmytro Dmytriiev
Vinnitsa National Medical University, Ukraine

Effective management of procedural and postoperative pain in neonates is required to minimize acute physiological and behavioral distress and may also improve acute and long-term outcomes. Pain management in the neonatal ICU remains challenging for many clinicians and in many complex care circumstances. Neonates frequently experience pain as a result of diagnostic or therapeutic interventions or as a result of a disease process. Neonates cannot verbalise their pain experience and depend on others to recognise, assess and manage their pain. Neonates may suffer immediate or long-term consequences of unrelieved pain. Accurate assessment of pain is essential to provide adequate management. Observation scales, which include physiological and behavioural responses to pain, are available to aid consistent pain management. Painful stimuli activate nociceptive pathways, from the periphery to the cortex, in neonates and behavioral responses form the basis for validated pain assessment tools. However, there is an increasing awareness of the need to not only reduce acute behavioral responses to pain in neonates, but also to protect the developing nervous system from persistent sensitization of pain pathways and potential damaging effects of altered neural activity on central nervous system development. Analgesic requirements are influenced by age-related changes in both pharmacokinetic and pharmacodynamic response, and increasing data are available to guide safe and effective dosing with opioids and paracetamol. Regional analgesic techniques provide effective perioperative analgesia, but higher complication rates in neonates emphasize the importance of monitoring and choice of the most appropriate drug and dose. There have been significant improvements in the understanding and management of neonatal pain, but additional research evidence will further reduce the need to extrapolate data from older age groups.

Recent Publications

1. Postoperative pain management in children: Guidance from the pain committee of the European Society for Paediatric Anaesthesiology (ESPA Pain Management Ladder Initiative)Paediatric Anaesthesia 2018 | journal-article DOI: 10.1111/pan.13373.

Biography

Dr. Dmytro has completed his PhD at the age of 24 years from Vinnitsa national medical University and postdoctoral studies from Odessa National medical university. Now I am a chief PICU Vinnitsa national medical university and Vinnitsa regional children hospital, a chief – editor Pain Medicine Journar (http://painmedicine.org.ua). I have published more than 200 papers (Ukranian journal) in more 15 reputed journals. ESPA ACORN Member (representative ESPA member –Ukraine). Reviever US-Medical Science Journal.

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Notes:

Dorit Olenik Shemesh, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-011

Youth online aggressive behaviors and cyber-victimization as correlated with psycho-social aspects and sense of well-being

Dorit Olenik Shemesh
Open University of Israel, Israel

During the last decade, internet and social networks have become an inseparable part of youth lives, providing them with new forms of social space that enables new opportunities for social connections, but at the same time expose youth to aggressive and cyberbullying behaviors and injuries. The current presentation is based on a series of studies conducted during 2010-2017, explored the nature of online harassment and vulnerability among youth, its' expressions, relationships with psycho-social aspects and typical emotional and behavioral reactions, focusing on cyber-victimization. Online harassment and vulnerability, named also cyberbullying, refers to a deliberate aggressive activity that takes place using electronic technology, aimed at harassing others through digital communication means. The unique features offered by the electronic technology communication, such as: anonymity, rapid communication, wide accessibility, online disinhibition effect make cyberbullying have a particularly strong effect on youth' well-being. 1680 adolescents completed questionnaires examining their involvement in online harassment in relation to key socio-psychological variables. One third of the participants reported being cyber-victims (with a significant increase over the years). Significant correlations were found between cyber-victimization and high levels of depressive mood, loneliness, low levels of self-efficacy and self- image and low well-being among youth. Cyber-victims tended to share the harm with close friends, but not with parents. Possibilities for prevention intervention programs will be discussed, focusing on the role of youth bystanders and social support in the social networks environment.

Biography

Dorit Olenik Shemesh completed her PhD at the University of Haifa, Israel. She is a Researcher, Lecturer and Course Coordinator in the Department of Education and Psychology (2006) at the Open University of Israel, Israel. Her main research interests focuses on: the psychology of adolescents (different sectors), especially in the context of emotional abilities, stress encounters and coping, youth at risk, affective and emotional intelligence. In recent years she has been intensively engaged in research and national as well as international projects related to violence and bullying on the internet (Cyberbullying) and youth sense of well being and satisfaction with life indicators.

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Notes:

Poovendhree Reddy et al., J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-011

Obstetric outcomes and antenatal access among adolescent pregnancies in Kwazulu-Natal, South Africa

Poovendhree Reddy, Govender T and **Ghuman S**
Durban University of Technology, South Africa

South Africa, like many other developed countries, is challenged by the under attendance and delay in initiation of antenatal care (ANC) services among pregnant adolescents. Adolescents are more vulnerable to pregnancy related complications, which may contribute to maternal and child mortality and morbidity. This study aimed at evaluating the under attendance and/or delay in initiation of ANC services among young pregnant adolescents (13-16 years old) as a risk for adverse maternal and birth outcomes. The research was based at a district hospital on the North Coast of Kwazulu-Natal. A retrospective review of all young adolescent (13-16 years old) maternity case records for the period from 2011-2013 was conducted. Data collected included ANC trends in attendance, obstetric and perinatal outcomes. A total of 314 pregnancies were recorded among young adolescents at this single hospital over a period of 3 years. Adolescent pregnancy was associated with a risk of late ANC booking and reduced ANC visits. The prevalence of anaemia (32%) was relatively high among the girls. Fifty percent of all adolescents received episiotomies while, 45 (14%) experienced perineal tears. Logistic regression models found that the condition of perineum was significantly associated with HIV status (OR=0.36; 95% CI=0.16; 0.84; $p<0.05$). HIV positive mothers were more likely to have an intact perineum post-delivery. However, HIV positive adolescents were twice as likely to be diagnosed with anaemia compared HIV negative mothers (results not significant). Underutilization of ANC (i.e. less than 4 visits) was significantly associated with lower gestational age (<37 weeks) (OR=2.64; 95% CI=1.04; 6.74; $p<0.05$). Fifteen percent of young mothers delivered early (<37 weeks), 10% delivered babies with a low birth weight (<2500g) and 15% of the neonates suffered fetal distress. Low birth weight, low Apgar scores as well as the incidence of maternal anaemia and pregnancy induced hypertension (PIH) were found to be related to late ANC booking. Qualitative findings highlighted the perceived barriers of ANC by pregnant adolescents. Interviews identified the following as factors that hindered access of care; financial barriers, attitudes of health care workers (HCW), system barriers and fear of HIV testing. Urgent population based strategies are required to encourage timeous initiation of ANC among adolescents. Strengthening of health education programs on the benefits of ANC attendance among adolescents can be utilized as part of an approach to address the current public health concern.

Biography

Prof Poovendhree (Poovie) Reddy (PhD) is a strong advocate for creating a critical and responsible citizenry through education and empowerment. Her achievements in academic management and leadership, teaching and postgraduate supervision bear testimony to her philosophy. She currently holds the position of Senior Lecturer: Programme Environmental Health in the Department of Community Health Studies. Dr Reddy, who is also a HELM LEAD fellow (Higher Education Leadership and Management, HESA), is experienced in curriculum development and coordinates the Postgraduate programme in Environmental Health. She actively mentors and promotes research development within her department and Faculty. Her main areas of interest include public health; genetic epidemiology; epigenetics; maternal and child health; and water management and quality related to health risk assessment. She is a co-leader on the Medical Research Council Flagship project (Maternal Health) and a team member of the Water Research Niche area at DUT. In addition, she is a co-investigator on a collaborative project with UKZN and the University of Michigan which involves genetic epidemiology and epigenetics related to respiratory related outcomes and environmental exposures in the MACE study (Mother and Child Environmental Study). Dr Reddy has 11 peer-reviewed publications in international and national journals, 11 peer-reviewed international conference abstracts and 15 national conference presentations. She serves on the Editorial Board for a national and an international journal and is a solicited reviewer for 5 international journals. She also serves as a member of various professional bodies and committees both externally and within the DUT.

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Lama Alghuneim, J Pediatr Care 2018, Volume 4
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An infant with a unilateral facial paralysis caused by infectious mononucleosis

Lama Alghuneim
Ministry of National Guard Health Affairs, Saudi Arabia

Introduction: Infectious mononucleosis (IMN) is a disease caused by a viral infection of Epstein-Barr virus (EBV). The disease is known to have various neurological complications such as; seizures, meningoencephalitis, Gulian Barre syndrome and transverse myelitis. One of the rare reported complications is Facial nerve paralysis.

Methods: We report a case of a 28 months old boy who presented with high-grade fever, bilateral asymmetrical neck swelling more on the right side, tonsillar enlargement with exudation and splenomegaly. There were laboratory findings that suggested IMN: leucocytosis (20.76x10^9/L), atypical lymphocytes (2.70x10^9/L), high AST (184 U/L) and ALT (144 U/L).He was treated supportively pending the results. On Day 3 of his hospital course, the patient developed right facial asymmetry manifested as droopiness of the right side of his mouth and inability to close his right eye. A temporal bone CT revealed the presence of complete fluid opacification of the mastoid air cells and middle ear cavities bilaterally, most likely suggesting acute otitis media.

Results: The lab results showed evidence of Infectious mononucleosis in the form of the following: Epstein-Barr virus (EBV) PCR was positive and the EBV IgM was suggestive of an acute infection (>16). There was also, a House Brackmann grade 5 facial paralysis. The Facial nerve paralysis symptoms improved after he received a five day course of oral prednisolone (2mg/kg/day) that was later tapered off over the next 10 days. After a four week follow up, the patient had significant improvement. There was only a minimal residual of his facial droopiness but he almost regained the ability to close his eye. In the literature, facial paralysis related to IMN is quite rare, with only few reported cases. Therefore, the use of corticosteroids in these cases remains a controversy. However, in our case we found a good outcome after using it.

Conclusion: Facial nerve paralysis is a rare complication of EBV infection, which is rarely seen in infancy but tends to resolve spontaneously in 3-6 month.

Biography

Dr. Lama Alghuneim has completed her medical degree studies at Alfaisal University in Saudi Arabia, Riyadh. She is currently a pediatric resident at National Guard Health Affairs Medical city.

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Notes:

Evaline Maziku, J Pediatr Care 2018, Volume 4
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Aetiology and clinical features associated with blood culture positivity among neonates with clinical sepsis admitted at Dodoma Regional Referral Hospital, Tanzania

Evaline Maziku
University of Dodoma, Tanzania

Background & Objectives: Effective management of neonatal sepsis is essential in reducing mortality and complications due to septicaemia, for which an accurate diagnosis remains challenging in developing countries, due to lack of well-equipped laboratories and resources. This study intended to determine the aetiology and clinical features associated with blood culture positivity, among neonates with clinical sepsis admitted at Dodoma Regional Referral Hospital.

Methods: A cross–sectional study was carried out on 194 neonates admitted with clinical sepsis at Dodoma Regional Referral Hospital, from March to June, 2017. A total of 194 blood samples for culture and sensitivity were taken according to standard aseptic procedures. Clinical and other laboratory data were analysed. Logistic regressions model was used to identify possible clinical features associated with positive blood culture.

Results: Among the 194 study new-borns with clinical neonatal sepsis, 55 (28.40%) had blood culture positive, the most isolates were Coagulase negative Staphylococci n (45.50%). Most isolates were resistant to Ampicillin, whereas most of the isolates had highest sensitivity to Amikacin and Clindamycin. After adjusting for potential confounders, the abdominal distension (AOR 0.263, 95% CI [0.088- 0.787], p <0.001), signs of skin infections (AOR 0.179, 95% CI [0.029-1.124], p < 0.01), umbilical pus discharges (AOR 5.745, 95% CI [1.654-19.957] P<0.001) were independently associated with positive blood culture.

Conclusions: Usage of WHO clinical criteria only for the diagnosis of neonatal sepsis may overestimate the prevalence of neonatal sepsis leading unwarranted use of antibiotics. The study has shown majority of the bacteria isolates in new-born with sepsis are resistant to first line antibiotic. Frequently research will guide the empiric treatment for neonatal sepsis.

Recent Publications

1. Clinical features associated with blood culture positivity among neonates admitted with clinical neonatal sepsis at Dodoma Regional Referral Hospital.

Biography

Evaline Maziku completed her Master of Science in Pediatirc Nursing at the age of 42 years from University of Dodoma and Bachelors from St. John's University School of Nursing. She is the coordinator Assistant of Reproductive and Child Health in Dodoma Region and works under ministry of Health. She is expecting to publish her paper in Pediatric infectious disease journals and has been serving as a clinical instructor of University of Dodoma and a board member of Foundation of Childbirth Educators.

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Notes:

Hazem A Mostafa, J Pediatr Care 2018, Volume 4
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The integral role of neurosurgery in managing rare craniofacial anomalies

Hazem A Mostafa
Ain Shams University, Egypt

Craniofacial anomalies are rare complex pathologies which needs a craniofacial team composed of neurosurgeon, a craniofacial plastic surgeon, and an ophthalmologist. Anomalies at craniofacial region either due to developmental malformation of the brain (neural tube defects) or the premature closure of cranial or skull base sutures resulting in skull deformities and problems in normal physiological neurological development. Each of pathologies needs special neurological surgery management, sometimes the management is multi-staged. Neurosurgical management varied from diagnosis, the surgical procedures and long-term follow up. Hence, we describe the pathology of craniofacial anomalies and its associated syndromes in addition to the proper investigation needed for diagnoses and predict possible short and long-term complication. Also, what craniofacial anomalies care giver should be focusing on regarding neurological issues such as intra-cranial pressure early detection and treatment if high and optic nerve problems. Also, dural repair, dealing with brain parenchyma and its vasculature, and better cosmetic outcome according to craniofacial metrics.

Biography

Dr. Hazem Ahmed Mostafa, MD., PhD, is an internationally recognized neurosurgeon with over two decades of clinical and research experience. He's affectionately known as Dr Brain and Spine. Dr. Hazem Ahmed Mostafa MD., Ph.D, is a professor in the Department of Neurosurgery at Ain Shams University Cairo, Egypt since 2014, where he joined the faculty as an Assistant Lecturer of Neurosurgery in 1997. He is a Consultant of Neurosurgery at his own private clinics Neuro Clinic Cairo and Hurghada-Red Sea, Egypt since 2001. Prior to his current position, he was a lecturer of Neurosurgery at Ain Shams University Hospital, Cairo, Egypt and a Consultant of Neurosurgery at El-Gouna Hospital, Hurghada-Red Sea, Egypt. Hazem is a native of Egypt. He graduated from the Faculty of Medicine Ain Shams University in1992, attaining magna cum laude honors with dual degree M.B.and B.Ch., and completed a combined residency in Neurosurgery and Cerebrovascular Stroke Unit at Ain Shams University Specialized Hospital, Cairo, Egypt in1995. He later went on to complete his Master's Degree of General Surgery (MS) in1997 andM.D. Degree of Neurosurgery (Doctoral Degree of Neurosurgery) in 2001. Dr. Hazem's has dedicated a significant part of his career to developing innovative educational research withover 33 published research papers in the Egyptian Society journal. Dr. Hazem is an active member of the Egyptian Society of Neurological Surgeons since 1997. He is an international Faculty at A O Trauma Foundation. He is also an international fellow member of the Institute of Brain Chemistry and Human Nutrition (IBCHN-UK). Hazem joined the North American Spine Society in 1999. He trained as a fellow at the Spine Center Munich 2005–2006. He is participating in the education programs of the junior Neurosurgeons in Egypt and member of examiners' board of the Ph.D, M.D and Masters' Degree of Neurosurgery.

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Notes:

Luckenson Chery, J Pediatr Care 2018, Volume 4
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Alcohol's effect on pregnant mothers: A study

Luckenson Chery
Centro Medico Dominico Cubano, Dominican Republic

Epidemiology: According to WHO estimates 3.3 million deaths every year result from harmful use of alcohol, this represents 5.9 % of all deaths. Alcohol consumption causes death and disability relatively early in life. In the age group 20 – 39 years approximately 25 % of the total deaths are alcohol attributable fetal alcohol syndrome (FAS), alcohol use is also associated with an increased risk of acute such as injuries, including from traffic accidents However, it's also known that alcohol consumption especially in excess is linked to a number of negative outcomes: as a risk factor for diseases and health impacts; crime; road incidents; and for some, alcohol dependence. The Frequency of fetal alcohol syndrome is 2–5% (US, EU). The five countries with the highest prevalence of alcohol use during pregnancy were Ireland (about 60%), Belarus (47%), Denmark (46%), the United Kingdom of Great Britain and Northern Ireland (41%) and the Russian Federation (37%) The alcohol

- High consumption around the world
- Decreases vital functions
- Depressor of the central nervous system (CNS)
- Legal Drug

There is no known safe amount of alcohol use during pregnancy or while trying to get pregnant. These disabilities are known as fetal alcohol spectrum disorders (FASDs).

Children with FASDs might have the following characteristics and behaviors:

- Abnormal facial features, such as a smooth ridge between the nose and upper lip (this ridge is called the philtrum)
- Small head size (Microcephaly)
- Low body weight
- Poor coordination
- Hyperactive behavior
- Difficulty with attention
- Poor memory

Alcohol Metabolism in Pregnancy: Alcohol is metabolized in:

- Liver 90%
- Lungs 5%
- Stomach 2.5%
- Intestine 2.5%

Mechanisms of action:

- Depressor of the central nervous system (CNS)
- Facilitates GABAergic neurotransmission ((gamma aminobutyric acid)) by increasing the entry of chlorine through the GABAA receptor.
- By increasing the action of GABA, alcohol diminishes functioning of neurons, which is why it is classed as a depressant drug because it depresses activity
- Acute alcohol consumption increases the release of endogenous opioids such as endorphins, enkephalins and dynorphins

The region's most susceptible to the effect of alcohol

- Prefrontal Cortex
- Cerebellum

Diagnosing Fetal Alcohol Syndrome: There is no lab test that can prove a child has FAS. Many of its symptoms can seem like ADHD. To diagnose FAS, doctors look for unusual facial features, lower-than-average height and/or weight, small head size, problems with attention and hyperactivity, and poor coordination.

Treating Fetal Alcohol Syndrome: Therapy can help with behavior and educational problems. Parents can also get training to help their child. Medicines can help manage symptoms like hyperactivity, inability to focus, or anxiety. A child with fetal alcohol syndrome needs to be watched closely to see if their treatment needs to be adjusted.

Conclusion: The epidemiology of alcohol use appears to be changing and the gap between male and female patterns of alcohol use is closing, especially at younger ages. Women's alcohol consumption has been increasing in line with economic development and changing gender roles, but other factors include marketing directed towards women, increased availability and accessibility of alcoholic beverages and increased social acceptability of women drinking alcohol. Most important, prevention strategies should be addressed not only to women of childbearing age, but also to public health officials, policymakers, health care providers, and communities. Given the high rate of teenage pregnancies in the world, school children are particularly important targets in any effort to halt alcohol abuse by pregnant women.

Recent Publications

1. The truth about alcohol in Dominican Republic
1. Plaisir de Boire d' alcohol
1. Intoxicacion de los jóvenes del siglo XXI
1. Como perder peso en seis meses
1. Los Jóvenes de Hoy

Biography

Luckenson Chery graduated in nutrition with academic honors in 2014 age of 23 years from Universidad Complutense de Madrid, he is a Medical Student in his last semester at Universidad Autonoma de Santo Domingo, He is Vice President of the Asociacion de Jovenes para el desarollo global Humano. He worked as wound care at Haiti Family ministries, he Studied modern Languages at Universidad Autonoma de Santo Domingo, he has publishes more than 15 Papers in Listin Diario Journal and Republica Dominicana Digital, He Works as Nutritionist at Centro Medico Dominico Cubano, he is The supervisor of Emergency room specialized in Toxicology at Cento Medico Dominico Cubano. He is the leader of Buena Salud club Medical since 2013; he leaded different researches about oncology and Heart sickness with drug abuse at Universidad Concordia de Mexico. He has participated in different training on childhood intoxication at the Universidad de Autonoma de Mexico. He has given lectures on different topics related to nutrition and infantile poisoning.

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Cecilia Lucas Msafiri, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-011

Bacteremia among febrile under five children: Prevalence, etiology, antibiotics susceptibility and factors associated with antibiotic prescriptions in Dodoma, Tanzania

Cecilia Lucas Msafiri
University of Dodoma, Tanzania

Background: In developing countries, febrile illnesses are the major cause of morbidity and mortality among children and is the most common reason for hospitalization. Viral infections, bacteremia, and malaria are among the commonest causes of fever in the developing countries. Bacteremia has a high mortality among of non-malarial febrile illnesses in African children. There is a lack of diagnostic tests to diagnose causes of fever therefore, children are started on empiric treatment, and also there is high-level antimicrobial resistance to commonly prescribed drugs. Understanding epidemiology of bacteremia in Dodoma Municipality will help to prepare local treatment guidelines for management of bacteremia.

Methods: The study was analytical cross-sectional conducted at Makole Health Centre, 130 under-five children with the body temperature above 37.5oC were enrolled. Thorough history taking, physical examinations, and blood for culture and sensitivity were done. Factors associated with associated with antibiotics prescription were assessed using logistic regression model.

The Results: Prevalence of bacteremia was10.8%, *S. aureus* was mostly isolated. Study found that MRDT results and medicine use before hospital visits were associated with antibiotics prescription. Most of bacteria isolated showed high sensitivity Chloramphenicol and Ceftriaxone. Bacteria isolated showed high resistance rate to commonly prescribed drugs (Ampicillin and Penicillin).

Conclusion: There is a low prevalence of bacteremia among febrile under-five children in Dodoma Municipality, commonly isolated bacteria among febrile children was S. aureus. Majority of children with fever are prescribed antibiotics without confirmatory investigation and there was an alarming sign of increasing drug resistance to the commonly used drugs.

Biography

Cecilia Msafiri completed Master of Science in Pediatric Nursing at University of Dodoma Tanzania and Bachelor of Science in Nursing from Muhimbili University of Health and Allied Sciences, has been working with the University of Dodoma as a graduate nurse office since 2012, and she is Nurse Office in charge in Maternity department . Previously she worked at Dodoma Region Referral Hospital. She is has certificate of Hospital management for health professionals. She is nearly to publish paper from the research she did.

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Notes:

JOINT EVENT





18th International Conference on

Pediatrics Health

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2nd Edition of International Conference on

Adolescent Health & Medicine

August 06-07, 2018 Madrid, Spain

Keynote Forum

Day 2

Sleiman R Ghorayeb, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-010



Sleiman R Ghorayeb

Hofstra University, USA

Quantitative assessment of renal heterogeneity and echogenicity in healthy pediatric patients using a novel protocol

Significant differences exist in renal heterogeneity in patients with congenital ureteropelvic obstruction who underwent pyeloplasty compared to the unaffected contralateral kidney. As a validation, we sought to determine normal heterogeneity as measured by heterogeneity index (HI) in normal kidneys of children. This novel evaluation may elucidate the subtle changes in echogenicity seen in children over the first year of life. We reviewed kidney images in children performed with non-nephrologic, non-urologic disease. Each image was evaluated by a novel program which converts pixels in a gray-scale US to a binary map to produce HI values. We performed univariate analysis comparing HI in 2 groups: left versus right kidney (against spleen and liver), and patients aged <1 year old versus greater or equal to 1 year old. 122 sonograms were available for analysis. The average age was 4.7 and standard deviation (SD) 5.4 years old. Overall, the average HI was 1.17. The average HI of the right kidney was 1.19 (n=37, SD 0.12) and the left kidney was 1.167 (n=37, SD 0.10) with no statistically significant difference between sides (p = 0.2). Mean HI in those <1 years was 1.15 (n=36, SD 0.09) and 1.17 (n=36, SD 0.12) in those greater or equal to 1 year old. No difference was observed between the groups on univariate analysis (p = 0.4). While renal echogenicity is enhanced in patients less than 1 year old, the change to normal echogenicity appears to be homogenous as there is no change in overall HI between patients greater or less than 1 year old.

Biography

Dr. Ghorayeb has completed his PhD jointly between Iowa State University and the University of Iowa. He is Professor of Radiology and Molecular Medicine, and Professor of Biomedical and Electrical Engineering at Hofstra University. He has published over 100 papers in reputable journals, conferences, and invited presentations and has been serving as primary reviewer at NIH, and as an editorial board member of AIUM, JTU, and IEEE.

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Notes:

Maria Helena de Agrela Goncalves Jardim, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-010



Maria Helena de Agrela Goncalves Jardim

University of Madeira, Portugal

Promoting mental health of youths: An approach to the prevention of suicidal risk

Introduction: The promotion of mental health of young people is one of the key fundamentals facing the world in the third millennium. Abrupt environmental changes that experience in everyday life put youths faced with situations of hostility and uncertainty, often creating mental disorders especially depression and suicide. Therefore, reflected the importance of the early detection of mental problems of young people in school context for future universities function as prime locations for culture and education aimed at social maturation of young, boosting the social adjustment individual and your own socialization. The scientific evidence and the worldwide health agencies warn of the vital need to promote the mental health of adolescents and young adult.

Objectives: In this context, the authors developed a study whose aim is to evaluate the level of suicidal risk and depression of young students from 12 to 18 years of the Autonomous Region of Madeira (RAM), Portugal. In the same way intends to select intervention strategies for mental health promotion and prevention in young people, on the basis of the data obtained.

Methodology: It is a cross-sectional study, descriptive, analytical and inferential study a representative sample (n = 1557) and stratified, probabilistic of both sexes by municipality of RAM, who attend normal schooling (elective year 2014-2015), with a sampling error of 1.2%. The selected measuring instruments were the Stork Suicidal Risk Scale and the Zung Depression Scale.

Results: The average age of young people is 15.2 years, 55.2% female. Most shows no depression (81.5%), or suicidal risk (67.7%). However as regards depression noted that 18.5% have depressive mood (18.2%) and major depression (0.3%). As for the risk suicidal 16.8% of young people should be the subject of concern, as 10.1% reveal weak risk, 4.0% showed important suicidal risk and 2.7% suicidal risk is extremely important.

Table 1-characteristics of the sample in terms of suicidal risk and depression.

Variable	n	%
Rank of suicidal risk		
"Normal" State	1054	67.7
Intermediate state or doubtful	241	15.5
Weak risk	158	10.1
Suicidal risk important	62	4.0
Suicidal risk is extremely important	42	2.7
$\bar{x}$ = 51.49; Md = 48.00; s = 27.29; x_{min} = 2.00; $x_{máx}$ = 146.00; p = **0.000**		
Level of depression		
"Normal" State	1270	81.5
Dysthymia	283	18.2
Major depression	4	0.3

There is an association between depression and suicidal risk (p = 0.000) and between the two gender disorders (both p = 0.000) and age group (respectively p = 0.043 and p = 0.000), being the highest values of 15 to 18 years.

Table 2 – correlation between the suicidal risk and the depression

Variable	Depression		
	n	r	p
Suicidal risk	1557	+0.67	**0.000**

According to increase schooling increases the risk of suicide and depression, as well as on the basis of the number of Deprecations. The marital status of the parent's influence on depression and suicidal risk (p = 0.001; p = 0.003), being most evident in young people whose parents are not married. The fact that the youth they deal with disease (p = 0.000; p = 0.038), alcohol consumption (p = 0.000 and p = 0.003) and socializing with colleagues (p = 0.000; p = 0.000) influences significantly the two mental illnesses. The taking drugs only influences the risk suicidal (p = 0.000) and not practice sports only contributes to the risk of depression (p = 0.000). The data found in this study corroborate with most of the surveys consulted, which implies an urgent need for more studies and in older adolescents who enter higher education or who begin to work.

Conclusions: These results are a contribution on the scarce existing statistics in this field of action, depression and risk of suicide. In universities, is relevant and a priority to create a strategy that encompasses training programs of coping strategies and coaching, aimed at reducing the stigma about mental health, in order to facilitate applications for aid in situations of upheaval and rethink the true meaning that life holds for each and your community. In the future Study the risk and suicidal depression is a challenge for future research in college students by comparing Portugal and Brazil to develop strategic programs for the promotion of mental health of young people and implementation of social and educational policies to prevent these mental disorders.

Recent Publications

1. Esposito, C.L., & Clum, G.A. (2002). Psychiatric symptoms and their relationship to suicidal ideation in a high-risk adolescent community sample. *Journal of American Academic Child and Adolescent Psychiatry*, 41(1), 44-51.
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3. Stadelmann, S., Perren, S., Groeben, M. & Klitzing, K. (2010). Parental Separation and Children's Behavioral/ Emotional Problems: The Impact of Parental Representations and Family Conflict. *Family Process*, 49(1), 92 - 108.
4. Tuisku, V. et al. (2014). Depressed adolescents as young adults – Predictors of suicide attempt and non-suicidal self-injury during 8-year follow-up. *Journal of Affective Disorders,* 152-154, 313–319.
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7. World Health Organization (2014). The World Health Organization's Report on Suicide. A Fundamental Step in Worldwide Suicide Prevention. *Crisis*, 35(5). 289-291.
8. World Health Organization (2014). Preventing suicide: a global imperative. Geneva: WHO.

Biography

Dr. Helena completed her PhD in Psychological intervention at University of Extremadura, Badajoz, Spain in 2002 and in 2005 she completed her next PhD in Health Sciences, Equivalence given Ministry of Education, Portugal. Finally in 2017, she completed her Post Doctorate in Public Health at University of Fortaleza, Brazil. She was appointed as a Director of the Master's Degree in Gerontology from the University of Madeira from 2009-2015. Simultaneously, she was also a Member of the General Council of the University of Madeira from 2009-2017. She was also a Member of Academic Committee of the Senate of the University of Madeira from 2010-2014. She was awarded the best poster award twice for her intellectual abstract presentation skills. She had also done a peer reviewing for the Journal of School of Nursing of the University of S. Paulo (REEUSP); Referência, Coimbra and MedCrave, An Online Publishing. Currently, she is the Coordinator Professor at the School of Health (ESS) - UNIVERSITY of MADEIRA (UMa) and also the Investigator FCT in the Health Sciences Research Unit: Nursing UICISA: E, Coimbra and CINTESIS collaborator.

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18th International Conference on

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2nd Edition of International Conference on

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August 06-07, 2018 Madrid, Spain

Scientific Tracks & Abstracts

Day 2

Sessions

Adolescent Health | Pediatric Neurology | Pediatric Infectious Diseases | Pediatric Hematology Pediatric Case Reports Adolescent Health | Pediatric Neurology | Pediatric Infectious Diseases Pediatric Hematology | Pediatric Case Reports

Session Chair
Dawn M Ireland
CDH International, USA

Session Co-Chair
Johanna Maria Kotze
University of the Free State, South Africa

Session Introduction

Title: **20 years demographics and preliminary survey results from CDH International**
Dawn M Ireland, CDH International, USA

Title: **The lack of confirmatory clinical signs in child sexual abuse evaluation**
Johanna Maria Kotze, University of the Free State, South Africa

Title: **Specific triggers of migraine headache in adolescents**
Knezevic Pogancev Marija, University of Novi Sad, Serbia

Title: **Predictors of blood pressure control among hypertensive Type 2 diabetic patients in Dodoma Region, Central Tanzania: A cross sectional study**
Ezekiel Noah Moirana, University of Dodoma, Tanzania

Title: **Clinical case reports: Multiple pediatric case presentations**
Asma Awadalla, Ministry of National Guard Health Affairs, Saudi Arabia

Title: **Predictors of early onset neonatal sepsis among neonates in Dodoma, Tanzania: A case control study**
Pendo Paschal Masanja, University of Dodoma, Tanzania

Title: **An update on Henoch-Schonlein Purpura in children**
Omer A Ahmed, American Hospital Dubai, UAE

Title: **Extremely rare multiple malformations: Split vertebral column and spinal cord**
Slobodan Marinkovic, University of Belgrade, Serbia

Dawn M Ireland, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-011

20 years demographics and preliminary survey results from CDH International

Dawn M Ireland
CDH International, USA

Purpose: Our objective was to the assess the amount of medical information retained by parents of children born with Congenital Diaphragmatic Hernia. Our goal is to review the difference in our study with the population studies of other CDH research groups such as the CDH Study Group and DHREAMS in the amount of information given and correctly retained by CDH parents.

Methods: We reviewed the answers provided to a questionnaire between 1995 and 2014. Members included 2547 survivors, 1294 non-survivors and 740 expectant or who did not follow up. Parents were asked basic medical questions as well as a detailed medical and familial history.

Results: Our questionnaire was answered by 4548 families. A higher percentage of families of non-surviving infants than surviving infants did not know if their child's CDH occurred on the left versus right side (46.8% vs 57.8%). When families were asked to further characterize the type of decent their child had, the percentage of those who did not know jumped to approximately 87%, showing that even fewer parents remembered the finer details of their child's diagnosis. Familial CDH is reported in the literature to be known in approximately 2% of all cases. Our membership reports 1.6%, which is similar to what has been reported.

Conclusion: Until this study is compared to the studies of DHREAMS and the CDH Study Group and exact patient matching occurs, it will difficult to measure the true medical knowledge that CDH parents grasp and remember.

Biography

Dawn M. (Torrence) Ireland is the founder of CHERUBS – The Association of Congenital Diaphragmatic Hernia Research, Awareness and Support. Created in 1995, after the birth of Ms. Ireland's son, who was born with Congenital Diaphragmatic Hernia (CDH), she wished to create a supportive, collaborative community of families of researchers. It was built upon a foundation of research, awareness and support – providing as many services and as much information as the budget and volunteer system could withstand. With the encouragement of several prominent pediatric surgeons, CHERUBS began to have a presence at medical conferences in 1996. By 2000, the CDH Research Survey Database was created. In 2017, the charity was restructured. Ms. Ireland stepped away as President of CHERUBS and into the role of President of CDH International to further the research projects that the organization is involved in. CHERUBS still exists as the family support division of CDH International. Currently, Ms. Ireland oversees CDH International which now runs the world's largest natural history database of CDH, has 3 boards, employees, many volunteers, assists over 6300 patient families in 70 countries, presents research abstracts, and works with both the NIH and the EU. Ms. Ireland also is a founding member of the Rare Advocacy Movement and senior level patient advocate, mentors several other non-profit organizations, is a founding member of the Alliance of Congenital Diaphragmatic Hernia Organizations, has written/edited 4 books and spends her time between the United States and Europe to continue the organization's growth and outreach.

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Notes:

Johanna Maria Kotze, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-011

The lack of confirmatory clinical signs in child sexual abuse evaluation

Johanna Maria Kotze
University of the Free State, South Africa

Perpetrators of child sexual abuse are commonly acquitted based on wrong facts. Expert medical witnesses play a major role in the explanation of medical findings. Health care providers may experience a perceived responsibility to prove that child sexual abuse has taken place. In truth, the function of an expert medical witness is to educate the courts and to introduce reliable medical knowledge to other professionals in court and thus complement the search for the truth. From the side of the courts, there still exists an expectation that child sexual abuse can be confirmed or ruled out by means of a medical evaluation. Experience shows that the question most frequently asked to an expert medical witness is to explain why the absence of confirmatory clinical signs does not exclude child sexual abuse. The aim of the presentation is to provide the basic knowledge and understanding expert medical witnesses need to step into the witness box with confidence and explain medical principles scientifically in a language understandable to people outside the medical field. The explanation of normal findings in child sexual abuse cases range over a basic knowledge of evaluation protocol; understanding of relevant aspects of acknowledged definitions, criminology, the way children express themselves, physiology and insight into the part a clinician plays in the complete investigation of child sexual abuse. The presentation introduces the examination protocol and moves on to explain why a normal or non-specific clinical evaluation does not negate child sexual abuse. The focus is on the sexual abuse of prepubertal children but touches on the sexual abuse and rape of adolescents. A brief summary of the interpretation of normal and abnormal clinical findings conclude the presentation. The presentation aims to equip health care providers to support the courts efficiently in child sexual abuse cases.

Biography

Marianne has completed MB ChB at the University of the Free State, Bloemfontein, South Africa and Dip For Med (SA) Clin at the Colleges of Medicine of South Africa. She is affiliated with the Departments of Forensic Medicine and Family Medicine, Free State University. She is also involved with training in Clinical Forensic Medicine for the Free State Department of Health. She is running a service for the clinical forensic assessment of children who have possibly been sexually abused. She has vast experience as expert medical witness in child sexual abuse cases. Her publications focus around practical aspects of evaluation in rape cases, child sexual abuse cases and clinical forensic documentation.

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Notes:

Knezevic Pogancev Marija, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C3-011

Specific triggers of migraine headache in adolescents

Knezevic Pogancev Marija
University of Novi Sad, Serbia

Abstract: Migraine triggers are exclusive occurrences inducing headache. Certain triggers do not induce headaches in everyone. Even in a certain migraine sufferer, a specific trigger may not cause head pain for each headache. This research was carried out in North Serbian Province, Vojvodina with total population of 2,031,992. from 1988 to 2012.

Method: Participants were selected by multi-study random sampling procedure. The inclusion criteria were: age 10–18, attending school, and informed consent signed by parents and adolescents. The exclusion criterion was a prior diagnosis of a disease that has headache as a symptom. The mean age of the participants was 15 years 2.5 months (range 10–18 years, SD 3.02). Study was approved by Ethical Committees of the Institute and the University of Novi Sad. Participants filled in a semi structured screening questionnaire developed for this study (socio-demographic data, development, and headaches including triggers and therapy). The accuracy of the questionnaire was based on the International Headache Society criteria. Classification code 3 was used. The study was conducted in 3 phases. 1st - questionnaire which narrowed down the number of patients to those who had at least two headaches per month during the past year. 2nd - face-to-face interview, as well as physical and neurological examination.

Results: After diagnosing migraine (MH) or recurrent non migraine (RNMH), adolescents keep headache diary over period of 6 months, and then strictly avoid potential triggers, and continue keeping the headache dairy next 6 months. The third phase was reinterviewing them one year after. Out of 20,917 adolescents, 4,376 (20,9%) reported RNMH, and 2,008 (9,4%) reported MH. Lack of sleep as a trigger was equally reported, MH (90.6%) and RNMH (94.5%). Particular food was indicated more often as a MH trigger (72.4% vs 32%) ($p<0.05$). The most common dietary triggers implicated in migraine attacks were: meat (32.9%), eggs (30.5%) and aged cheese (27.7%). Odours were reported in 80.9% of MH, and in 10% of RNMH ($p<0.05$). Usual daily routine disturbance was reported in 50.0% of MH and in 75.2% of RNMH ($p<0.05$). Physical activity tends more often to trigger RNMH (85.3%) than MH. (45,3%) ($p<0.05$). Tobacco smoking triggers similar MH in 65% and RNMH in 75%. Passive tobacco smoking triggers MH more often than RNMH (81,6% vs. 23.9%). The same is with alcohol drinking as a trigger (80,2% vs. 68%) ($p<0.05$). Psychical stress triggers equally RNMH (99.6%) and MH (96,9%). "Not eaten in time" was the trigger for 65% MH attacks, whereas 32% of RNMH. RNMH were in general more susceptible to weather changes than MH (78.8% vs. 21.28%) ($p<0.05$). Using canonical discriminate analysis (coefficient over 0.3) MH were distinguished from RNMH according to the headache triggers. We discussed only triggers that could be avoided (sleep disturbance, food, odours, tobacco smoke, alcohol drinks). During six months after MH reported 2.8 headaches per month, and 5.7 medications used during the month. Six months after strictly avoiding potential triggers, adolescents reported 1.6 headaches per month and 2.4 medication used during the month. Our results are similar to European population studies with encountered prevalence of migraine 3-17,6% in adolescents, as well as with recognized trigger factors. General dietary restrictions have not been proven to be useful. Fatigue, mental stress, and lack of sleep are the main MH triggers in most reports. By avoiding recognized triggers, in 68% of adolescents 75% reduction of drugs used in headache therapy was achieved.

Biography

Marija Knezevic Pogancev is a Pediatrician, Neuro-pediatrician, Clinical Neurophysiologist and Epileptologist. She is a full time Professor at University of Novi Sad, School of Medicine and Chief of Department for Developmental Neurology and Epileptology, Child and youth health care Institute of Vojvodina, Novi Sad, Serbia. She is graduated from the Faculty of Medicine, University of Belgrade and Trained in Social Pediatry, Institute for Mother and Child Health Care, Belgrade, Trained in Mental Hygiene, Institute of Mental Health, Belgrade. She did her Master's degree in Neuro-pediatry, Faculty of Medicine, University of Novi Sad and Specialization in Pediatry, Institute for Mother and Child Health Care, Belgrade. She was trained in Electroencephalography and Neurophysiology, Institute of Mental Health, Belgrade and completed her Sub-specialization in Neurology of Developmental Period, Faculty of Medicine, University of Novi Sad, and Scientist Doctor Degree.

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Ezekiel Noah Moirana, J Pediatr Care 2018, Volume 4
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Predictors of blood pressure control among hypertensive Type-2 diabetic patients in Dodoma Region, Central Tanzania: A cross sectional study

Ezekiel Noah Moirana
University of Dodoma, Tanzania

Background: Hypertension is one of the most common conditions in patients with type 2 diabetes. It increases morbidity and mortality if remains uncontrolled. Very few studies have been done in sub-Saharan Africa to determine degree of blood pressure control among patients with type 2 diabetes. This study aimed at determining the degree of blood pressure control and associated factors among type 2 diabetics.

Methods: A cross sectional study was conducted among type 2 diabetic patients on hypertension treatment for at least 6 months attending diabetic clinic at Dodoma regional referral hospital. A structured questionnaire was used to collect socio-demographic and clinical data. Blood pressure was taken for all participants and classified based on JNC 7. Adequate control was defined as a blood pressure of <130/80mmHg. Data was analyzed using SPSS version 16; continuous variables were reported as mean/median with respective standard deviation/interquartile range and categorical variables were reported as frequency with their respective percentages. Logistic regression was used to determine association between blood pressure control and other variables. Analysis was done at a 95% level of confidence, a p value of ≤ 0.05 was considered significant.

Results: A total of 498 participants were enrolled for the study. Out of the participants,60.8% were male, 60.2% were living in urban setting, and 68.9% were married, 93% were using oral hypoglycemic, while 42.8% are known diabetic for 6-10 years. Only 30.9% of the participants had their blood pressure controlled at the time of study. After adjustment for other variables, living in urban setting (AOR=5.85, 95% CI 3.88-6.98), being a peasant (AOR=2.01, 95% CI 1.27-3.64), and using a beta blocker (AOR=1.66 95% CI 1.23-2.08), were significantly associated with blood pressure control.

Conclusion: Very few type 2 diabetic patients with hypertension attain the recommended blood pressure target despite being on treatment. Living in an urban setting, being a peasant and the use of a beta blocker were significantly associated with good blood pressure control. Results highlight the need to scale up interventions geared at assisting diabetic patients control their blood pressure to prevent severe complication.

Biography

Ezekiel Noah Moirana is a 38 years old, Tanzanian and a General Physician. He did his MBBS at International Medical and Technological University (IMTU) on March 2011. He graduated his MMED-Internal Medicine at University of Dodoma (UDOM) on September 2016. Currently he is working as a Physician at Benjamin Mkapa Hospital in Dodoma, Tanzania. He has done research on Microvascular complication in Type 2 diabetes and hopefully will be published in an American Journal on October. He has done research on the association of Bush meat with high blood pressure which is also waiting to be published. Also he has done research on Hepatitis B prevalence among the health workers, awareness and prevalence.

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Asma Awadalla, J Pediatr Care 2018, Volume 4
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Clinical case reports: Multiple pediatric case presentations

Asma Awadalla
Ministry of National Guard Health Affairs, Saudi Arabia

From King Abdullah Specialized Children's Hospital, Riyadh, Saudi Arabia, I would like to share with other paediatricians 5 cases from the middle east:

Arthrogryposis-Renal dysfunction-Cholestasis (ARC) Syndrome: Four cases from different ethnic groups but all from middle east with ARC syndrome a multisystem disorder which was reported as a rare autosomal recessive disorders. Clinical presentations, physical examinationand and investigations including genetic tests were described.In three patients we also highlighted the course of the disease and age at death for this life limiting condition.

A rare presentation of a complicated case of hypercalcemia: A previously healthy 11 years old boy, who presented with right flank pain for one week. Associated with vomiting. Apart from right renal angle tenderness system exam was normal. Investigations revealed increased serum and urinary calcium with elevated parathyroid hormone level. Rt ureteric stone was evident on plain film and renal USS. The patient had laser fragmentation of right ureteric stone then partial parathyroidectomy. Histopathology confirmed parathyroid adenoma which was suspected on the parathyroid scan. Outpatient follow up reassuring.

A case of Agammaglobulinemia: Nearly 4 years old boy presented with sudden onset of Rt sided weakness and left-sided facial asymmetry. He had 2 previous admission for recurrent infections. Neuroimaging consistent with occlusion of left MCA and sub-acute infarction involving fronto-pareital lobes. Echo shoed depressed cardiac function and immune work up showed Zero Bcells consistent with Agammaglobulinemia. Stroke was likely thrombo-embolic secondary to cardiomyopathy/ LV dysfunction as he had dilated left atrium and left ventricle with mild to moderate mitral insufficiency and moderately depressed left ventricular systolic function. Patient was started on regular IVIG.

Two cases of disseminated BCGgitis secondary to interleukin 12 defeciency and BCG-osis: The first case is an 18 moth old boy presented with dissaminated BCG infection (left axillary lymph node and splenic abcecces) secondary to IL-12 deficiency on antiTB medication. The second case is a six month male infant with BCG related axillary lymphadenitis.

Biography

Dr Asma Awadalla is a Consultant Paediatrician in the King Abdullah Specialized Children's Hospital under Ministry of National Guard Health Affairs in Riyadh, Saudi Arabia. She is also jointly appointed as Assistant Professor in King Saud bin Abdulaziz University for Health Science present in Riyadh, Saudi Arabia.

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Notes:

Pendo Paschal Masanja, J Pediatr Care 2018, Volume 4
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Predictors of early onset neonatal sepsis among neonates in Dodoma, Tanzania: A case control study

Pendo Paschal Masanja
University of Dodoma, Tanzania

Background: Early onset neonatal sepsis contributes significantly to the burden of neonatal morbidity and mortality in the first week of life. In Tanzania, neonatal sepsis accounts for 32% neonatal illness and leads to 29% of newborn deaths yearly. The objective of the study was to assess predictors of early-onset neonatal sepsis among neonates.

Methods: A hospital based case-control study of randomly selected 105 cases and 217 controls in 3 hospitals in Dodoma region. Cases were neonates diagnosed with neonatal sepsis and controls were neonates without neonatal sepsis. Controls were matched to the cases by mother's age and parity at a ratio of 1 case to 2 controls. A semi-structured questionnaire was used to collect information about the potential predictors; including maternal and neonatal factors as well as intrapartum emergency interventions.Descriptive and inferential statistical analyses were employed to measure the independent association between independent variables and the outcome of interest.

Results: Most (92.5%) of neonates were born at term and 7.5% were premature.Average birth weight was 3 kilograms and 16% neonates had low birth weight (<2500 grams). Up to 33% of the newborns had early-onset neonatal sepsis. After adjusting for confounders, the maternal factors which showed significant association with early-onset neonatal sepsis were maternal history of chorioamnionitis [AOR=1.910,p=0.042,95%CI:1.022-3.56], HIV status [AOR=2.909,p=0.012,95% CI:1.020-8.296], prolonged rupture of membrane [AOR=2.857,p=0.014, 955CI: 1.233-6.619] and multiple digital vaginal examinations during labor [AOR=5.178,p=0.026,95%CI: 1.220-21.986].Neonatal factors; perinatal asphyxia [AOR=6.781, p=0.006, 95%CI: 1.725-26.652].

Conclusion: Maternal infection(s), obstetric complications and substandard procedures during labor and delivery have significant effects on the occurrence of early-onset neonatal sepsis. Prevention of early-onset neonatal sepsis could be achieved by addressing maternal obstetric and neonatal related conditions.

Biography

Pendo Masanja, RN, MSPN, a pediatric nurse practitioner and Assistant Lecturer at the University of Dodoma (UDOM), Tanzania. She has over 9 years of experience as a clinician, mentor and tutor on maternal and child health; 6 years in clinical field as a midwife and general nurse currently working as Assistant at School of Nursing and Public Health. She had a bachelor's degree in nursing at St. Johns University of and master degree in science of Pediatric nursing at UDOM Tanzania, presented her study on "Predictors of neonatal sepsis" on the 2017 Tanzania Public Health Association Scientific Conference, on final steps to publish her two studies papers on pediatric infectious disease journals.

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Omer A Ahmed, J Pediatr Care 2018, Volume 4
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An update on Henoch-Schonlein Purpura in children

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HSP (Immunoglobulin A Vasculitis- IgAV) is the most common form of systemic vasculitis in children. Although in the great majority of cases HSP is self-limited, the symptoms and signs it bears are very scary for parents and families. The lecture would start by presenting general classification/Incidence of Vasculitis in children to be followed by the clinical manifestations, pathogenesis, diagnosis, and differential diagnosis of HSP. General careful evaluation of Purpuras in children is extremely important for early diagnosis and treatment. The Differential diagnoses are presented. Complications of HSP are outlined in the lecture. HSP management outline guidance including renal involvement are briefly presented including some controversies along this line.

Biography

Omer Ahmed has joined The American Hospital, Dubai (in 2009), after 15 years as a Consultant Paediatrician in UK. He is a Fellow of the Royal College of Physicians of Ireland and the Royal College of Paediatrics and Child Health UK. His Paediatrics training was in Sabah Hospital- Kuwait, Alder Hay Hospital- Liverpool, Great Ormond Street and The Royal Free Hospital in London before taking a Consultant post in Stevenage, Hertfordshire UK. Earlier in his career, Dr Ahmed has worked in Sudan, Libya and Kuwait. His experience covers wide areas in Child Health as a General Paediatrician. Dr Ahmed has several publications and presented/attended in several Paediatrics meetings and conferences.

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Notes:

Slobodan Marinkovic, J Pediatr Care 2018, Volume 4
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Extremely rare multiple malformations: Split vertebral column and spinal cord

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A 5-year-old girl was presented with multiple malformations of her vertebral column and spinal cord. The following vertebral abnormalities were observed: C7 – agenesis of the left part of the body; T1 and T2 – an incomplete vertical cleft of the left pedicle; T3 – agenesis of the right arch; T4 – absence of the right pedicle, and a cleft of its arch; T5, T7 and T12 – agenesis of the right half of the body, hypoplasia of the right half, and defect of the left arch; T6 – a vertical cleft of the body, agenesis of its arch, and enlarged vertebral foramen; T8 – a defect of the left arch, and enlarged vertebral foramen; T10 and T11 – absence of the arches, a cleft of the right half of the body (T11), and duplication of the vertebral foramen; T12 – duplication of the vertebral foramen; L1 – small defect of the right half of the body, arch agenesis, and duplication of the vertebral foramen; L3 – a mediosagittal cleft of its arch; L4 – agenesis of the left arch; S3 – a mediosagittal cleft of the body; from L5 to S3 – a complete absence of their arches. A partial or complete agenesis of the ribs 5-7 and 12 was seen. The spinal cord was duplicated at the level between the T6 and T10. The embryologic basis of these extremely rare malformations was considered.

Biography

Slobodan Marinković has completed his PhD at the age of 31 years from Belgrade University and postdoctoral studies from Laboratory of Neurophysiology, Panum Institute in Copenhagen (Denmark). He spent 3 months at George Town University, Washington D.C., USA. He has published 2 international books, four chapters in 2 other books, 8 national books, more than 60 papers in reputed journals and has been serving as an editorial board member of repute. He has about 1200 citations in the international publications. He has been a chairman person on three occasions. He is a Full Professor of Anatomy at University of Belgrade, and a Visiting Professor at Shinshu University, Matsumoto, Japan.

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Notes:

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18th International Conference on

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2nd Edition of International Conference on

Adolescent Health & Medicine

August 06-07, 2018 Madrid, Spain

Video Presentation

Wassil Nowicky, J Pediatr Care 2018, Volume 4
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Effect of the anti-cancer preparation NSC-631570 (UKRAIN) on Xeroderma pigmentosum (case report)

Wassil Nowicky
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Xeroderma pigmentosum (XP) is a genetic disorder of DNA repair in which the ability to re-pair damage caused by ultraviolet (UV) light is deficient. Multiple basal cell carcinomas (ba-saliomas) and other skin malignancies frequently occur at a young age in those with XP. In fact, metastatic malignant melanoma and squamous cell carcinoma are the two most common causes of death in XP victims. This is a very rare disease. The incidence differs regionally and is between 1:40000 (Japan) and 1:250000 (USA). About 250 XP patients live in the USA, about 50 in Germany, mostly children. The life expectance is low; usually they die in the first decade. If left unchecked, damage caused by UV light can cause mutations in individual cells DNA. XP patients are at a high risk (more than 2000 times over the general population) for developing skin cancers, such as basal cell carcinoma, for this reason. A report on the successful using NSC-631570 in a XP patient suggests this drug can be very useful also in this hereditary disease. Patient S.S., an eight year old boy, was presented with an ulcering lesion of the nose. As he was 10 month old, xeroderma pigmentosum was diagnosed. Until the age of three years the number of skin lesions increased considerably. In May 2002 skin cancer (squamous cell car-cinoma) at the nose was diagnosed, T4NXM0, histologically verified. From May till June 2002 three cycles of chemotherapy were administered (cyclophosphamide, vincristine, and vinblastine). The therapy failed and the tumors grew up. Clinical investigation in April 2004 revealed deforming malignant melanoma of the nose with invasion into the cartilage of nasal septum, measuring 3x3 cm. On 20 May 2004 the therapy with UKRAIN was started, 5 mg intravenously twice a week, up to a total dose of 85 mg. One month after the last administra-tion of UKRAIN a complete regression of the tumor was revealed. The skin defect was par-tially replaced with connective tissue. Xeroderma skin lesions improved throughout the body.

Biography

Dr. Wassil Nowicky is Dipl. Ing., Dr. techn., DDDr. h. c., Director of "Nowicky Pharma" and President of the Ukrainian Anti-Cancer Institute (Vienna, Austria). Has finished his study at the Radiotechnical Faculty of the Technical University of Lviv (Ukraine) with the end of 1955 with graduation to "Diplomingeniueur" in 1960 which title was nostrificated in Austria in 1975. Inventor of the anticancer preparation on basis of celandine alkaloids "NSC-631570". Author of over 300 scientific articles dedicated to cancer research. Dr. Wassil Nowicky is a real member of the New York Academy of Sciences, member of the European Union for applied immunology and of the American Association for scientific progress, honorary doctor of the Janka Kupala University in Hrodno, doctor "honoris causa" of the Open international university on complex medicine in Colombo, honorary member of the Austrian Society of a name of Albert Schweizer. He has received the award for merits of National guild of pharmacists of America. the award of Austrian Society of sanitary, hygiene and public health services and others.

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Notes:

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Posters

Leila Kouti, J Pediatr Care 2018, Volume 4
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The extent of off-label and unlicensed drug use in neonatal intensive care units in Iran

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The present study was designed to evaluate the use of unlicensed and off-labeled drugs in neonatal intensive care units (NICU) of two academic hospitals in Iran. To our knowledge it is the first study done in this area in Iran. In this cross sectional study, all neonates that had at least 24 hour NICU admission, during the first 3 months of 2016, in two different hospitals were included in this study after their parental consent. The drugs were categorized as licensed, unlicensed and off-labeled according to Pediatric and neonatal dosage handbook (Lexicomp® 22nd Edition). 193 patients (52.85% M, 47.15% F), 64.2% of them delivered via C-section, were included in this study. Mean gestational weight was 409±3317 g for term babies and 1732± 621 g for preterm neonates. A total of 1049 drug orders were made for these patients (including 59 agents and 72 drug formulations). The mean number of drug orders and pharmaceutical agents for each patient were 5.44±4.08 and 4.46±2.98 respectively. Preterm neonates had a higher number of drug orders and medications (p values 0.003 and <0.001). 38.04% of the drug orders were off-labeled (received by 85% of the neonates) and 1.91% unsilenced (used in 8% of the patients). 45% of the off-label use was regarding the dose and 36.86%, dose interval. 60.05% of the used drugs were licensed. It seems that due to the high rate of off-label and unlicensed drug use in NICUs, further studies regarding their safety and efficacy should be performed.

Biography

Leila Kouti became a board certified clinical pharmacist at the age of 29 years (2009) and completed her PhD three years later, from Tehran University of Medical Sciences. She is an assistant professor in clinical pharmacy department at Ahvaz Jundishapur University of Medical Sciences. She has published more than 20 papers in different journals.

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Notes:

Bader Al-Dhouyani, J Pediatr Care 2018, Volume 4
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Pattern of viral infection in acute asthma exacerbation and association with the severity of the episode

Bader Al-Dhouyani
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Objectives: To identify the prevalence of certain viruses in asthmatic children during acute asthma exacerbation and identify any correlation between certain virus and severity of the episode.

Methods: A retrospective cross-sectional study was carried out including all children aged between 2 to 12 years who were admitted in royal hospital between January 2015 to October 2017 with acute exacerbation of asthma and who had nasal swab. Nasal swab were collected, which can detect 18 viruses like Rhinovirus, Boca virus, RSV A/B, Adenovirus respiratory, Human metapneumovirus, Coronavirus OC43, Parainfluenza 1, Parainfluenza 4, Influenza, Coronavirus 229E, Coronavirus HKU1, Parainfluenza 2, Parainfluenza 3, Influenza A(H1N1), Influenza A, Coronavirus NL63, Influenza B and Para echovirus.

Results: Among the 108 enrolled patients, viral infections were detected in 82 patients (75.9%). Rhinovirus is the most frequently detected virus (41%) followed by adenoviruses (13%), RSV (11%), Boca virus (7%) and human metapneumovirus (6%).According to severity of asthma, viruses were detected in 6.1%of mild cases, 61% of moderate and 32.9% of severe cases. No association between asthma severity and presence of virus (P=0.062). No significant difference in severe asthma exacerbation with or without viral infection. (32.9% vs 53.8%) (P=0.066). Among the viral positive patients, Adenovirus has significant association with asthma severity (P=0.021%). In our study, age, respiratory rate and Oxygen saturation were significantly different between viral positive and viral negative group. (P values respectively: 0.0001, 0.036 and 0.01).

Conclusion: Respiratory viruses were identified in 75.9% of patients with acute asthma exacerbation. Rhinovirus is the most frequently detected virus (41%), but adenovirus has significant association with asthma severity (P=0.021%).

Recent Publications

1. Factors associated with pediatrician attitudes over the use of complementary and traditional medicine on children in Muscat, Oman Muna Ahmed Al Saadoon1*, Mohammed Suweilem Al Jafari2, Bader Darwish Al Dhouyani2, Syed Rizvi3: 2 January 2015.

Biography

Badar Al Dhouyani has completed his MD at the age of 25 years from medical school at Sultan Qaboos University in Oman. Currently I am Paediatric resident at Oman Medical Specialty Board (third years, R3).

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Notes:

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Accepted Abstracts

J Pediatr Care 2018, Volume 4
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Transcranial doppler scan implementation in sickle cell patients at a paediatric hospital in South East London

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Sickle cell disease (SCD) is a chronic condition associated with a plethora of complications, with stroke being one of the most prevalent. By the age of 20, 11% of patients with homozygous SCD will have suffered a stroke secondary to their condition. Transcranial doppler scans (TCD) can be used to assess the risk of this complication by measuring cerebral artery blood flow velocity. The objective of this audit was to assess uptake of TCD scans in a sickle cell patient cohort, and to investigate adherence to repeat TCD scans at the Evelina Children's Hospital. A total of 166 patients fulfilled the inclusion criteria, and TCD outcomes yielded 93% with normal results, 6% with conditional results, and 1% with an abnormal result. Patient adherence across all patients under investigation was less than 60%; an underwhelming figure compared to the 90% recommendation set by national guidelines. Reasons proposed for this disparity may include outside commitments of older patients, the inconvenience of taking time out of work for parents/guardians, and potentially a lack of understanding regarding the significance of TCD scan results. All can invariably have a negative impact on scan adherence. The proposed intervention includes a mobile phone texting service one week before scans; alerting patients of the upcoming appointment. It may also be beneficial to implement leaflet distribution to parents/guardians, to outline the importance of scans and the value of ongoing management and prophylaxis. Such interventions aim to ameliorate TCD scan adherence, and thus improve ongoing management of SCD. Management of patients with chronic conditions is a constant challenge, but must be overcome to ensure long term patient safety through monitoring of baselines, predicting complications, and preventing them from occurring.

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Homeopathy treatment for functional abdominal pain in children: Randomised placebo-controlled trial

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Background: Functional Abdominal Pain (FAP) is one of the most common complaints of children and can result in distress and discomfort in both the child and the parents. Children with FAP have diminished quality of life, miss their school days with parents miss their day works. Accordingly, childhood FAP affects the economy and health of the society. No study has evaluated the effectiveness of homeopathy in the treatment of childhood FAP. This randomized placebo-controlled trial tested the efficacy of homeopathy intervention to improve outcomes in idiopathic childhood abdominal pain.

Methods: Two hundred children with persistent functional abdominal pain were randomly assigned to one of two groups-individualised homeopathy intervention or placebo intervention. Children were assessed at pre-treatment, 3 months, and 6 months post-treatment. The primary outcome measure was treatment response defined as at least 2-point reduction in the Wong-Baker FACES Pain Rating Scale or "no pain" after medication. Secondary outcomes included the physician-rated global severity and improvement using the Clinical Global Impression Severity and Improvement Scales (CGI-S, CGI-I).

Results: Children in homeopathy group showed greater baseline to follow-up decreases in pain and gastrointestinal symptom severity than children in the placebo at 3 months ($P<0.01$) and at 6 months ($p<0.001$). Both treatment conditions resulted in improvements on measures of pain intensity and pain behavior. However, the children receiving homeopathy had a higher rate of complete elimination of pain, lower levels of relapse at 6 months, and lower levels of interference with their activities because of pain and parents reported a higher level of satisfaction with the treatment than children receiving placebo.

Conclusion: Homeopathy intervention aimed at reducing children's abdominal pain and symptom appears to be helpful.

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Prevalence of overweight and growth retardation and related factors in children with Type-1 diabetes mellitus

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Aim: Diabetes mellitus type one is recognized by inadequate insulin secretion, so absence of anabolic effects of insulin lead to low weight. Insulin therapy, decrease in physical activity to avoid hypoglycemia and changes diet and life style are probable causes of overweight and obesity in these patients. Here we tried to estimate prevalence of obesity, overweight and growth retardation in a population of diabetes mellitus, and also some related factors.

Method: Ninety patients with stable T1D aged 2–18 years with no history of recent infection were included. Written informed Consents were taken from the parents before enrollment. Variables were age, gender, weight and height percentile, body mass index, thyroid status, blood pressure, HbA1C, serum creatinine, 24 hours urine albumin and GFR, compared against of overweight and growth retardation, using appropriate statistical approach.

Results: Among 90 patients, 1.1% had BMI of higher than 30, 6.6% between 29.9 and 25, 40% between 24.9 and 18.5 and 52% less than 18.49 kg/m2. Height percentile had mean and standard deviation of 45.3(30.3) ranging 3 to 99th percentile, weight percentile had mean and standard deviation of 42.5(15.8), ranging 14 to 98 percentile. Height percentile had significant negative correlation with duration of diabetes, age and plasma creatinine. Weight percentile had significant positive correlation with age, duration of diabetes, plasma creatinine and urine albumin and negative with GFR. Body mass index was positively correlated with age and plasma creatinine. Height percentile also was associated with systolic blood pressure, while weight percentile and body mass index, and were associated with thyroid status, puberty stages, both systolic and diastolic blood pressure.

Conclusion: Only40% of diabetic patients had normal body mass index. While more than half of them were underweight, 6.6% had overweight. Height and weight for age and sex, presented as percentiles, were normal in all patients.

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Outcomes After Kidney injury in Surgery (OAKS): Protocol for a multicentre, observational cohort study of acute kidney injury following major gastrointestinal and liver surgery

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Introduction: Acute kidney injury (AKI) is associated with increased morbidity and mortality following cardiac surgery. Data focusing on the patterns of AKI following major gastrointestinal surgery could inform quality improvement projects and clinical trials, but there is a lack of reliable evidence. This multicentre study aims to determine the incidence and impact of AKI following major gastrointestinal and liver surgery.

Methodology: Prospective, collaborative, multicentre cohort study will includes adults undergoing gastrointestinal resection, liver resection or reversal of ileostomy or colostomy. The primary end point is the incidence of AKI within 7 days of surgery, identified using an adaptation of the National Algorithm for Detecting AKI, based on the Kidney Disease Improving Global Outcomes (KDIGO) AKI guidelines. The 30-day adverse event rate was measured using the Clavien-Dindo scale.

Results: Almost 20% of patients nationally do not have a pre-operative creatinine test. Post-operative creatinine testing, and thus indication of renal function demonstrated 98.4% compliance. Nationally, 14 centres have AKI rates above the 95% confidence interval and 2 above the 99.7% confidence interval for AKI rates, and the overall national rate was 13.1%. Using the Clavien-Dindo scoring system, major complication rate was found to be higher in patients who developed AKI, demonstrating it is a significantly associated with morbidity, mortality and cost.

Discussion and conclusions: Pre- and post-operative creatinine measurements can be helpful to stratify risk, direct anaesthetic choices, and guide postoperative management. Patients who have developed an AKI are more likely to go on and develop major complications. It is therefore the hope of the authors that this study will define targets for future quality improvement programmes and clinical trials. Identifying risk factors for AKI will allow stratification of patients to prioritise future interventions aimed at enhancing preoperative optimisation and perioperative monitoring.

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Survey of neonatologists' burnout on a neonatal surgical unit: Audit study from Cairo University specialized pediatric hospital, SNICU

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Background: More doctors are complaining of burnout than before, Burnout is a state of physical and mental exhaustion unfortunately caused by the doctor's lifestyle. Medical errors are also more likely in those suffering from burnout and these may result in catastrophic consequences.

Methodology: A retrospective audit of burnout response of all neonatologists rotating on the surgical neonatal intensive care unit (SNICU) over a 6 month period was carried out. Data was gathered using a standard burnout questionnaire. Responses were divided into 5 categories according to the final score of the 28 questions in the questionnaire: category 1 with score from 28-38 with almost no work stress, category 2 with score (38-50)who express a low amount of job related stress, category 3 with score (51-70) with moderate amount of stress, category 4 with score (71-90) those express a high amount of job stress and begun to burnout, category 5 with score (91 and above) who are under a dangerous amount of stress and advanced stage of burnout.

Results: The study period covered was January 2017 to September 2017. The questionnaire was distributed among 33 neonatologists. 23 responses were sent back with a response rate of 69.6%. (61%) of respondents fell in to category 4, 31% in to category 5, while 8% were equally distributed between category 2 and 3 (4% each of them). No respondents were in category 1.

Conclusion: Severe burnout is present among neonatologists on the SNICU. Interventions to reduce burnout and improve working conditions should be prioritised.

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The relationship between the parents' knowledge, attitude and practices on immunization and the immunization status of their adolescent children in the out patient department of a tertiary hospital

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Objective: To determine the relationship between the knowledge, attitude and practices of parents and the immunization status of their children aged 11 to 18 years old.

Design: Prospective cross-sectional study.

Subjects: 70 guardians of patients aged 11 to 18 years for follow up at the St. Luke's Medical Center QC (SLMC) Pediatric Out-Patient Department (OPD). Purposive sampling was done.

Methodology: Interviewer-administered questionnaire/face to face interview and review of immunization records was conducted from December 2016 to February 2017 among parents of Adolescent patients who followed up at the Pediatric OPD of SLMC QC.

Results: Patients were most often partially or non-adherent to their recommended adolescent vaccination schedules. About 93% received at least one dose of the Hepatitis B vaccine, but none received any booster or catch-up dose. Hepatitis A and Td/Tdap vaccines were given to 17% and 10% of adolescents, respectively. The coverage rates for annual influenza (5.7%) and HPV (2.9%) were the lowest among all vaccines recorded. More than 90% of respondents correctly replied to items on seriousness of the diseases targeted by MMR, varicella, and hepatitis A and B. In contrast, only half recognized the possibility of a serious sequelae of HPV infection. The cost of getting immunized was the leading barrier (87%) to availment of this service.

Conclusion: No significant associations were found between parents' range of knowledge scores and the actual immunization status of their adolescent children. However, score of ≥75% appeared to be associated with increased MMR and lower hepatitis A and influenza vaccination rates. In these findings we can conclude that availability of the vaccines in the health center can increase the adherence to adolescent immunization. The top 3 identified barriers in availing immunization were: Financial problems, Lack of knowledge and Lack of vaccines in the health center.

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Prevalence of hypertension and related factors in children with Type-1 diabetes mellitus

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Aim: Diabetic nephropathy is leading cause of end stage renal disease. Appropriate Control of blood pressure could prevent and delayed renal failure in diabetic patients. Hypertension also is associated with cardiovascular events in diabetes. Here we aimed to evaluate blood pressure status in children with Type-1 diabetes and related factors.

Method: 67 patients with stable T1D aged 2–18 years with no history of recent infection were included. Written informed Consents were taken from the parents before enrollment. Variables were age, gender, weight and height percentile, body mass index, thyroid status, blood pressure, HbA1C, serum creatinine, 24 hours urine albumin and GFR, compared against systolic and diastolic blood pressure status, using appropriate statistical approach.

Results: Mean (standard deviation) of systolic blood pressure was 110.5(12.6). Two patients (3%) had systolic blood pressure of higher than 99th percentile+ 5 mmHg, five patients (7.5%) had systolic blood pressure of between 95th percentile and 99th percentile+ 5 and eighteen (26.9%) had systolic blood pressures between 90 and 95th percentiles or less than 120 mmHg. Mean (standard deviation) of diastolic blood pressure was 68.8 (11.6). One patients (1.5%) had diastolic blood pressure of higher than 99th percentile+ 5 mmHg, tree patients (4.5%) had diastolic blood pressure of between 95th percentile and 99th percentile+ 5 and sixteen (23.9%) had blood diastolic pressures between 90 and 95th percentiles or less than 120 mmHg. Normal systolic and diastolic blood pressure was observed in62.7% and 70.1% of the patients, respectively. Age, height percentile, weight percentile, body mass index, tanner stage and HbA1C had significant association with systolic blood pressures. Diastolic blood pressure was associated with body mass index, tanner stage and weight percentile. Urine albumin, glomerular filtration rate and serum creatinine were not associated with blood pressure.

Conclusion: it seems that blood pressure is becoming prevalent, not to progression of renal failure in diabetic children.

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Direct evidence of viral infection and mitochondrial alterations in the brain of fetuses at high risk for schizophrenia

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Introduction: There is increasing evidences that favor the prenatal beginning of schizophrenia. These evidences point toward intra-uterine environmental factors that act specifically during the second pregnancy trimester producing a direct damage of the brain of the fetus. The current available technology doesn't allow observing what is happening at cellular level since the human brain is not exposed to a direct analysis in that stage of the life in subjects at high risk of developing schizophrenia.

Methods: In 1977 we began a direct electron microscopic research of the brain of fetuses at high risk from schizophrenic mothers in order to finding differences at cellular level in relation to controls.

Results: In these studies we have observed within the nuclei of neurons the presence of complete and incomplete viral particles that reacted in positive form with antibodies to herpes simplex hominis type I [HSV1] virus, and mitochondria alterations.

Conclusion: The importance of these findings can have practical applications in the prevention of the illness keeping in mind its direct relation to the aetiology and physiopathology of schizophrenia. A study of the gametes or the amniotic fluid cells in women at risk of having a schizophrenic offspring is considered. Of being observed the same alterations that those observed previously in the cells of the brain of the studied foetuses, it would intend to these women in risk of having a schizophrenia descendant, previous information of the results, the voluntary medical interruption of the pregnancy or an early anti HSV1 viral treatment as preventive measure of the later development of the illness.

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Early laparotomy in the management of necrotizing enterocolitis

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Aim: Even 50 years passed after definitive discerption of NEC, no consensus for proper time and optimal surgical treatment for Necrotizing enterocolitis. Aiming to answer the question in early laparotomy will improve the morbidity and mortality in NEC more than the classic indication for laparotomy.

Method: We conduct a prospective randomized study conducted between September (2013) and September (2016) on 64 neonates admitted to NICU. All was suspected to have necrotizing enterocolitis (NEC). Divided in 2 groups, in group A; early intervention criteria was applied and group B; treated conservatively with classical indication was followed up for surgical intervention.

Conclusion: Survival group A was 88.2% and 52.95 in group B (P value 0.01). Early surgical intervention reduce mortality rate in NEC and discover other rare causes of neonatal peritonitis.

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The child and the child's perspective

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Children have their own way of experiencing things, and research-based knowledge about children's experiences can further help healthcare professionals to better understanding the children's world of experiences. Children have a right to participate, receive information, and make health-related decisions. Paediatric care needs to be of good quality; it should meet the children's needs of safety, and the best interest for the child should always be a primary priority in all actions concerning children. Historically, children have been excluded from the research process or decision making regarding their own health care. One reason for this could be that research with children as participants raises many ethical questions: another reason may be that children have been seen as vulnerable and without competence due to their age and immaturity. In view of the recommendation by UNCRC, that all treatment and procedures should be based on respect for the child's autonomy and integrity and that it should be performed with the child's active participation, today children are asked about their view on many aspects of their lives. Children's experiences in paediatric care of not being listened to, or not being supported, and their desire to have more of a say, are reported by several researchers. When children describe the factors which may restrict them from actively participating in their care, they include, for example, fear of causing trouble by asking questions, fear of being ignored or disbelieved, and the difficulty to under-stand medical terminology. Lack of involvement in their own care can result in the children feeling unprepared for the necessary procedures, which can increase fears and anxiety. Both a child and a child's perspective are used today in paediatric nursing and research, and both are focused on children. During the last twenty years, there has been an active discussion around the child perspective in paediatric care, and family-centered care (FCC) has been quite central in these discussions. FCC is based on partnerships between children, families, and healthcare providers, and it has been considered the best way to provide quality care to children in hospital, despite a lack of evidence about its effectiveness. Since the children participate more and more in research, knowledge about the importance of their own experience and perception of health care has increased.

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Effect of kangaroo care on physiological measurements and weight in low birth weight infants

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Low birth weight infants are highly vulnerable as they have to make several adjustments to achieve equilibrium in metabolic processes, circulation and breathing. Therefore, the aim of this study was to examine the effect of Kangaroo Care on physiological measurements and weight in Low birth weight infants. The study was conducted at the neonatal Intensive Care Units in Menoufia University hospital (Shebin El-Kom) and Mansheat Sultan village (Menoufia). The study sample was composed of sixty Low birth weight infants. A simple random sample was done to assign them into study and control groups (n=30). A quasi experimental design was used. The results of this study showed that low birth weight infants who attended kangaroo care sessions had better weight gain (2.06±0.21 Vs1.90±0.26), fewer duration of hospitalization (11.33+1.81Vs 15.57+2.81) and better physiological adjustments than low birth weight infants in the control group. Therefore, it was concluded that low birth weight infants who attended kangaroo care sessions had better physiological measurements, weight gain and shorter duration of hospitalization than low birth weight infants in the control group. It was recommended that kangaroo care sessions should be conducted at neonatal intensive care units.

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Virtual Reality (VR) technology in the absence of general anaesthesia during radiotherapy procedure for paediatric oncology patients

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VR is a three-dimensional (3D) computer-generated environment that enables the user to explore and interact within a different environmental perspective. It could be in the form of a realistic-artificial environment or a 3D imaging that is presented to the user as a real atmosphere with made-up information. The VR has-been considered as a non-pharmacologic form of analgesia through exerting attention processes on the body's intricate pain system. It does so through profoundly immersing the body and mind by delivering enough sensory information to the extent where it suspense any disbelief that one is in a virtual environment. The aim of the study is to eliminate the General Anaesthesia (GA) procedure used on paediatric oncology patients undergoing multiple fractions of Radiotherapy. We aimed to utilise the VR technology as a replacement for the GA. Typically, the radiotherapy session under GA takes around 30 minutes from the machine time and that session can be repeated daily for several weeks. As a result, VR Technology was an excellent alternative in most of the patients treated with radiotherapy for non-Head/Brain Tumours. There were significant reductions on the number of the GA sessions. That reductions have a great impact on reducing side effect of GA and save more time on the Radiotherapy machine that can be used to treat more patients.

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Endovascular embolization of facial Hemangioma followed by surgical excision

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Introduction: Infantile hemangiomas are the commonest soft tissue tumors of infancy, with incidence 4% to 10% in children below the age of 1 year, showing female predominance three to four times higher than male infants.Within the first weeks of life, they enter a phase of rapid growth lasting for 3 to 6 months which may go on for 24 months. A period of stabilization for a few months follows with spontaneous involution usually occurring in several years. However, problematic hemangiomas occur when they ulcerate, have massive growth, cause disfigurement, or affect normal function or cosmetic development. Common locations for problematic hemangiomas include the face, ear, orbit, and airway. These hemangiomas subsequently require early and aggressive treatment for ideal functional and cosmetic outcomes.

Case presentation: 10 months old female, full term, C.S. delivery, -ve consanguinity and -ve family history, presented to us with facial hemangioma at the age of 4 months.Firstly, we started oral propranolol at dose 2mg/kg/day in 3 divided doses for 3 months that was increased to 3mg/kg/day in 3 divided doses for another 3months with regular monitoring for the heart rate and the blood glucose level, however the response was not adequate and there was rapid prolefiration of the hemangioma. At the age of 10 months we did MRI of the brain and both orbits that showed small left intra-orbital extra-coanal extension with no intra-cranial extension and Multislice C.T. angiography of the extra and intra cranial carotid and vertebrobasilar arterial systems that revealed main blood supply from the Ophthalmic branch of the left internal carotid artery, Endovascular embolization was done using tiny plastic particles (200 μm) throught the Femoral artery access. 24 hours later we did near total excision of the hemangioma. The residual part of the hemangioma delt with by 3 cycles of intralesional Triamcinolone acetate injection at the dose of 0.5 mg/kg/injection on 4 weeks intervals. With adequate cosmetic result and reasonable parents satisfaction.

Conclusion: Combined management of such disfiguring, rapidly growing hemangioma is important to avoid functional loses (theoretically in our case it could lead to diplopia, because it was encroching on the left eye).

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Relation bronchial asthma and parasitic (nematodes) infection in Egyptian children

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Background: Among the many factors influencing the prevalence of asthma in developing countries from the tropics are geo-helminthic infections.

Aims: This work aims to study the relation between bronchial asthma and parasitic infestation in Egyptian children.

Patients and Methods: A cross-section, analytical study design was chosen to perform this research on 100 school aged children. All children were interviewed and examined clinically and laboratory.

Results: 86%of patients with bronchial asthma lived in urban areas, while 64% of patients with parasitic infestation lived in rural areas. Statistically significantly Negative correlations were found between blood level of IgE and FEV1% of predicted in patients with bronchial asthma as well as patients with parasitic infestation with r=-0.381, -0.325 at p=0.006, 0.021 respectively. Inverse relationship was found between blood level of IgE and FEV1/FVC% in patients with parasitic infestation with r= -0.358 with statistical significant difference at p=0.011.

Conclusions: Statistically significance higher values of IgE were found in patients with parasitic infestation compared to patients with bronchial asthma. It was noted that patients with combined bronchial asthma and parasitic infestation demonstrated statistically significance higher values of IgE which suggest a possible synergistic effect of two diseases.

Recommendation: Improving personal and environmental hygiene and regular screening, treatment and health education for children as regard parasitic infections is recommended.

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Thyroid function status and related factors in children with Type-1 diabetes mellitus

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Aim: Auto immune endocrinopahties could be co-occurred with type one diabetes mellitus in some cases bot not all. Here we tried to investigate prevalence of hypo and hyperthyroidism in children with type one diabetes mellitus and related factors.

Method: Ninety one patients with stable T1D aged 2–18 years with no history of recent infection were included. Written informed Consents were taken from the parents before enrollment. Variables were age, gender, weight and height percentile, body mass index, thyroid status, blood pressure, HbA1C, serum creatinine, 24 hours urine albumin and GFR, compared against thyroid function status, using appropriate statistical approach.

Results: Total of 91 patients, 11 patients (12.1%) were hypothyroid, 2 patients (2.2%) were hyperthyroid, and 78 reminded patients (85.7%) were euthyroid. Tanner stage, Body mass index and weight percentile were significantly associated with thyroid function status. Most of the euthyroid patients were at pre pubertal stage.

Conclusion: It seems that co-existed thyroid function abnormalities in diabetes mellitus are exacerbated by progress in puberty. Higher weight percentile and body mass index in thyroid may be cause or impact of thyroid function abnormality. Treatment with Insulin also may be suspected.

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Acne vulgaris: Prevalence, severity and impact on quality of life and self-esteem among secondary school-aged adolescents in Egypt

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Introduction: Acne vulgaris has a great importance among the dermatoses that affect adolescents, in view of its prevalence in this age bracket and its impact on quality of life (QoL). Objectives: to estimate the prevalence of acne, severity and its impact on Qol and self-esteem among adolescents in Alexandria, Egypt.

Method: A cross-sectional study was conducted, where 787 students were selected using multistage stratified random sampling from twelve (six private and six public) secondary schools in Alexandria, between February and May 2016. Data collection was performed using self-reported questionnaire and clinical examination. Severity of acne, its impact on QoL and self-esteem were assessed using Global Acne Grading System (GAGS), Cardiff Acne Disability Index (CADI) and Coopersmith self-esteem scale, respectively.

Results: The study population consisted of 396 boys (50.3%) and 391 girls (49.7%), with a mean age of 16.31±0.725 years. Prevalence of self-reported acne was 34.7%. Females reported acne more frequently than males (39.1% vs. 30.3%, p=0.009). Prevalence of clinically-confirmed acne was 24.4%, with higher rates among females (28.6%) than males (20.2%, p=0.006). A higher proportion of students in private schools (29.6%) compared with those in public schools (19.6%) had acne (p=0.001). 75.5% of students had mild acne, 22.9% had moderate acne and 1.6% had severe acne. The severity of acne was similar in both genders. No association was found between self-esteem and acne, or with acne severity. The CADI showed that 49.0% experienced mild impairment and 11.4% had severe impairment. The overall mean CADI score was 4.95±3.21.There was a significant medium positive correlation between GAGS and CADI (r=0.338, p=0.00).

Conclusion: Our findings should alert health professionals and school authorities to timely identify, manage and educate adolescents with acne.

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Eunuch and transgender persons: Repositioning of hijra identity in post-colonial Pakistan

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This article is based on data, which I have collected for my PhD research on the topic of "Transgender and Human Right Issues in Pakistan". This research study follows constructionist grounded theory and gathered data through qualitative research methods, i.e. In-depth Interviews (IDIs) and Biographic Interviews. In this article, I tried to answer the question 'How current legislative bill for the protection of transgender - presented in the Senate of Pakistan in 2017-2018, define hijra identity, which deviates from socio-cultural and religious perspective?'. The bill allows transgender to identify themselves as per their sense of identity without bringing consideration of the biological body. However, this kind of provision for the transgender identity crosses the socially constructed knowledge and Islamic jurisprudence. Where traditionally it is believed that the biological body of transgender persons determines gender identity. Therefore, those transgender persons who do not possess true hijra body, i.e. body with ambiguous sex organ cannot be termed as real hijra. Other than this, all hijras are considered as deviant. Colonial masters criminalized hijra identity due to the dominant discourse of binary of sex and gender. The same is an issue with Islamic jurisprudence, where importance is given to the body instead of a sense of self. In this case, British rulers and Islamic jurisprudence criminalized all those persons who possessed the male body and adopted feminine gender. Hence, current bill inspires from the Human Right Treaties and International Law, which acknowledge and respect the person's sense of self in determining gender identity. Therefore, one hand the bill fulfills international human right commitments. While, other hand, it deviates from the socially constructed knowledge. So, in this article I describe multiple discrepancies which exist at socio-cultural and legal level in term of conceptualization of hijra identity. First, the option for the hijra identity given by the Pakistani State for making of Computerised National Identity Card (CNIC) deviates from the actual sub-identities like Aqwa, Narban, and Khwajasara identity, which have been existing under the core hijra identity. Secondly, the identity options given by the Pakistani State those are transgender male, transgender female and third is Khunsa Mushkil. These identification categorizations are nearer to the categorization of transgender as per Islamic Jurisprudence. Therefore, in this case the state is deviating from the modern human right standards. Finally, conceptualization of hijra on the pattern of transgender bluer socio-cultural meaning associated with the hijra identity, which may vanish hijra culture and hijra as an indigenous separate identity.

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A study on contraceptive knowledge, attitude and practices among adolescent gravidas in a tertiary hospital in the Philippines

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Objectives: The objectives of this study are as follows: 1) to describe the socio-demographic profile of Filipino adolescent gravidas, 2) to establish the baseline knowledge, attitude, and practices of these adolescent gravidas on contraception, 3) to determine if there is an unmet need for family planning in this age group, and 4) to identify the barriers, if any, to their use of contraceptives.

Methodology: This is a descriptive, survey-based, cross-sectional study on contraception using an adapted, validated, and pre-tested, structured questionnaire among 107 young gravidas (ages 19 and below) consulting or admitted in the Department of Obstetrics and Gynecology at Philippine General Hospital.

Results: The average age of all respondents was 17; 75% belong to the 17-19 age range. 59% of youth were out of school prior to getting pregnant while 24% were forced to stop during pregnancy. Menarche and coitarche on average were at 12.5 and 16 years, respectively. The latter was unplanned in 77% of cases. Pregnancy was unintended in 85%. For most of the participants, this was their first pregnancy while 8% have had a previous one. 66.4% of all respondents said they had some knowledge about contraception, while only 22.4% have ever used any method. The most commonly known methods were condoms (59%), hormonal pills (55%), injectables (24.3%), implants (23.3%), and withdrawal method (18.7%). 79% of women said they intended to use family planning after their present pregnancy, with 62.8% choosing subdermal implants as their choice of contraception.

Conclusions: Filipina adolescents are beginning to have sexual relationships and getting pregnant at a younger age. Because of their lack of knowledge on basic sexual and reproductive health, they are unprepared and unmotivated to use contraception despite wanting to delay childbearing. Knowledge on contraception poorly correlates to their actual utility. The use or non-use of family planning is greatly influenced by their partners so that an earlier orientation on sexual and reproductive issues may be warranted for young Filipinos, with emphasis on shared responsibility on decisions regarding contraception.

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Obstetric and perinatal outcomes and the factors associated with it among pregnant teen/adolescent Filipino 13-19 years old in a tertiary institution

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Introduction: In the Philippines, according to the results of the 2013 National Demographic and Health Survey (NDHS), one in ten young Filipino women aged 15-19 years old had begun their child bearing years. Some studies found that teenage pregnancy was associated with obstetric and perinatal complications.

Aim: This study aims to determine the obstetric and perinatal outcomes of teenage pregnancy among Filipino women aged 13-19 years old encountered at Philippine General Hospital from year 2014-2016. This is a retrospective study.

Methods: The hospital records of pregnant women, aged 13 to 19 years old, at the Philippine General Hospital between 2014-2016 were reviewed. Descriptive statistics, frequency and proportion, mean and standard deviation were used to analyze the results.

Results: This study noted that almost 50% of the adolescent pregnancy yielded obstetric and perinatal complications. The odds of having abnormal obstetric outcome among mothers with obstetric score of g1 is 7.8 (95% CI: 2.0 to 30.7) times higher as compared with other obstetric scores and the odds of having at least one perinatal disorder decreases by 19% (95% CI: 6% to 30%) as the mothers regularly visit an obstetric clinic. Hence, teenage pregnancy as World Health Organization and Department of Health emphasize, is an important issue that needs to be dealt with.

Conclusion: To ensure good perinatal outcome, provision of health care services designed particularly for adolescent mothers need to be properly implemented, to ensure they avail of it and visit more frequently.

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Too little or too much? A short-term longitudinal study of youth's own economic resources and risk behaviours

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This study examined socioeconomic differences in risk behaviours according to youth-oriented measures of economic resources. Using a representative sample of Swedish adolescents (n=3,801, 50% females), the associations that two aspects of youth's own economy shared with smoking, drinking and conduct problems were examined. Data was based on population register and self-report information when participants were in grades 8 (T1 aged 14-15) and 9 (T2 aged 15-16). Missing activities due to financial constraints and having a cash margin were each associated with concurrent risk behaviours. Missing activities predicted a greater likelihood of conduct problems and having a cash margin predicted an increased likelihood of drinking one-year later. The effects of family income and education were not mediated by missing activities or having a cash margin. The results demonstrate that youth-oriented conceptualisations of economic resources identify gradients in risk behaviours that are distinct from family socioeconomic status. In addition, youth's experiences of relative versus absolute economic resources have different implications for drinking, smoking and conduct problems.

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Health risk behaviors in homeless girls: A qualitative approach using the theory of planned behavior

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Even though homeless girls engage in several health risk behaviors that negatively impact their well-being, little is known from a psychosocial perspective. The aim of this research was to qualitatively analyze the health risk behaviors of substance use and abuse, sexual risk behaviors and illicit activities (theft, prostitution and drug dealing) through Ajzen's Theory of Planned Behavior in a group of 250 homeless girls ages 12-23 years old to, subsequently, design and implement effective intervention strategies. A semi-structured interview based on Ajzen's theory was applied and a content analysis was done. Main findings revealed that although homeless girls know the repercussions associated with such behaviors, they carry them out due to social pressure, to belong to a group and to please their partner. Therefore, affiliative relationships are the central factor that increases the likelihood of engaging in health risk behaviors, followed by the presence of these behaviors in the environment. Consequently, the key to an efficient intervention lies in promoting the establishment of a healthy social support network, the learning and acquisition of assertive skills (resisting pressures, saying no and establishing healthy interpersonal relationships), and the non-association with risk groups as essential components for diminishing such behaviors. In this way it will be more feasible to modify the behavioral, normative and control beliefs associated with health risk behaviors. Afterwards, through community interventions it is possible to buffer the negative effects of risk-environments. Nonetheless, without these components, the best psychological therapy accompanied by medical treatment, will have no long-lasting effects.

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The relation between adolescents' participation and well-being

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Health is not created in a vacuum but in the relationship between individuals and their surroundings. Settings like school, is therefore an important arena for adolescents since they spend the majority of their waking hours there. Earlier research has been particularly focused on risk factors related to mental illness in children and youth, rather than what promotes and strengthens their well-being. Studies from our research show that participation is a key factor for pupils positive health and well-being. With use of participatory visual methods we enable adolescents to put their eyes on, for them, critical aspects for well-being, discuss these issues together and make proposals to decision makers about change. In order to gain understanding of the needs and values of new generations, adolescents need to be made a part of the development of their own everyday environment. This is also in line with article 12 in the UN Convention on rights of the child. Photovoice, a participatory research method and other visual methods I have used, enable adolescents to reflect on physical and social aspects in their school environment and in the community by taking photos or record cell-films. The method, photovoice, will be described and early results will be presented from studies about well-being among students at vocational programs at high school.

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Assessment of symmetrigraph and global postural system results for the posture analysis of the healthy individuals

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Background & Aim: Posture disorder is commonly seen in society. There are some differences among the reasons of them, these are ergonomic deficiency of office work environment, habits, cultural and sexual differences. The primer target of our work is to determine the similarities or differences of the methods by analyzing the results of two of posture analysis methods used for the healthy individuals.

Materials & Methodology: In this study, the posture analysis has been made with Global Postural System and Symmetrigraph for 100 healthy individuals, 18-23 year-old, between the dates of March 2015- April 2015. Posterior and lateral posture analysis has been made for the individuals standing in front of the Symmetrigraph and Bragg posture table has been used for this analysis. Assessment of the posture has been made over triple scale. With the Global Postural System thoracic kyphosis and lumbar lordosis angles and measurements of sagittal plane head alignment have been calculated.

Results: Statistical analysis shows; in between symmetrigraph results of thoracic kyphosis and ages of the participants, there are not any meaningful differences ($p>0.05$). As a result of the statistical analysis, the lumbar lordosis symmetrigraph results, there are meaningful changes with the aging of the individuals ($p<0.05$). Moreover, there are not any meaningful changes with the aging of the individuals on the head position in the sagittal plan in symmetrigraph method ($p>0.05$). Only position of head in sagittal plan, results of both methods are compatible with each other. On the individuals 20 years and older, results are higher on symmetrigraph than Global Postural System for all perimeters.

Conclusions: In our study we have determined that the angle for thoracic kyphosis for the male individuals are lower than female individuals; female individuals have lumbar lordosis angle lower then male individuals while head position in sagittal plan has lower angle on the male individuals. When the results obtained from the studies are taken into consideration, it can be said that the results obtained from both methods do not show parallels in general. Consequently, we think that both methods can be used for the posture analysis, but the number and quality of the detailed studies related to this subject should be increased.

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Stress, depressive symptoms, coping and sexual behavior

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The purpose of this study was to examine how adolescents' reports of stressful life events, depressive symptoms, and coping were related with their sexual risk behaviors. This study used data from waves 1 and 2 (ages 13-20 years, N=3,884) of the National Longitudinal Study of Adolescent to Adult Health (Add Health), a nationally representative longitudinal data set of 7th-through 12th-grade students in the US collected between 1994 and 2009. After controlling for covariates, stressful life events predicted having a positive history of STIs, contraceptive nonuse at last sexual intercourse, and more frequent sex for both females and males (ORs ranging from 1.18 - 2.16). Lack of problem-focused coping was related to greater risk of contraceptive nonuse at last sexual intercourse among females (aOR = 1.12, 95% CI 1.10-1.16) and males (aOR = 1.16, CI 1.06-1.26). Findings suggest that interventions promoting healthy responses to stressful life events might positively influence adolescents' sexual risk behaviors. Screening adolescents for stressful life events may identify at-risk youth sooner, leading to tailored preventive interventions.

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Recent developments and current status of sexuality education in Europe and Central Asia

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School sexuality education has a long history in Europe, starting in Sweden, where it became a mandatory teaching subject in 1954. Since then it was also adopted in most other European countries; first in Western and Northern Europe and later on also in several Southern and Eastern European countries. In 2008, the German Federal Health Education Centre (BZgA, a WHO collaborating centre), initiated closer international collaboration in the field of sexuality education at the European level. To this end, it organized a "European Expert Group on Sexuality Education", which is still active in improving, promoting, and in exchanging information and experience in this field. Since 2010 this expert group has released various documents on the subject, in particular the influential "Standards for Sexuality Education in Europe (2010)", that has been used in many European countries for the development of sexuality education curricula and for integrating the subject in school educational programmes. In 2016, in collaboration with the European Network of IPPF, BZgA initiated a study on the current status of sexuality education in Europe (including Central Asia), in which a representative selection of 25 European (and Central Asian) countries participated. Preliminary results of this unique study have first been presented at an international WHO conference on sexuality education in Europe, in Berlin in May 2017, and the full results became available in 2018 (full report publication in May 2018). The study provides a detailed assessment of the current status of sexuality education in Europe. It is now a mandatory teaching subject in schools in the vast majority of European countries. Unlike in other world regions, the teaching in about half of the European countries has a comprehensive (or holistic) character, is fully integrated and spread out throughout school curricula, starts at young ages and lasts for several years, is based on human rights, and starts from a positive approach to sexuality. Comprehensive sexuality education has a positive influence on the incidence of mostly unplanned adolescent pregnancy rates. In countries with mandatory comprehensive programmes these rates are much lower than in other countries.

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Current physiotherapy approaches for adolescents with idiopathic scoliosis

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Current Physiotherapy Approaches for Adolescents with Idiopathic Scoliosis: Idiopathic scoliosis is a three-dimensional spinal deformity with an unknown etiology, characterized by the lateral deviation in frontal plane, axial rotation in horizontal plane and abnormal sagittal curvature of the spine. Adolescent idiopathic scoliosis (AIS) is present in 2%–4% of children and occurs in 10-year-old children to maturity. Adolescents with idiopathic scoliosis have several problems including altered posture, gait deviations, muscular imbalance, sensory disturbances, balance and postural stability defects, functional limitations, back pain, and negative physico-social and body image effects along with curve progression. To cope with these complications, conservative treatment of AIS involves various bracing and corrective exercise methods. The conservative treatment of AIS has been reported to be aimed at improving curve magnitude, cosmetic appearance, trunk symetry and health-related quality of life. Long-term bracing success rate is 80% for radiographic correction, but bracing cannot address the entire spectrum of musculoskeletal problems. There are several scoliosis-specific exercise methods including Schroth, Lyon method, Dobomed approach, scientific exercise approach to scoliosis (SEAS), and general exercise programs such as yoga and pilates. This abstract has the aim of present current physiotherapy and rehabilitation approaches including different bracing and exercise methods for the rehabilitation of AIS.

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Gender non-conforming children and transgender youth: Clinical considerations and perspective from the United States

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Transgender youth are those who experience incongruence between their assigned sex at birth, and their gender identity. Ongoing distress that results in an impairment of function about this incongruence is termed gender dysphoria. In order to help alleviate this distress, many transgender youth require physical changes to their bodies in order to bring them into closer alignment with their internal gender identity. Historically, most transgender individuals seeking medical interventions (hormones and/or surgery) for gender transition have and still continue to access care in adulthood. The past decade has witnessed an unprecedented number of transgender youth presenting for care at gender centers throughout the world, with the average age of referral getting younger each year. In response to this groundswell, the care of gender non-conforming and transgender youth has become a topic of great interest over the past decade. The evolution of professional communities moving from pathologizing transgender experience to a thoughtful discussion about improving the health and well-being of transgender individuals is long overdue. The development of adult male (larnyngeal prominence, deepening of the voice, tall stature, etc.) or adult female (chest, menstruation, and short stature) secondary sexual characteristics often trigger specific body dysphoria for many transgender adolescents and adults. The use of medications for the purpose of suppressing endogenous puberty, and thus potentially bypassing the development of undesired secondary sexual characteristics altogether, is a relatively new strategy in the approach to treating gender-nonconforming youth. Primarily pioneered by a team of gender specialists in the Netherlands, suppression of puberty is becoming increasingly common in many gender clinics around the world. Increasingly, professional guidelines are acknowledging the importance of individualized care plans over protocols as appropriate and critical when working with gender diverse youth. The use of cross-sex, or gender affirming hormones for masculinization or feminization is a critical aspect of addressing gender dysphoria in most transgender individuals. Due to a lack of available data and long-term outcomes among youth who begin physical gender transition in adolescence, there is a lack of consensus among medical providers about timing, dosing, and care models for transgender youth. This workshop will cover the basic principles of gender dysphoria, the use of blockers to suppress endogenous puberty, and the use of gender affirming hormones in transgender adolescents. mental health and medical care for those youth desiring gender transition is still extremely rare, and often inadequate in most places around the United States. This program is a comprehensive, two day symposium designed for professionals interested in providing sensitive and competent mental health and medical care for gender non-conforming children, transgender youth and young adults. While primarily didactic in presentation, this symposium also includes case studies, and audience activities designed to highlight the challenges of caring for this population, and improve understanding of their needs.

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Analysis of adolescent health information need through national health hotline counseling and construction of adolescent health counseling service platform

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12320 health hotline is an important platform for health information services with 1478 call center seats, websites, SMS, Micro-blogging, WeChat, App, self-service terminals and other channels, which is also used to provide convenient health information advisory services to the adolescent, to guide adolescents to master health knowledge, improve health literacy, form health behaviors, have access to existing adolescent health services. Analysis results of adolescent health counseling on 12320 health hotline from Nov. 2017 to Apr. 2018 show that, the top 5 hot consultation calls are questions about AIDS(68.93%), immunization(16.83%), mental health(7.12%), tobacco control(4.85%) and sexual and reproductive health(1.94%). AIDS transmission, incubation and symptoms, what kinds of vaccine should be vaccinated and where to vaccinate, how to quit smoking, mental health and emotion problems are the consultation focus. We organized the experts in adolescent health fields to develop adolescent health education core messages and its definitions, which is disseminated on 12320 platform in all kinds of ways adolescents like and easily to accept. It is easy for teenagers to accept because of the concealment of telephone calls, the rapid dissemination and extensive use of new media. Once the adolescent have any health problems, they can call 12320 health hotline or search the related information on 12320 websites, micro-blogging and WeChat. They can also use online consultation on 12320 WeChat platform to dialogue with experts.

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INDEX

Asma Awadalla	37
Bader Al-Dhouyani	45
Cecilia Lucas Msafiri	25
Dawn M Ireland	12
Dawn M Ireland	33
Dmytro Dmytriiev	17
Dorit Olenik Shemesh	18
Evaline Maziku	21
Ezekiel Noah Moirana	36
Hazem A Mostafa	22
Johanna Maria Kotze	34
Jorge Manuel de Sousa Magalhaes Rodrigues	13
Knezevic Pogancev Marija	35
Lama Alghuneim	20
Leila Kouti	44
Luckenson Chery	23
Maria Helena de Agrela Goncalves Jardim	29
Omer A Ahmed	39
Pendo Paschal Masanja	38
Poovendhree Reddy	19
Sleiman R Ghorayeb	28
Slobodan Marinkovic	40
Wassil Nowicky	42

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