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Proceedings of

Joint Meet on

23rd World Congress on

PEDIATRICS, NEONATOLOGY & PRIMARY CARE

&

European Conclave on

NEONATOLOGY & PEDIATRICS

November 21-22, 2019 Dubai, UAE

Scientific Program

Thursday 21st November 2019 | **Day 1**

08:00-08:30 Registration Opens

Hall: Calla Lily To La Rosa

08:30-09:00 Opening Ceremony

09:00-09:45

Keynote Presentation

Title: Common neonatal and pediatric surgical problems

Amin Gohary, Burjeel Hospital, UAE



09:45-10:30

Keynote Presentation

Title: Significance of perception management in healthcare industry globally

Ameya Ghanekar, Founder and Chief Learning Officer -Orange Zebra, UAE



10:30-11:00 Networking and Refreshments Break with Group Photo @ Foyer

Workshop

11:00-11:45

Title: Point of care ultrasound in NICU

Monika Kaushal, Emirates Specialty Hospital, UAE

Sessions: Neonatology and Perinatology | Maternal and Child Care | Child and Adolescent Behavioral Health | General Pediatrics | Neonatal Intensive Care and Nursing | Premature babies and birth

Session Chair 1: **Amin Gohary,** Burjeel Hospital, UAE

Session Chair 2: **Khosro Shafaghi,** Gonabad University of Medical Sciences, Iran

11:45-12:15

Title: Ambiguous genitalia! Is it still ambiguous?

Abeer Mohi El-Din Saleh, International Medical Center Hospital, Egypt

12:15-12:45

Title: Antibiotics resistance in pediatrics

Wael Mohamed Abdelaal, NMC Royal Hospital, UAE

12:45-13:15

Title: Gestational age related neonatal survival at a tertiary health institution in Nigeria: The age of fetal viability dilemma

Lamidi Isah AUDU, Kaduna State University, Nigeria

Lunch Break 13:15-14:15 @ Restaurant

14:15-14:45

Title: Complication of Ryle tube insertion in neonates: Management and fate

Ahmed Mohamed Refaat, Ain Shams University, Egypt

14:45-15:15

Title: Family centered neonatal care: Evidence to practice

Ciba Sunil Raphael, Medcare Women and Children Hospital, UAE

15:15-15:45

Title: Strategies to improve preterm outcome

Monika Kaushal, Emirates Specialty Hospital, UAE

15:45-16:15

Title: Study of maternal attributes of neonatal respiratory distress in NICU

Maithili Joshi, Jawaharlal Nehru Medical College, India

16:15-16:30 Networking and Refreshments Break @ Foyer

16:30-17:00

Title: Severe acute malnutrition (update) in Yemen

Aida Ali Mohammed, Kuwait University Hospital, Yemen

17:00-17:30

Title: Role of serum procalcitonin as a marker of neonatal sepsis

Pradeep Kumar Gupta, Norvic International Hospital, Nepal

Panel Discussion

Friday 22nd November 2019 | **Day 2**

Hall: Calla Lily To La Rosa

Special Session

09:00-09:45

Title: Physical inactivity, sedentary lifestyle and overweight/obesity in secondary school children of Mashhad city

Khosro Shafaghi, Gonabad University of Medical Sciences, Iran

Workshop

09:45-10:30

Title: Oropharyngeal dysphagia in neonates

Ahmed Mohamed Refaat, Ain Shams University, Egypt

10:30-11:00 Networking and Refreshments Break @ Foyer

Sessions: Pediatric, Neonatal Nutrition | Pediatric Obesity and Weight Managementnt | Neonatal & Pediatric Infection Disorders | Pediatric Nursing | Congenital Malformations & Birth Complications

Session Chair 1: **Abeer Mohi El-Din Saleh**, International Medical Center Hospital, Egypt

Session Chair 2: **Ahmed Mohamed Abdelaal**, Burjeel Hospital, UAE

11:00-11:30

Title: Pediatric obesity an emergency crisis

Ahmed Mohamed Abdelaal, Burjeel Hospital, UAE

11:30-12:00

Title: Special nutritional needs of children with malignancies

Marwa A Bebars, Dubai Health Authority, UAE

12:00-12:30

Title: Early term gestation- an important risk factor for significant hyperbilirubinemia in neonates

Anvar P Vellamgot, Hamad Medical Corporation, Qatar

12:30-13:00

Title: The ethomedical study of prophylactic treatment for neonatal hyperbilirubinemia: A mega project

Moloud Fakhri, Mazandaran University of Medical Sciences, Iran

Lunch Break 13:00-14:00 @ Restaurant

14:00-14:30

Title: Level of socio-emotional skills in adolescents with Specific Learning Disability (SLD) playing sports and not playing sports: A comparative study

Payal Maheshwari, College of Home Science, Nirmala Niketan, India

14:30-15:00

Title: Correlation between levels of non-invasive measurement of carboxyhemoglobin and bilirubin in term and near term neonates as a predictor of neonatal hemolysis

Basma M. Shehata, Ain Shams University, Egypt

15:00-15:30

Title: Risk factors for neonatal mortality in a tertiary health institution in North Central Nigeria

Lamidi Isah AUDU, Kaduna State University, Nigeria

15:30-16:00

Title: Pacifier and thumb sucking is it good or bad? What are its effects on allergy in child?

Aida Ali Mohammed, Kuwait University Hospital, Yemen

16:00-16:30

Title: How different is demyelinating and axonal subtypes of Guillain-Barré syndrome in children? A study from tertiary care centre in northern India

Pradeep Kumar Gupta, Norvic International Hospital, Nepal

16:30-17:00 Networking and Refreshments Break @ Foyer

Supporting Journals

Journal of Neonatal and Pediatric Medicine
www.omicsonline.org/neonatal-and-pediatric-medicine.php

Advanced Practices in Nursing
www.omicsonline.org/advanced-practices-nursing.php

Journal of Pregnancy and Child Health
www.omicsonline.org/pregnancy-and-child-health.php



23rd World Congress on

Pediatrics, Neonatology & Primary Care

&

European Conclave on

Neonatology & Pediatrics

November 21-22, 2019 Dubai, UAE







Organizing Committee Members



Igor Klepikov
Dana Children's Hospital
USA



Monika Kaushal
Emirates Specialty Hospital
UAE



Khosro Shafaghi
Gonabad Unversity of Medical Sciences
Iran

Organizing Committee Members

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23rd World Congress on

Pediatrics, Neonatology & Primary Care

&

European Conclave on

Neonatology & Pediatrics

November 21-22, 2019 Dubai, UAE







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InnoHEALTH MAGAZINE

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23rd World Congress on

Pediatrics, Neonatology & Primary Care

&

European Conclave on

Neonatology & Pediatrics

November 21-22, 2019 Dubai, UAE







Welcome Message



Dear Colleagues,

I extend my warm welcome to all the distinguished speakers, participants and delegates to the **23rd World Congress on Pediatrics, Neonatology & Primary Care** (PNC 2019) during November 21-22, 2019 at Dubai, UAE. Scientific conferences and congresses are a form of early, effective and rapid dissemination of new information, as well as discussion of the most pressing problems. However, the effectiveness of such meetings and discussions, their impact on the future course of events and on the solution of urgent problems depends primarily on our ability to critically evaluate new information, the ability to distinguish reliable scientific facts from declarations and assumptions. One of the main obstacles affecting the balance and rationality of our assessment of new information is the psychological authority and dominance of existing worldviews in a certain section of our professional approaches, but an important criterion for assessing the depth of our knowledge about any problem remain the results of its solution. Therefore, if the total results of our efforts are far from the expected results, and the dynamics of the achieved indicators have negative characteristics, then the inadequacy of the doctrine of the disease is inherently obvious. A revision of such perceptions and a revision of therapeutic emphasis in such situations seem to be an inevitable necessity. An example of the above version of current trends in modern medicine can serve as the state of the problem of acute pneumonia, as well as a new approach already tested in the clinic in its solution. Such examples only confirm the rule that every problem has an effective solution that is just waiting for its time. In this regard, I would like to wish you a pleasant and fruitful working atmosphere, interesting meetings, successful search for the right answers and growth of scientific horizons! Success and faith in a better future!

Igor Klepikov, MD, Professor,
Paediatric Surgeon, WA, USA

conferenceseries.com

23rd World Congress on

Pediatrics, Neonatology & Primary Care

&

European Conclave on

Neonatology & Pediatrics

November 21-22, 2019 Dubai, UAE







2019 CONFERENCES

Cardiology



2nd World Heart Rhythm Conference
November 25-26, 2019 | Dubai, UAE
E: heartrhythm@memeetings.com
heartrhythm@globalconferencemeet.com
W: heartrhythm.cardiologymeeting.com

2nd World Heart and Brain Conference
December 02-03, 2019 | Rome, Italy
E: heartbrain@memeetings.com
heartbrain@globalconferencemeet.com
W: heart-brain.conferenceseries.com

Dentistry



2nd International Conference on
Oral Health and Dental Medicine
November 21-22, 2019 | Dubai, UAE
E: oralhealth@memeetings.com
oralhealth@globalconferencemeet.com
W: oralhealth.dentalcongress.com

Immunology



14th International Conference on
Allergy and Clinical Immunology
November 21-22, 2019 | Bali, Indonesia
E: allergy@memeetings.com
allergy@globalconferencemeet.com
W: allergy.immunologyconferences.com

Infectious Diseases



2nd International Conference on
Tropical and Infectious Diseases
November 21-22, 2019 | Bali, Indonesia
E: tropicaldiseases@memeetings.com
tropicaldiseases@globalconferencemeet.com
W: tropicaldiseases.infectiousconferences.com

World Conference on
Vaccine and Immunology
November 21-22, 2019 | Dubai, UAE
E: vaccine@memeetings.com
vaccine@globalconferencemeet.com
W: immune.vaccineconferences.com

World Congress on
Rare Diseases
December 09-10, 2019 | Dubai, UAE
E: rarediseases@memeetings.com
rarediseases@globalconferencemeet.com
W: rarediseases.infectiousconferences.com

Neuroscience & Psychiatry



26th Cognitive Neuroscience Congress
December 09-10, 2019 | Dubai, UAE
E: cognitiveneurohealth@memeetings.com
cognitiveneuro@globalconferencemeet.com
W: cognitive.neuroconferences.com

6th Annual Conference on
Stroke and Neurological Disorders
December 02-03, 2019 | Rome, Italy
E: stroke@memeetings.com
stroke@globalconferencemeet.com
W: stroke.neuroconferences.com

2nd World Neurone Congress
December 02-03, 2019 | Rome, Italy
E: neuron@memeetings.com
neuron@globalconferencemeet.com
W: neurone.neurologyconference.com

Obesity



2nd International Conference on
Obesity and Diet Imbalance
November 25-26, 2019 | Dubai, UAE
E: obesity@memeetings.com
obesity@globalconferencemeet.com
W: obesity-diet.nutritionalconference.com

Ophthalmology



World Eye and Vision Congress
December 09-10, 2019 | Dubai, UAE
E: eye@memeetings.com
W: eye.conferenceseries.com

Pediatrics



23rd World Congress on
Pediatrics, Neonatology and Primary Care
November 21-22, 2019 | Dubai, UAE
E: neonatal@memeetings.com
neonatal@globalconferencemeet.com
W: neonatalcare.pediatricsconferences.com

13th World Pediatric Congress
December 05-06, 2019 | Rome, Italy
E: pediatricscongress@memeetings.com
pediatricscongress@globalconferencemeet.com
W: pediatrics-congress.conferenceseries.com

Pharmaceutical Sciences



21st World Conference on
Pharmaceutical Chemistry and Drug Design
December 09-10, 2019 | Dubai, UAE
E: pharmchem@memeetings.com
pharmchem@globalconferencemeet.com
W: drug-chemistry.pharmaceuticalconferences.com

11th Annual Congress on
Drug Formulation and Analytical Techniques
December 09-10, 2019 | Dubai, UAE
E: pharmaformulations@memeetings.com
pharmaformulations@globalconferencemeet.com
W: drugformulation-bioavailability.
pharmaceuticalconferences.com

2nd Middle East Pharmacy and Pharmaceutical Conference
December 09-10, 2019 | Dubai, UAE
E: pharma@memeetings.com
pharma@globalconferencemeet.com
W: pharma.pharmaceuticalconferences.com

Reproductive Medicine & Women Healthcare



9th International Conference on
Women's Health and Cancer Cure
December 05-06, 2019 | Rome, Italy
E: womenshealth@memeetings.com
womenshealth@globalconferencemeet.com
W: womens.healthconferences.org

2nd World PCOS Congress
December 09-10, 2019 | Dubai, UAE
E: pcos@memeetings.com
pcos@globalconferencemeet.com
W: pcos.healthconferences.org

2020 CONFERENCES

Agri, Food and Aqua



3rd International Conference on
Food Safety and Health
May 29-30, 2020 | Istanbul, Turkey
E: foodsafetymeet@memeetings.net
foodsafety@globalconferencemeet.com
W: foodsafety.nutritionalconference.com

13th World Congress on
Food Chemistry and Food Microbiology
May 29-30, 2020 | Istanbul, Turkey
E: foodchemmeet@memeetings.com
foodchemmeet@globalconferencemeet.com
W: foodchemistry-microbiology.conferenceseries.com

3rd International Conference on
Agriculture, Food and Aqua
Aug 10-11, 2020 | Dubai, UAE
E: agrifoodaqua@memeetings.com
agrifoodaqua@globalconferencemeet.com
W: agriculture.foodtechconferences.com

15th Annual Conference on
Crop Science and Agriculture
Aug 10-11, 2020 | Dubai, UAE
E: agricrop@memeetings.com
agricrop@globalconferencemeet.com
W: crops-agri.foodtechconferences.com

Alternative Healthcare



2nd International Conference on
Herbal and Traditional Medicine
Apr 27-28, 2020 | Dubai, UAE
E: herbal@memeetings.com
herbal@globalconferencemeet.com
W: herbal-traditional.conferenceseries.com

2nd World Congress on
Traditional and Complementary Medicine
Apr 29-30, 2020 | Istanbul, Turkey
E: traditionalmed@memeetings.com
traditionalmed@globalconferencemeet.com
W: traditionalmedicine.pharmaceutical conferences.com

Annual Congress on Yoga and Meditation
Apr 29-30, 2020 | Istanbul, Turkey
E: yogameditation@memeetings.com
yogameditation@globalconferencemeet.com
W: yoga-meditation.healthconferences.org

Cardiology



8th International Conference on
Hypertension and Healthcare
Apr 17-18, 2020 | Kuala Lumpur, Malaysia
E: hypertension@memeetings.com
hypertension@globalconferencemeet.com
W: hypertension.cardiologymeeting.com

30th International Conference on
Cardiology and Healthcare
April 20-21, 2020 Amsterdam, Netherlands
E: cardiology@memeetings.com
cardiology@worldconferencemeet.com
W: healthcare.cardiologymeeting.com

2nd Middle East Heart Congress
Jun 22-23, 2020 | Abu Dhabi, UAE
E: heart@memeetings.com
heart@globalconferencemeet.com
W: heart.cardiologymeeting.com

23rd World Heart Rhythm Conference
Oct 26-27, 2020 | Capetown, South Africa
E: heartrhythm@memeetings.com
heartrhythm@globalconferencemeet.com
W: heartrhythm.cardiologymeeting.com

International Structural Heart Disease Conference
Nov 19-20, 2020 | Bali, Indonesia
E: heartdiseases@memeetings.com
mentalhealth@globalconferencemeet.com
W: heartdiseases.cardiologymeeting.com

3rd World Heart and Brain Conference
Dec 07-08, 2020 | Abu Dhabi, UAE
E: heartbrain@memeetings.com
heartbrain@globalconferencemeet.com
W: heart-brain.conferenceseries.com

Chemical Engineering



11th Annual Congress on
Bioenergy and Biofuels
Sep 28-29. 2020 | Abu Dhabi, UAE
E: bioenergy@memeetings.com
bioenergy@globalconferencemeet.com
W: biofuels-bioenergy.conferenceseries.com/middleeast

Chemistry



2nd International Conference on
Mass Spectrometry and Chromatography
Dec 07-08, 2020 | Abu Dhabi, UAE
E: massspectro@memeetings.com
massspectro@globalconferencemeet.com
W: chromatography.massspectra.com

Dentistry



35th International Conference on
Dental and Oral Health
Jun 15-16, 2020 | Dubai, UAE
E: dentalmanagement@memeetings.com
dentalmanagement@globalconferencemeet.com
W: dentalmanagement.dentalcongress.com

3rd Annual Conference on
Oral Care and and Dentistry
Jun 25-26, 2020 | Abu Dhabi, UAE
E: dentalcare@memeetings.com
dentalcare@globalconferencemeet.com
W: oralcare.dentalcongress.com

7th Annual Congress on
Dentistry and Dental Medicine
Aug 10-11, 2020 | Dubai, UAE
E: dentistrymedicine@memeetings.com
dentistrymedicine@globalconferencemeet.com
W: dentalmedicine.dentalcongress.com

3rd International Conference on
Oral Health and Dental Medicine
Oct 26-27, 2020 | Capetown, South Africa
E: oralhealth@memeetings.com
oralhealth@globalconferencemeet.com
W: oralhealth.dentalcongress.com

Dermatology



2nd Aging, Health, Wellness Conference:
For a better Aging Care
Mar 26-27, 2020 | Abu Dhabi, UAE
E: aging@memeetings.com
agingcare@worldconferencemeet.com
W: aging.healthconferences.org

23rd World Dermatology and Aesthetic Congress
Mar 26-27, 2020 | Abu Dhabi, UAE
E: aestheticmeet@memeetings.com
aging@globalconferencemeet.com
W: aesthetic.dermatologymeeting.com

2nd International Conference on
Dermatology and Allergic Diseases
Jul 13-14, 2020 | Helsinki, Finland
E: allergicdiseases@memeetings.com
W: allergicdiseases.dermatologymeeting.com

3rd World Cosmetic and Dermatology Congress
Aug 13-14, 2020 | Dubai, UAE
E: cosmeticdermatology@memeetings.com
cosmeticdermatology@globalconferencemeet.com
W: cosmetic.dermatologymeeting.com

3rd International Dermatology Conference:
Skin and Body
Aug 13-14, 2020 | Dubai, UAE
E: skincare@memeetings.com
skincare@globalconferencemeet.com
W: skin-body.dermatologymeeting.com

24th Dermatology and Aesthetic Congress
Oct 22-23, 2020 | Helsinki, Finland
E: euroaestheticmeet@memeetings.com
euroaestheticmeet@globalconferencemeet.com
W: aesthetic.dermatologymeeting.com/europe

2020 CONFERENCES

Diabetes & Endocrinology



2nd International Conference on
Nanomedicine and Nanotechnology
Apr 17-18, 2020 | Kuala Lumpur, Malaysia
E: nanomedicinemeet@memeetings.com
nanomedicine@globalconferencemeet.com
W: nanomedicine.nanotechconferences.org

3rd Global Meeting on Diabetes & Endocrinology
Apr 17-18, 2020 | Kuala Lumpur, Malaysia
E: endocrinology@memeetings.com
endocrinology@globalconferencemeet.com
W: endocrinology.diabetesexpo.com

26th International Conference on
Human Metabolic Health: Diabetes, Obesity, and Metabolism
Jun 22-23, 2020 | Abu Dhabi, UAE
E: humanmetabolism@memeetings.com
humanmetabolism@memeetings.com
W: humanmetabolism.healthconferences.org

28th International Diabetes and Healthcare Conference
Jul 15-16, 2020 | Helsinki, Finland
E: diabetes@memeetings.com
diabetes@globalconferencemeet.com
W: diabetic.healthconferences.org

3rd International Conference on
Diabetes and Cholesterol Metabolism
Oct 22-23, 2020 | Helsinki, Finland
E: metabolicdiseases@memeetings.com
metabolicdiseases@globalconferencemeet.com
W: metabolicdiseases.conferenceseries.com

EEE and Engineering



7th World Machine Learning & Deep learning Conference
Jun 18-19, 2020 | Dubai, UAE
E: machinelearning@memeetings.com
machinelearning@globalconferencemeet.com
W: machinelearning.conferenceseries.com

8th Global Summit on
Artificial Intelligence and Neural Networks
Jun 18-19, 2020 | Dubai, UAE
E: neuralnetwork@memeetings.com
neuralnetwork@globalconferencemeet.com
W: neuralnetworks.conferenceseries.com

Environmental Sciences



6th International Conference on
Geological and Environmental Sustainability
Jun 18-19, 2020 | Dubai, UAE
E: geology@memeetings.com
geology@globalconferencemeet.com
W: geology.conferenceseries.com

7th International Conference on
Environment and Climate Change
Sep 21-22. 2020 | Abu Dhabi, UAE
E: environment@memeetings.com
environment@globalconferencemeet.com
W: environmentclimate.conferenceseries.com

2nd International Conference on
Environmental Microbial Biofilms and Human Microbiomes
Nov 19-20, 2020 | Bali, Indonesia
E: humanmicrobiomes@memeetings.com
humanmicrobiomes@globalconferencemeet.com
W: microbialbiofilms.conferenceseries.com

Gastroenterology



19th International Conference on
Gastroenterology and Digestive Disorders
Sep 24-25, 2020 | Abu Dhabi, UAE
E: gastro@memeetings.com
gastro@globalconferencemeet.com
W: gastroenterology.gastroconferences.com

3rd World Liver Congress
Sep 28-29, 2020 | Abu Dhabi, UAE
E: liver@memeetings.com
liver@globalconferencemeet.com
W: liver.gastroconferences.com

2nd International Metabolic Diseases and Liver Cancer Conference
Dec 14-15, 2020 | Dubai, UAE
E: livecancer@memeetings.com
livecancer@globalconferencemeet.com
W: liver.cancersummit.org

Genetics and Molecular Biology



12th World Conference on
Human Genomics and Genomic Medicine
Mar 19-20, 2020 | Dubai, UAE
E: humangenome@memeetings.com
humangenome@worldconferencemeet.com
W: humangenome.geneticconferences.com

9th World Congress on
Human Genetics and Genetic Diseases
Mar 19-20, 2020 | Dubai, UAE
E: humangenetics@memeetings.com
humangenetics@meglobalcongress.com
W: humangenetics.geneticconferences.com

11th Tissue Repair and Regeneration Congress
Apr 20-21, 2020 | Kuala Lumpur, Malaysia
E: tissuerepair@memeetings.com
tissuerepair@meglobalcongress.com
W: tissuerepair.conferenceseries.com

13th Annual Conference on Stem Cell & Regenerative Medicine
Apr 20-21, 2020 | Kuala Lumpur, Malaysia
E: stemregen@memeetings.com
stemregen@worldconferencemeet.com
W: stemcell-regenerative.conferenceseries.com

3rd International Conference on
Molecular Medicine and Diagnostics
Jun 15-16, 2020 | Dubai, UAE
E: molecularmedicine@memeetings.com
molecularmedicine@meglobalcongress.com
W: molecularmedicine.conferenceseries.com

2nd International Conference on Cell Biology & Genomics
Jun 15-16, 2020 | Dubai, UAE
E: biologymedicine@memeetings.com
biologymedicine@meglobalcongress.com
W: biology-medicine.conferenceseries.com

2nd International Conference on
Epigenetics and Human Diseases
Jul 15-16, 2020 | Helsinki, Finland
E: epitranscriptomics@memeetings.com
epitranscriptomics@globalconferencemeet.com
W: epitranscriptomics.geneticconferences.com

International Cystic Fibrosis Conference: A cure for all
Oct 26-27, 2020 | Dubai, UAE
E: cysticfibrosis@memeetings.com
cysticfibrosis@worldconferencemeet.com
W: cysticfibrosis.conferenceseries.com

International Conference on Foot and Ankle Surgeons
Dec 17-18, 2020 | Dubai, UAE
E: podiatry@memeetings.com
podiatry@worldconferencemeet.com
W: podiatry.conferenceseries.com

Immunology



International Conference on
Viral Infection and Immune Response
Jun 25-26, 2020 | Abu Dhabi, UAE
E: immuneresponse@memeetings.com
immuneresponse@globalconferencemeet.com
W: immuneresponse.vaccineconferences.com

3rd International Conference on Allergy & Clinical Immunology
Aug 13-14, 2020 | Dubai, UAE
E: allergy@memeetings.com
allergy@globalconferencemeet.com
W: allergy.immunologyconferences.com

Materials Science & Nanotechnology



Materials Electrochemistry Conference: Advancements & Breakthroughs
May 27-28, 2020 | Istanbul, Turkey
E: materialselectrochemistry@memeetings.com
materialselectrochemistry@globalconferencemeet.com
W: materialselectrochemistry.conferenceseries.com

2020 CONFERENCES

28th International Conference on
Nanomedicine and Nanomaterials
May 29-30, 2020 | Istanbul, Turkey
E: nanomedicine@memeetings.com
nanomedicine@globalconferencemeet.com
W: nanomaterials.nanotechconferences.org

23rd World Nanotechnology Congress
May 29-30, 2020 | Istanbul, Turkey
E: nanotechnologycongress@memeetings.com
nanotechnologycongress@globalconferencemeet.com
W: nanotechnologycongress.conferenceseries.com

33rd Materials Science and Engineering Conference: Advancement and Innovations
Jun 18-19, 2020 | Dubai, UAE
E: matsciengg@memeetings.com
matsciengg@globalconferencemeet.com
W: materialscience.materialsconferences.com

International Conference on
Biomaterials for Bone Tissue Engineering
Sep 28-29. 2020 | Abu Dhabi, UAE
E: biomaterials@memeetings.com
biomaterials@worldconferencemeet.com
W: bonetissueengineering.conferenceseries.com

22nd International Conference on
Advanced Materials Science and Nano Technology
Nov 23-24, 2020 | Istanbul, Turkey
E: matnano@memeetings.com
matnano@globalconferencemeet.com
W: materialscience-nano.conferenceseries.com

Nephrology



5th World Kidney Congress
Apr 27-28, 2020 | Dubai, UAE
E: kidneymeet@memeetings.com
kidneymeet@globalconferencemeet.com
W: kidneycongress.nephroconferences.com

16th International Conference on
Nephrology and Hypertension
Jun 22-23, 2020 | Abu Dhabi, UAE
E: nephrologists@memeetings.com
nephrologists@meglobalcongress.com
W: nephrologists.nephroconferences.com

3rd International Conference on
Nephrology
Oct 26-27, 2020 | Dubai, UAE
E: nephrologymeet@memeetings.com
nephrologymeet@globalconferencemeet.com
W: nephrology.nephroconferences.com

Annual Conference on
Urology and Nephrological Disorders
Oct 26-27, 2020 | Dubai, UAE
E: nephrology@memeetings.com
nephrology@worldconferencemeet.com
W: urology.nephroconferences.com

Neuroscience & Psychiatry



3rd International Conference on
Addiction and Psychiatry
Apr 20-21, 2020 | Kuala Lumpur, Malaysia
E: addiction@memeetings.com
addiction@globalconferencemeet.com
W: addiction.psychiatryconferences.com

2nd World Depression Congress
Apr 27-28, 2020 | Istanbul, Turkey
E: depression@memeetings.com
depression@globalconferencemeet.com
W: depressioncongress.neurologyconference.com

32nd International Conference on
Psychiatry and Mental Health
Jun 25-26, 2020 | Abu Dhabi, UAE
E: psychiatrymeet@memeetings.com
psychiatrymeet@globalconferencemeet.com
W: psychiatry.neuroconferences.com

2nd World Congress on
Epilepsy and Brain Disorders
Jul 17-18, 2020 | Helsinki, Finland
E: epilepsy@memeetings.com
epilepsy@globalconferencemeet.com
W: epilepsycongress.neuroconferences.com

13th Annual Conference on
Dementia and Alzheimer's Disease
Sep 21-22. 2020 | Abu Dhabi, UAE
E: dementia@memeetings.com
dementia@globalconferencemeet.com
W: dementia.neuroconferences.com

3rd Euro Depression Congress
Nov 26-27, 2020 | Istanbul, Turkey
E: eurodepression@memeetings.com
eurodepression@globalconferencemeet.com
W: depressioncongress.neurologyconference.com/europe

27th Cognitive Neuroscience Congress
Nov 16-17, 2020 | Bali, Indonesia
E: cognitiveneurohealth@memeetings.com
cognitiveneuro@globalconferencemeet.com
W: cognitive.neuroconferences.com

30th International Conference on
Public Mental Health and Neurosciences
Nov 19-20, 2020 | Bali, Indonesia
E: mentalhealth@memeetings.com
mentalhealth@globalconferencemeet.com
W: mental-health.neurologyconference.com

2nd World Brain Congress
Dec 07-08, 2020 | Abu Dhabi, UAE
E: brain@memeetings.com
brain@globalconferencemeet.com
W: brain.neuroconferences.com

3rd Annual Conference on
Stroke and Neurological Disorders
Dec 07-08, 2020 | Abu Dhabi, UAE
E: stroke@memeetings.com
stroke@globalconferencemeet.com
W: stroke.neuroconferences.com

3rd World Neurone Congress
Dec 14-15, 2020 | Dubai, UAE
E: neuron@memeetings.com
neuron@globalconferencemeet.com
W: neurone.neurologyconference.com

2nd International Conference on
Neurology and Neurosurgery
Dec 17-18, 2020 | Dubai, UAE
E: neurooncosurgery@memeetings.com
neurooncosurgery@globalconferencemeet.com
W: neurooncology-surgery.conferenceseries.com

Nursing



29th World Neonatal, Pediatric and Family Medicine Conference
Mar 16-17, 2020 | Dubai, UAE
E: faneotrics@memeetings.com
faneotrics@worldconferencemeet.com
W: neonatal.pediatricsconferences.com

2nd International Conference on
Pediatrics, Primary Care and Healthcare
Mar 26-27, 2020 | Abu Dhabi, UAE
E: pediatricnursing@memeetings.com
pediatricnursing@worldconferencemeet.com
W: pediatrics-nursing.nursingmeetings.com

2nd International Conference on
Medicine, Nursing and Healthcare
Mar 26-27, 2020 | Abu Dhabi, UAE
E: medicine@memeetings.com
worldhealthcare@meglobalcongress.com
W: medicine.nursingmeetings.com

2nd Annual Emergency Medicine & Acute Care Conference
Mar 26-27, 2020 | Abu Dhabi, UAE
E: emergencymedicine@memeetings.com
emergencymedicine@worldconferencemeet.com
W: emergencymedicine.healthconferences.org

4th Annual Conference on
Pediatric Nursing and Healthcare
May 01-02, 2020 | Dubai, UAE
E: healthcare@memeetings.com
healthcare@globalconferencemeet.com
W: healthcare.nursingconference.com

25th World Nutrition and Pediatrics Healthcare Conference
May 01-02, 2020 | Dubai, UAE
E: pediatricnutrition@memeetings.com
pediatricnutrition@meglobalcongress.com
W: nutrition.pediatricsconferences.com

2020 CONFERENCES

6th World Holistic Nursing Conference
Jul 13-14, 2020 | Helsinki, Finland
E: holistic@memeetings.com
holistic@globalconferencemeet.com
W: holistic.nursingconference.com

22nd International Conference on
Primary Healthcare and Emergency Nursing
Sep 21-22. 2020 | Abu Dhabi, UAE
E: health@memeetings.com
primaryhealth@globalconferencemeet.com
W: nursing.healthconferences.org

2nd International Conference on
Community Nursing and Public Health
Sep 24-25. 2020 | Abu Dhabi, UAE
E: communitynursing@memeetings.com
communitynursing@globalconferencemeet.com
W: community.nursingconference.com

Annual Midwifery & Pediatric Nursing Congress
Oct 19-20, 2020 | Helsinki, Finland
E: midwifery@memeetings.com
midwifery@globalconferencemeet.com
W: midwifery-pediatrics.nursingconference.com

22nd World Congress on
Nursing, Pharmacology and Healthcare
Dec 17-18, 2020 | Dubai, UAE
E: pharma@memeetings.com
pharma@globalconferencemeet.com
W: pharmacology.nursingconference.com

Nutrition



3rd International Conference on
Nutrition, Food Science and Technology
Mar 16-17, 2020 | Dubai, UAE
E: foodtechmeet@memeetings.com
foodtechmeet@globalconferencemeet.com
W: foodtechnology.nutritionalconference.com

3rd World Congress on
Nutrition and Obesity Prevention
Mar 26-27, 2020 | Abu Dhabi, UAE
E: nutrition@memeetings.com
nutrition@globalconferencemeet.com
W: obesityprevention.nutritionalconference.com

3rd World Congress on Food and Nutrition
Jun 15-16, 2020 | Dubai, UAE
E: foodmeet@memeetings.com
foodmeet@globalconferencemeet.com
W: food-technology.nutritionalconference.com

Obesity



3rd Middle East Obesity, Bariatric Surgery and Endocrinology Congress
Apr 27-28, 2020 | Dubai, UAE
E: obesityendo@memeetings.com
obesityendo@meglobalcongress.com
W: obesity-middleeast.conferenceseries.com

3rd International Conference on
Obesity and Chronic Diseases
Jul 15-16, 2020 | Helsinki, Finland
E: chronicobesity@memeetings.com
chronicdiseases@globalconferencemeet.com
W: chronicdiseases.conferenceseries.com

3rd International Conference on
Obesity and Diet Imbalance
Oct 22-23, 2020 | Helsinki, Finland
E: obesity@memeetings.com
obesity@globalconferencemeet.com
W: obesity-diet.nutritionalconference.com

Oncology, Cancer & Radiology



2nd Global Meeting on
Oncology and Radiology
Mar 19-20, 2020 | Dubai, UAE
E: oncologyradiology@memeetings.com
oncologyradiology@worldconferencemeet.com
W: radiology-oncology.annualcongress.com

2nd International Conference on
Molecular Markers and Cancer Therapeutics
May 27-28, 2020 | Istanbul, Turkey
E: molecularmarkers@memeetings.com
molecularmarkers@globalconferencemeet.com
W: molecularmarkers.cancersummit.org

2nd International Conference on
Biomarkers and Cancer Targets
May 27-28, 2020 | Istanbul, Turkey
E: cancertargets@memeetings.com
cancertargets@globalconferencemeet.com
W: cancertargets.conferenceseries.com

2nd International Conference on
Biomarkers and Clinical Research
Jun 15-16, 2020 | Dubai, UAE
E: biomarkers@memeetings.com
biomarkers@globalconferencemeet.com
W: biomarkerscongress.conferenceseries.com

26th Cancer Genomics Congress:
New Era for Cancer Prevention
Jul 15-16, 2020 | Helsinki, Finland
E: cancergenomics@memeetings.com
cancergenomics@globalconferencemeet.com
W: cancergenomics.cancersummit.org

2nd World Conference on
Breast and Cervical Cancer
Jul 17-18, 2020 | Helsinki, Finland
E: brececan@memeetings.com
brececan@globalconferencemeet.com
W: breast-cervical.cancersummit.org

10th International Conference on
Women's Health and Cancer Cure
Dec 10-11, 2020 | Abu Dhabi, UAE
E: womenshealth@memeetings.com
womenshealth@globalconferencemeet.com
W: womens.healthconferences.org

Ophthalmology



3rd World Congress on Eye and Vision
Nov 23-24, 2020 | Istanbul, Turkey
E: vision@memeetings.com
vision@globalconferencemeet.com
W: vision.ophthalmologyconferences.com

3rd World Eye and Vision Congress
Nov 23-24, 2020 | Istanbul, Turkey
E: eye@memeetings.com/eye@globalconferencemeet.com
W: eye.conferenceseries.com

Pathology & Infectious Diseases



15th World Conference on
Infectious Diseases, Prevention and Control
Mar 19-20, 2020 | Dubai, UAE
E: infectiousdiseaseconf@memeetings.com
infectiousdiseaseconf@meglobalcongress.com
W: infectious-diseases.conferenceseries.com

International Conference on
Rare Diseases and Orphan Drug
Apr 27-28, 2020 | Istanbul, Turkey
E: rare-diseases@memeetings.com
rare-diseases@globalconferencemeet.com
W: rarediseases-orphan.conferenceseries.com

Annual Conference on
Bacterial, Viral and Infectious Diseases
Apr 27-28, 2020 | Istanbul, Turkey
E: bacterialdiseases@memeetings.com
bacterialdiseases@globalconferencemeet.com
W: bacterialdiseases.infectiousconferences.com

7th Epidemiology and Public Health Conference
Apr 27-28, 2020 | Istanbul, Turkey
E: epidemiology@memeetings.com
epidemiology@globalconferencemeet.com
W: epidemiology.healthconferences.org

10th European Epidemiology & Public Health Congress
Apr 27-28, 2020 | Istanbul, Turkey
E: euroepidemiology@memeetings.com
epidemiology@globalconferencemeet.com
W: euroepidemiology.conferenceseries.com

3rd International Conference on
Clinical Microbiology, Virology & Infectious Diseases
Jun 01-02, 2020 | Istanbul, Turkey
E: clinicalmicro@memeetings.com
microbiology@globalconferencemeet.com
W: microbiology.vaccineconferences.com

3rd International Conference on
Antimicrobial and Antibacterial Agents
Jun 01-02, 2020 | Istanbul, Turkey
E: antimicrobials@memeetings.com
antimicrobials@globalconferencemeet.com
W: antimicrobial.vaccineconferences.com

2020 CONFERENCES

6th World Congress on
Epigenetics and Chromosome
Jul 17-18, 2020 | Helsinki, Finland
E: epigenetics@memeetings.com
epigenetics@globalconferencemeet.com
W: epigenetics.geneticconferences.com

3rd International Conference on
Tropical and Infectious Diseases
Aug 13-14, 2020 | Dubai, UAE
E: tropicaldiseases@memeetings.com
tropicaldiseases@globalconferencemeet.com
W: tropicaldiseases.infectiousconferences.com

7th Annual Conference on
Parasitology & Infectious Diseases
Sep 21-22. 2020 | Abu Dhabi, UAE
E: parasitology@memeetings.com
parasitology@globalconferencemeet.com
W: parasitology.infectiousconferences.com

2nd World Conference on
Vaccine and Immunology
Oct 19-20, 2020 | Helsinki, Finland
E: vaccine@memeetings.com
vaccine@globalconferencemeet.com
W: immune.vaccineconferences.com

9th International Conference on
Bacteriology and Infectious Diseases
Oct 26-27, 2020 | Capetown, South Africa
E: bacteriology@memeetings.com
bacteriology@globalconferencemeet.com
W: bacteriology.infectiousconferences.com

8th International Conference on
Chronic Obstructive Pulmonary Disease (COPD)
Oct 26-27, 2020 | Capetown, South Africa
E: copd@memeetings.com
copd@globalconferencemeet.com
W: copd.healthconferences.org

2nd World Congress on
Rare Diseases
Nov 23-24, 2020 | Istanbul, Turkey
E: rarediseases@memeetings.com
rarediseases@globalconferencemeet.com
W: rarediseases.infectiousconferences.com

2nd Annual Conference on
Laboratory Medicine and Pathology
Nov 16-17, 2020 | Bali, Indonesia
E: labmedpath@memeetings.com
W: lab-med.pathologyconferences.com

2nd European Pathology and Infectious Disease Conference
Dec 10-11, 2020 | Abu Dhabi, UAE
E: biopathology@memeetings.com
biopathologymeet@globalconferencemeet.com
W: biopathology.pathologyconferences.com

Pediatrics



2nd International Conference on
Maternal Fetal and Neonatal Medicine
Apr 20-21, 2020 | Kuala Lumpur, Malaysia
E: fetalmedicine@memeetings.com
fetalmedicine@globalconferencemeet.com
W: fetalmedicine.pediatricsconferences.com

23rd Global Summit on
Pediatrics, Neonatology and Primary Care
Apr 29-30, 2020 | Dubai, UAE
E: pediatrics@memeetings.com
pediatrics@globalconferencemeet.com
W: pediatricsummit.conferenceseries.com/middleeast

24th World Congress on
Pediatrics, Neonatology and Primary Care
Oct 19-20, 2020 | Helsinki, Finland
E: neonatal@memeetings.com
neonatal@globalconferencemeet.com
W: neonatalcare.pediatricsconferences.com

2nd International Pediatrics, Infectious Diseases and Healthcare Conference
November 25-26, 2019 Dubai, UAE
E: pediatrichealth@memeetings.com
pediatrichealth@globalconferencemeet.com
W: pediatrics.infectiousconferences.com

14th World Pediatric Congress
Dec 10-11, 2020 | Abu Dhabi, UAE
E: pediatricscongress@memeetings.com
pediatricscongress@globalconferencemeet.com
W: pediatrics-congress.conferenceseries.com

Pharmaceutical Sciences



11th World Congress on
Bioavailability and Bioequivalence
Mar 16-17, 2020 | Dubai, UAE
E: babe@memeetings.com
babe@globalconferencemeet.com
W: bioavailability-bioequivalence.
pharmaceuticalconferences.com

19th International Conference on
Pharmaceutics & Novel Drug Delivery Systems
Apr 27-28, 2020 | Dubai, UAE
E: pharmaceutic@memeetings.com
pharmaceutic@globalconferencemeet.com
W: novel-drugdelivery-systems.pharmaceuticalconferences.com/middleeast

21st Pharma Middle East Congress
May 01-02, 2020 | Dubai, UAE
E: pharmameet@memeetings.com
pharmameet@globalconferencemeet.com
W: middleeast.pharmaceuticalconferences.com

7th International Conference on
Drug Discovery and Toxicology
Jul 13-14, 2020 | Helsinki, Finland
E: drugchemistry@memeetings.com
drugchemistry@worldconferencemeet.com
W: drugchemistry.pharmaceuticalconferences.com

12th International Conference on
Clinical Research and Pharmacoepidemiology
Sep 28-29. 2020 | Abu Dhabi, UAE
E: clinicalresearch@memeetings.com
clinicalresearch@meglobalcongress.com
W: pharmacoepidemiology.pharmaceutical
conferences.com

21st World Conference on
Pharmaceutical Chemistry and Drug Design
Nov 26-27, 2020 | Istanbul, Turkey
E: pharmchem@memeetings.com
pharmachem@globalconferencemeet.com
W: drug-chemistry.pharmaceuticalconferences.com

11th Annual Congress on
Drug Formulation and Analytical Techniques
Nov 26-27, 2020 | Istanbul, Turkey
E: pharmaformulations@memeetings.com
pharmaformulations@globalconferencemeet.com
W: drugformulation-bioavailability.pharmaceuti
calconferences.com

2nd International Conference on
Pharmacology and Toxicology
Nov 16-17, 2020 | Bali, Indonesia
E: pharmacology@memeetings.com
pharmacology@globalconferencemeet.com
W: pharmacodynamics.conferenceseries.com

3rd Middle East Pharmacy & Pharmaceutical Conference
Dec 14-15, 2020 | Dubai, UAE
E: pharma@memeetings.com
pharma@globalconferencemeet.com
W: pharma.pharmaceuticalconferences.com

3rd Middle East Pharmacy and Pharmaceutical Conference
December 07-08, 2020 | Dubai, UAE
W: pharma.pharmaceuticalconferences.com
E: pharma@memeetings.com

Physical Therapy Rehabilitation



3rd World Physical Medicine & Rehabilitation Conference
Jun 18-19, 2020 | Dubai, UAE
E: rehabilitation@memeetings.com
rehabilitation@globalconferencemeet.com
W: rehabilitation.healthconferences.org

7th World Congress on
Physiotherapy and Rehabilitation
Sep 24-25. 2020 | Abu Dhabi, UAE
E: physiotherapy@memeetings.com
physiotherapy@globalconferencemeet.com
W: physiotherapy.conferenceseries.com/middleeast

2020 CONFERENCES

Reproductive Medicine & Women Healthcare



2nd International Conference on
Womens Health, Reproduction and Fertility
Mar 16-17, 2020 | Dubai, UAE
E: reproductionfertility@memeetings.com
reproduction@meglobalcongress.com
W: reproduction.conferenceseries.com

3rd International Conference on
Womens Health, Reproduction and Fertility
Jul 17-18, 2020 | Helsinki, Finland
E: euroreproductionfertility@memeetings.com
euroreproductionfertility@meconferences.org
W: reproduction.conferenceseries.com/europe

3rd World PCOS Congress
Nov 26-27, 2020 | Istanbul, Turkey
E: pcos@memeetings.com
pcos@globalconferencemeet.com
W: pcos.healthconferences.org

Surgery



3rd International Conference on
Anesthesiology and Critical Care
Jun 01-02, 2020 | Istanbul, Turkey
E: anesthesiology@memeetings.com
anesthesiology@globalconferencemeet.com
W: anesthesiology.healthconferences.org

3rd World Congress on
Surgeons
Jun 25-26, 2020 | Abu Dhabi, UAE
E: surgeons@memeetings.com
surgeons@globalconferencemeet.com
W: surgeons.conferenceseries.com

5th International Anesthesia and Pain Medicine Conference
Aug 10-11, 2020 | Dubai, UAE
E: anesthesia@memeetings.com
anesthesia@globalconferencemeet.com
W: anesthesiology.conferenceseries.com

International Conference on
Orthopedics and Sports Medicine
Sep 24-25. 2020 | Abu Dhabi, UAE
E: orthosportsmeet@memeetings.com
W: orthopaedics.healthconferences.org

2nd Head and Neck Conference: The Multidisciplinary Approach
Oct 26-27, 2020 | Dubai, UAE
E: headneck@memeetings.com
headneck@globalconferencemeet.com
W: headneck-treatment.conferenceseries.com

6th International Conference on
Otology, Rhinology and Laryngology
Dec 17-18, 2020 | Dubai, UAE
E: otorhinolaryngology@memeetings.com
otorhinolaryngology@globalconferencemeet.com
W: otorhinolaryngology.conferenceseries.com

Best Poster Award



- You will be given about 5-7 minutes to present your poster including questions and answers. Judges may pose questions during the evaluation of the poster
- Judges will even evaluate the student's enthusiasm towards their study, interest and knowledge in the area of their research
- The winners will be announced at the closing ceremony of the conference. The decision of the winner will be withdrawn if the winner/winners is/are not present at the time of announcement



- Apart from the judging time you may also be present at the poster to share your research with interested delegates

Young Researchers Forum

- Present your research through oral presentations
- Learn about career development and the latest research tools and technologies in your field
- This forum will give pertinent and timely information to those who conduct research and those who use and benefit from research
- Develop a foundation for collaboration among young researchers
- The forum will provide an opportunity for collegial interaction with other young investigators and established senior investigators across the globe
- Interact and share ideas with both peers and mentors

2021 CONFERENCES

3rd World Depression Congress
April 19-20, 2021 | Dubai, UAE
W: depressioncongress.neurologyconference.com/2021
E: depression@globalconferencemeet.com

4th Middle East Heart Congress
April 19-20, 2021 | Dubai, UAE
W: heart.cardiologymeeting.com/2021
E: heart@globalconferencemeet.com

27th International Conference on
Human Metabolic Health: Diabetes, Obesity, and Metabolism
April 19-20, 2021 | Dubai, UAE
W: humanmetabolism.healthconferences.org/2021
E: humanmetabolism@globalconferencemeet.com

30th World Neonatal, Pediatric and
Family Medicine Conference
April 19-20, 2021 | Dubai, UAE
W: neonatal.pediatricsconferences.com/2021
E: faneotrics@globalconferencemeet.com

3rd International Conference on
Womens Health, Reproduction and Fertility
May 24-25, 2021 | Istanbul, Turkey
W: reproduction.conferenceseries.com/2021
E: reproductionfertility@globalconferencemeet.com

4th International Conference on
Nutrition, Food Science and Technology
May 24-25, 2021 | Istanbul, Turkey
W: foodtechnology.nutritionalconference.com/2021
E: foodtechmeet@globalconferencemeet.com

23rd World Dermatology and Aesthetic Congress
May 24-25, 2021 | Istanbul, Turkey
W: aesthetic.dermatologymeeting.com/2021
E: aestheticmeet@globalconferencemeet.com

6th World Kidney Congress
May 24-25, 2021 | Istanbul, Turkey
W: kidneycongress.nephroconferences.com/2021
E: kidneymeet@globalconferencemeet.com

4th Global Meeting on
Diabetes and Endocrinology
May 24-25, 2021 | Istanbul, Turkey
W: endocrinology.diabetesexpo.com/2021
E: endocrinology@globalconferencemeet.com

4th International Conference on
Addiction and Psychiatry
June 14-15, 2021 | Abu Dhabi, UAE
W: addiction.psychiatryconferences.com/2021
E: addiction@globalconferencemeet.com

4th World Physical Medicine and Rehabilitation Conference
June 14-15, 2021 | Abu Dhabi, UAE
W: rehabilitation.healthconferences.org/2021
E: rehabilitation@globalconferencemeet.com

29th International Diabetes and Healthcare Conference
June 14-15, 2021 | Abu Dhabi, UAE
W: diabetic.healthconferences.org/2021
E: diabetes@globalconferencemeet.com

36th International Conference on
Dental and Oral Health
June 14-15, 2021 | Abu Dhabi, UAE
W: dentalmanagement.dentalcongress.com/2021
E: dentalmanagement@globalconferencemeet.com

8th World Machine Learning and Deep learning Conference
November 15-16, 2021 | Istanbul, Turkey
W: machinelearning.conferenceseries.com/2021
E: machinelearning@globalconferencemeet.com

4th International Conference on
Anesthesiology and Critical Care
November 15-16, 2021 | Istanbul, Turkey
W: anesthesiology.healthconferences.org/2021
E: anesthesiology@globalconferencemeet.com

4th World Congress on Surgeons
November 15-16, 2021 | Istanbul, Turkey
W: surgeons.conferenceseries.com/2021
E: surgeons@globalconferencemeet.com

4th Annual Conference on
Oral Care and and Dentistry
November 15-16, 2021 | Istanbul, Turkey
W: oralcare.dentalcongress.com/2021
E: dentalcare@globalconferencemeet.com

4th International Conference on
Allergy and Clinical Immunology
November 22-23, 2021 | Bali, Indonesia
W: allergy.immunologyconferences.com/2021
E: allergy@globalconferencemeet.com

25th World Congress on
Pediatrics, Neonatology and Primary Care
November 22-23, 2021 | Bali, Indonesia
W: neonatalcare.pediatricsconferences.com/2021
E: neonatal@globalconferencemeet.com

4th International Conference on
Obesity and Diet Imbalance
November 22-23, 2021 | Bali, Indonesia
W: obesity-diet.nutritionalconference.com/2021
E: obesity@globalconferencemeet.com

4th World Heart Rhythm Conference
November 22-23, 2021 | Bali, Indonesia
W: heartrhythm.cardiologymeeting.com/2021
E: heartrhythm@globalconferencemeet.com

22nd Pharma Middle East Congress
December 06-07, 2021 | Dubai, UAE
W: middleeast.pharmaceuticalconferences.com/2021
E: pharmameet@globalconferencemeet.com

3rd World Congress on
Rare Diseases
December 06-07, 2021 | Dubai, UAE
W: rarediseases.infectiousconferences.com/2021
E: rarediseases@globalconferencemeet.com

3rd World Eye and Vision Congress
December 06-07, 2021 | Dubai, UAE
W: eye.conferenceseries.com/2021
E: eye@globalconferencemeet.com

15th World Pediatric Congress
December 06-07, 2021 | Dubai, UAE
W: pediatrics-congress.conferenceseries.com/2021
E: pediatricscongress@globalconferencemeet.com

11th International Conference on
Women's Health and Cancer Cure
December 06-07, 2021 | Dubai, UAE
W: womens.healthconferences.org/2021
E: womenshealth@globalconferencemeet.com

2022 CONFERENCES

5th International Conference on
Nutrition, Food Science and Technology
April 18-19, 2022 | Dubai, UAE
W: foodtechnology.nutritionalconference.com/2022
E: foodtechmeet@globalconferencemeet.com

24th World Dermatology and Aesthetic Congress
April 18-19, 2022 | Dubai, UAE
W: aesthetic.dermatologymeeting.com/2022
E: aestheticmeet@globalconferencemeet.com

7th World Kidney Congress
April 18-19, 2022 | Dubai, UAE
W: kidneycongress.nephroconferences.com/2022
E: kidneymeet@globalconferencemeet.com

5th Global Meeting on
Diabetes and Endocrinology
April 18-19, 2022 | Dubai, UAE
W: endocrinology.diabetesexpo.com/2022
E: endocrinology@globalconferencemeet.com

5th World Depression Congress
May 23-24, 2022 | Istanbul, Turkey
W: depressioncongress.neurologyconference.com/2022
E: depression@globalconferencemeet.com

5th Middle East Heart Congress
May 23-24, 2022 | Istanbul, Turkey
W: heart.cardiologymeeting.com/2022
E: heart@globalconferencemeet.com

28th International Conference on
Human Metabolic Health: Diabetes, Obesity, and Metabolism
May 23-24, 2022 | Istanbul, Turkey
W: humanmetabolism.healthconferences.org/2022
E: humanmetabolism@globalconferencemeet.com

31st World Neonatal, Pediatric and Family Medicine Conference
May 23-24, 2022 | Istanbul, Turkey
W: neonatal.pediatricsconferences.com/2022
E: faneotrics@globalconferencemeet.com

4th International Conference on
Womens Health, Reproduction and Fertility
May 23-24, 2022 | Istanbul, Turkey
W: reproduction.conferenceseries.com/2022
E: reproductionfertility@globalconferencemeet.com

5th International Conference on
Addiction and Psychiatry
June 13-15, 2022 | Bali, Indonesia
W: addiction.psychiatryconferences.com/2022
E: addiction@globalconferencemeet.com

5th World Physical Medicine and Rehabilitation Conference
June 13-15, 2022 | Bali, Indonesia
W: rehabilitation.healthconferences.org/2022
E: rehabilitation@globalconferencemeet.com

30th International Diabetes and Healthcare Conference
June 13-15, 2022 | Bali, Indonesia
W: diabetic.healthconferences.org/2022
E: diabetes@globalconferencemeet.com

37th International Conference on Dental and Oral Health
June 13-15, 2022 | Bali, Indonesia
W: dentalmanagement.dentalcongress.com/2022
E: dentalmanagement@globalconferencemeet.com

9th World Machine Learning and Deep learning Conference
November 21-22, 2022 | Helsinki, Finland
W: machinelearning.conferenceseries.com/2022
E: machinelearning@globalconferencemeet.com

5th International Conference on
Anesthesiology and Critical Care
November 21-22, 2022 | Helsinki, Finland
W: anesthesiology.healthconferences.org/2022
E: anesthesiology@globalconferencemeet.com

5th World Congress on Surgeons
November 21-22, 2022 | Helsinki, Finland
W: surgeons.conferenceseries.com/2022
E: surgeons@globalconferencemeet.com

5th Annual Conference on
Oral Care and and Dentistry
November 21-22, 2022 | Helsinki, Finland
W: oralcare.dentalcongress.com/2022
E: dentalcare@globalconferencemeet.com

5th International Conference on
Allergy and Clinical Immunology
November 28-29, 2022 | Bali, Indonesia
W: allergy.immunologyconferences.com/2022
E: allergy@globalconferencemeet.com

26th World Congress on
Pediatrics, Neonatology and Primary Care
November 28-29, 2022 | Bali, Indonesia
W: neonatalcare.pediatricsconferences.com/2022
E: neonatal@globalconferencemeet.com

5th International Conference on
Obesity and Diet Imbalance
November 28-29, 2022 | Bali, Indonesia
W: obesity-diet.nutritionalconference.com/2022
E: obesity@globalconferencemeet.com

5th World Heart Rhythm Conference
November 28-29, 2022 | Bali, Indonesia
W: heartrhythm.cardiologymeeting.com/2022
E: heartrhythm@globalconferencemeet.com

23rd Pharma Middle East Congress
December 05-06, 2022 | Abu Dhabi, UAE
W: middleeast.pharmaceuticalconferences.com/2022
E: pharmameet@globalconferencemeet.com

4th World Congress on
Rare Diseases
December 05-06, 2022 | Abu Dhabi, UAE
W: rarediseases.infectiousconferences.com/2022
E: rarediseases@globalconferencemeet.com

4th World Eye and Vision Congress
December 05-06, 2022 | Abu Dhabi, UAE
W: eye.conferenceseries.com/2022
E: eye@globalconferencemeet.com

16th World Pediatric Congress
December 05-06, 2022 | Abu Dhabi, UAE
W: pediatrics-congress.conferenceseries.com/2022
E: pediatricscongress@globalconferencemeet.com

12th International Conference on
Women's Health and Cancer Cure
December 05-06, 2022 | Abu Dhabi, UAE
W: womens.healthconferences.org/2022
E: womenshealth@globalconferencemeet.com

23rd World Congress on

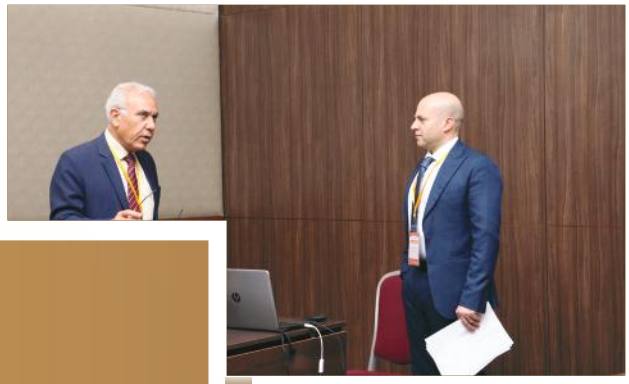
Pediatrics, Neonatology & Primary Care

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European Conclave on

Neonatology & Pediatrics

November 21-22, 2019 Dubai, UAE







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November 21-22, 2019 | Dubai, UAE



Amin Gohary

Burjeel Hospital, UAE

Common neonatal and pediatric surgical problems

The aim of the presentation is to increase the awareness of pediatrician, neonatologist sand general practitioners about common and important surgical conditions that they may come across and how they can diagnose and do early management before surgical intervention.

The following conditions will be covered in the presentation

1-Neonatal intestinal obstruction which covers the upper and lower GIT obstruction

2-Vomiting of surgical significance and how to investigate and manage before referring to the surgeon

3-Urological problems including UPJ obstruction and vasicoureteric reflux.

4-The role of laparoscopy in the management of surgical cases

This is an interactive discussion with case presentation aiming to increase awareness of the role of pediatricians and neonatologists as primary physicians in the management of surgical, cases.

Biography

Amin Gohary completed his MB BCh in 1972 and his Diploma in General Surgery in 1975 at Cairo University, Egypt. Prof. Dr. Amin is well known in Abu Dhabi for his extensive interest and involvement in scientific activities. He is the President of the Pediatric Surgical Association of UAE. Prof. Dr. Amin is also the founder and member of the Arab Association of Pediatric Surgeons. Currently, he is an external examiner for the Royal College of Surgeons.

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Ameya Ghanekar

Founder and Chief Learning Officer -Orange Zebra, UAE

Significance of perception management in healthcare industry globally

Perception is bigger than reality in today's world and healthcare industry is not an exception to it. The way patients perceive a doctor is crucial for the success of a doctor. A few behavioural techniques could be catalyst for the successful career and personal growth for healthcare industry professionals. The conversation about perception management will help healthcare professionals to effectively and successfully manage the perception about them leading to the unbelievable professional rewards.

Biography

Ameya Ghanekar is a TEDx speaker, award winning leadership facilitator, published author, learning strategist, strength coach, and experienced body language guru and perception management specialists. He has 14 years of experience in corporate, consultancy and education domain specializing in healthcare, oil and gas, hospitality (Luxury), retail, banking, wellness, real estate, equine, manufacturing, entertainment and fitness industry. He has successfully coached and trained chief medical directors, doctors and healthcare professionals.

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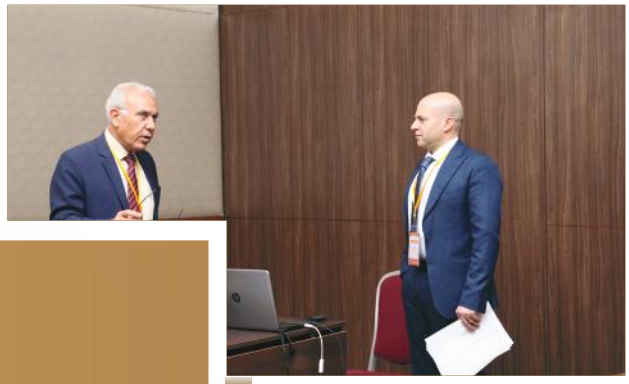
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Monika Kaushal

Emirates Specialty Hospital, UAE

Point of care ultrasound in NICU

Most of ultrasounds are in tertiary care setting with radiologist supported services available, not all of these settings have pediatric radiologists and most of these settings would not be able to provide instantaneous service within minutes, however these patients are usually not mobile. To overcome these problems, the neonatologists should be performing point of care ultrasound at bed side to take quick decision. Machines have become smaller and portable, image quality has improved and cost has dramatically declined making inexpensive units available. Common problems in the NICU evaluated with sonography are: (1) Neuro – Screening for ICH and PVL – Monitoring evolution of ICH (including ICP) – Confirmation of prenatally suspected malformations or injuries – Evaluation for occult defects of the lower spin; (2) Renal/GU – Confirmation of prenatally suspected malformation, dysgenesis or obstruction – Assessment for obstruction of blood flow to or from the kidney in the setting of hypertension or hematuria – Suspicion for testicular torsion – Confirmation of bowel in inguinal hernia; (3) GI – Evaluation of biliary tree in the setting of cholestasis; (4) fECHO/TNE – PDA significance – Response to inotropic agents; (5) Umbilical line tip placement – Reduction in radiation exposure; (6) Bladder catheterization or tap; (7) Pleural effusion drainage; (8) PICC and PIV placement; (9) Increased ICH requiring LP; and (10) ETT placement. When neonatologist is performing the ultrasound the positive things are that he has the knowledge of the patient's clinical history and needs, can rapidly return of information that can inform acute management, can have access optimized for non-mobile patients (timing, portable) and ultrasound has lower radiation exposure for line, tube placement as compared to X-ray. But the problems are that most of us lack of training in imaging, lack of knowledge of anatomy, lack of knowledge on physics of ultrasound, lack of technical knowledge regarding the machine, loss of control by radiologist (QI, reporting, billing), shortage of access to machine and dearth of technical support/service. To overcome this, we should get trained in point of care of ultrasound and save our little ones by timely management.

Biography

Monika Kaushal has extensive experience and several publications in journals which are indexed both nationally and internationally indexed journals. She is currently undertaking MSc in Neonatology from Southampton University, UK. She is honored with Fellow of Royal Collage of Pediatrics and Child Health, UK (FRCPCH).

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Sessions:

Day 1 November 21, 2019

Neonatology and Perinatology | Maternal and Child Care | Child and Adolescent Behavioral Health | General Pediatrics | Neonatal Intensive Care and Nursing | Premature babies and birth

Session Chair
Amin Gohary
Burjeel Hospital, UAE

Session Chair
Khosro Shafaghi
Gonabad University of Medical Sciences, Iran

	Session Introduction
Title:	**Ambiguous genitalia! Is it still ambiguous?**
	Abeer Mohi El-Din Saleh, International Medical Center Hospital, Egypt
Title:	**Antibiotics resistance in pediatrics**
	Wael Mohamed Abdelaal, NMC Royal Hospital, UAE
Title:	**Gestational age related neonatal survival at a tertiary health institution in Nigeria: The age of fetal viability dilemma**
	Lamidi Isah AUDU, Kaduna State University, Nigeria
Title:	**Complication of Ryle tube insertion in neonates: Management and fate**
	Ahmed Mohamed Refaat, Ain Shams University, Egypt
Title:	**Family centered neonatal care: Evidence to practice**
	Ciba Sunil Raphael, Medcare Women and Children Hospital, UAE
Title:	**Strategies to improve preterm outcome**
	Monika Kaushal, Emirates Specialty Hospital, UAE
Title:	**Study of maternal attributes of neonatal respiratory distress in NICU**
	Maithili Joshi, Jawaharlal Nehru Medical College, India
Title:	**Severe acute malnutrition (update) in Yemen**
	Aida Ali Mohammed, Kuwait University Hospital, Yemen
Title:	**Role of serum procalcitonin as a marker of neonatal sepsis**
	Pradeep Kumar Gupta, Norvic International Hospital, Nepal

Ambiguous genitalia! Is it still ambiguous?

Abeer Mohi El-Din Saleh
International Medical Center Hospital, Egypt

When a baby is born and it is difficult to determine whether it is a boy or a girl then it is said that the baby has ambiguous genitalia It is a traumatizing information to the parents and it should be dealt with in a very delicate manner It could signify a life threatening condition that's why it is crucial to determine the etiology as soon as possible and start a plan of management The formation of a typical female or male external genitalia results from a series of genetic and physiological events starting with sex determination and progressing through differentiation of the internal and external sexual organs Failure of determination and differentiation in the usual manner can result in what is called disorder of sex development We will try to go through causes and management and ways to simply understand and deal with it.

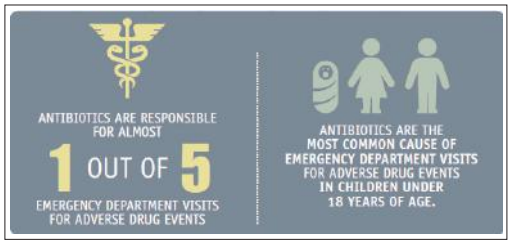
Biography

Abeer Mohi El-Din Saleh has completed Bachelor's degree from Ain Shams University Faculty of Medicine in 1995, Master's degree from the same university in 2001 and MRCPCH London, UK in 2013. She has previously worked in Yeovil District Hospital, UK. She is currently is working as a Pediatric Consultant in the International Medical Center Hospital and Nasser Institute, Cairo, Egypt.

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Antibiotics resistance in pediatrics

Wael Mohamed Abdelaal
NMC Royal Hospital, UAE



All drugs are poisons.Only proper usage and proper dosage determine what is therapy and what is poison. Antibiotics are powerful medicines that fight against bacterial infection. Before the 1930s there were no treatments for bacterial infections, following the discovery of penicillin industry started searching for more antibiotics in nature In his 1945 nobel prize lecture, Fleming warned of the dangers of antimicrobial resistance: The time may come when penicillin can be brought by anyone in the shops. Then there is the danger that the ignorant man may easily underdose himself and by exposing his microbes to non-lethal quantities of the drug make them resistant. Many bacteria have developed the ability to become resistant to antibiotics. These bacteria are now a major threat in our hospitals.

Mechanisms Of Resistance

Enzymatic inhibition:

First is alteration of bacterial membranes:Outer membrane permeability, Inner membrane permeability and Rapid ejection of the drug [efflux] or reduced drug influx.

Bypass of antibiotic inhibition:

Alteration of target sites, Altered ribosomal target sites and altered cell wall precursor targetsand Altered target enzymes

How antibiotic resistance can be prevented: Antibiotics should be the last line of defence NOT the first, Most common infections will get better by themselves through time, bed rest, liquid intake and healthy living, Only take antibiotics prescribed by a doctor, If prescribed antibiotics, finish the cours and lastely Do not use other peoples or leftover antibiotics they be specific for some other infection.

Biography

Wael Mohamed Abdelaal has graduated in Egypt completed his PhD 2009 from Ain Shams University faculty of Medicine. He had a lot of researches and has published many papers in reputed journals in the field of neonatal anemia and neonatal sepsis and his area of interest is Pediatrics hematology and infection. He was working in Zagazig university hospital (Egypt), Alsabah hospital (Kwuait) and Hamd medical corporation (Qatar), Currently he is working in NMC Royal hospital UAE.

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Gestational age related neonatal survival at a tertiary health institution in Nigeria: The age of fetal viability dilemma

Lamidi Isah AUDU, Otuneye A T, Mairami A B, Mukhtar-Yola M, Mshelia L J and Ekhaguere O A
Kaduna State University, Nigeria
Indiana University, USA

Background: Although official age of fetal viability in Nigeria is 28 weeks, there are pockets of reports of survival of babies delivered at younger Gestational Age (GA) from different parts of the country. This is likely to generate important ethical and medical concerns in our approach to management of births occurring before the official GA of 28 weeks.

Aim: To determine the gestational age specific neonatal mortality among preterm deliveries at the National Hospital Abuja.

Methods: A retrospective review of relevant data from the National Hospital Neonatal Registry Database (REDCap) was undertaken to determine the mortality rate of preterm babies managed in NICU from January 2017 to February 2018. Disaggregated GA specific mortality rates were also computed to determine the fetal age at which extra uterine neonatal survival rate was at least 50%. GA estimation was based on mothers' LMP in over 96% of cases.

Results: Sixty two (62) of 305 preterm babies admitted died during hospitalization giving a mortality rate of 20.3%. This was significantly higher than the mortality rate among term babies (7.5%, P=0.01) hospitalized over the same period. Antenatal steroid use was low (11.2%), 188 (25.8%) received CPAP for RDS and none of the babies received surfactant. There were no survivors among babies delivered at GA of 22-25 weeks (11, 3.6%). However survival rate at 26 weeks gestation was 53.8% and this subsequently increased reaching a peak of 80% survival at 36 weeks. RDS accounted for 53.9% of all deaths.

Conclusion: GA, place of delivery and birth weight were significantly associated with risk of death. It is concluded that the survival rate (53.8%) of babies at GA 26/52 despite minimal antenatal interventions and limited postnatal respiratory support was reasonably high and this could serve the basis for discussions for a downward review of age of fetal viability in Nigeria.

Biography

Lamidi Isah AUDU is a Fellow of the National Postgraduate Medical College of Nigeria, previously Chief Consultant Pediatrician/ Neonatologist and Director of Clinical Services, National Hospital Abuja. He is currently a Senior Lecturer at Kaduna State University, Nigeria, Examiner for the National Postgraduate Medical College, Co-Chair Maternal and Perinatal Death Surveillance and Response Committee of the Federal Ministry of Health. He also reviews manuscripts for local and international medical journals.

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Complication of Ryle tube insertion in neonates: Management and fate

Ahmed Mohamed Refaat
Ain Shams University, Egypt

7 neonates with pharyngeal trauma due to forceful untrained use of nasogastric feeding tube causing a variety of signs and symptoms starting from excessive frothy secretions and difficulty in passing feeding tube, reaching pneumothorax, this articles presents these cases with the proper advices regarding the diagnosis and prognosis of such cases based upon observation of the cases and tracing the literatures.

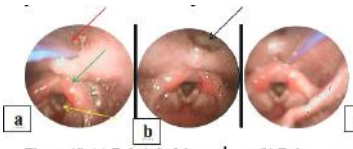


Figure (6) (a) Ryle is in false passage, (b) Ryle removed, (c) Ryle in place(black arrow : pharyngeal perforation, green arrow: upper-esophageal sphincter, yellow arrow :Larynx, red arrow: Ryle in false passage) .

Biography

Ahmed Mohamed Refaat has completed his MD in phoniatrics at the age of 34 years from Ain Shams University, after finishing his Master Degree in ENT and Phoniatrics at age of 27 and 31 years. Dr. Ahmed Refaat is lecturer of Phoniatrics at ENT department, Ain Shams Unviersity Hospital.

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Family centered neonatal care: Evidence to practice

Ciba Sunil Raphael
Medcare Women and Children Hospital, UAE

Family-centered care is a philosophy of care that embraces a partnership between staff and families. It has become an integral part of providing high quality neonatal care Unrestricted parental presence in the NICU, parental involvement in infant care giving, open communication with parents are basic tenets of family-centered care in our Neonatal unit. By virtue of their continual presence and role in the NICU, Nurses are in a unique position to support family-centered care. There is growing evidence that relationship based, family centered and developmentally supportive approach to NICU Care is effective in reducing neonatal morbidity and improving neurobehavioral development of preterm infants. The main components of this approach are: opening of (NICUs) to parents, involvement of parents in care of their baby, parents' psychological support, Neonatal Individualized Developmental Care Program (NIDCAP), breast milk feeding and kangaroo mother care. Neonatal care with a family focus helps minimize adverse effects with:

* A Family-Centered Care philosophy

* Family-friendly facilities

* Family oriented training and support

> Ensure appropriate environment for babies in NICU

> Ensure safety & efficacy of neonatal treatments.

> Develop policies & programs that promote parenting skills & encourage maximum involvement of families in care

> Promote meaningful long-term follow-up for all high-risk NICU survivors.

Evidence suggest that, family integrated care is the voice of the modern family in Neonatal unit and provides significant benefit not only in terms of infant medical outcomes, but will also reduce stress, anxiety and depression in the family; improve their ability to cope and through structured competency based educational programs will result in true partnership with parents. In this presentation the historical perspective and recent evidence will be discussed also highlighted the basic principles of A Family-Centered Care and then compared the various existing professional and parent focused neonatal care programs and the advantages over those traditional models of care. Family-Centered Care provides parents with training, education, support which enables them to be primary careers and gives them confidence, knowledge and independence to take care of their infants while in the neonatal unit and post discharge who may have complex medical needs.

Biography

Ciba Sunil Raphael is currently the NICU Unit Manager/Training and Education Coordinator, NRP Instructor at Medcare Woman and Child Hospital, a prestigious division of Aster DM Healthcare Group of Hospitals in Dubai. She passionately continue to contribute more than 24 years of her clinical and management experience and expertise in the field of patient care and has crossed many milestones and received accolades during her extensive work experience.

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Strategies to improve preterm outcome

Monika Kaushal
Emirates Specialty Hospital, UAE

Neonates are the future of the society and care of the neonates in the first few days of life is extremely unique. The neonates who have some health problems right after birth need special care in special units like NICU or SCUBU. To take care of these babies especially those who need help for their breathing we need not only special unit, but special infrastructure, equipments and especially trained medical professionals that are doctors and nurses. When there are extreme preterm then the care required is much more important. The care required starts from antenatal period to the delivery room care and then postnatal period. There are very good research on improving the care of these premise. Some of them have really changed the outcome to an extent that we are able to have babies surviving at 22 week or so. The research starts from antenatal period of giving antenatal steroids, magnesium sulfate to the mothers and managing the infections. In delivery room temperature control, airway management, giving PEEP, sustained inflation, delayed cord clamping and to maintain normoxia, normocarbia, perfusion, are most important interventions. Stabilization of the neonate in delivery room and then transporting the premise maintaining the temperature and PEEP is important. We have new ways to give surfactant to these little ones and so we use less invasive ways to deliver surfactant to them this technique is called LISA and helps in preventing Bronchopulmonary Disease (BPD). We need to discuss on IVH prevention strategies to have good long term neurodevelopmental outcomes. Nutrition is another important factor which will decide on outcome of baby not only on growth but also on development. These premise in spite of all these measures may develop BPD and so when to give steroids and if we can give inhaled steroid to have better outcome.

Biography

Monika Kaushal is MBBS, MD Pediatrics, DM Neonatolgy, FRCPCH and has extensive experience and several publications in journals which are indexed both nationally and internationally indexed journals. She is currently undertaking MSc in Neonatology from Southampton University, UK. Dr Monika started the Fellowship program in Neonatology with affiliation to National Neonatology Forum and Indian Academy of Pediatrics India. She is honored with Fellow of Royal Collage of Pediatrics and Child Health, UK (FRCPCH).

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Study of maternal attributes of neonatal respiratory distress in NICU

Maithili Joshi and Revat Meshram
Jawaharlal Nehru Medical College, India

Background: Neonatal respiratory distress is a common clinical entity in the neonatal intensive care unit. The very first breaths of a newborn are distressed, but within minutes the respiration settles and becomes regular. There are many factors which can affect this transition from dependent fetal respiration to independent newborn respiration. The maternal factors causing neonatal respiratory distress are important in developing countries where socioeconomic variations exist. The preterm neonates are more likely to have respiratory distress. Regardless of the cause, if not recognized and managed quickly, respiratory distress can escalate to respiratory failure and cardiopulmonary arrest. Therefore, it is imperative that any health care practitioner caring for new born infants can readily recognize the signs and symptoms of respiratory distress, differentiate various causes and initiate management strategies to prevent significant complications or death. The neonatal mortality by respiratory distress can be decreased by proper monitoring of neonates in NICU and knowing the etiology of respiratory distress in neonates and managing according to the etiology; knowing the maternal illness and other conditions leading to respiratory distress.

Objective: To study maternal causes of neonatal respiratory distress admitted in the NICU.

Materials & Methods: The present study was conducted at a well-equipped NICU. NICU has separate inborn and out-born sections where neonates were admitted. It was conducted for a period of two years from 1st August 2014 to 31st July 2016. It was a prospective study of consecutively selected patient less than 1 month of age admitted in the NICU of this hospital fulfilling the inclusion criteria. All the newborns less than equal to 28 days admitted in the NICU (Inborn/Out-born) with clinically identified respiratory distress. In this study newborns who were admitted to the Neonatal Intensive Care Unit with clinically identified respiratory distress were included in the study. 400 newborns were recruited for this study as per the criteria.

Results: Using the data gathered, a correlation coefficient of 0.5806 was obtained indicating a strong linear relationship between caesarian section and respiratory distress in the newborn. Babies born via caesarian section had likely chances of having respiratory distress.

Conclusion: Caesarean section was the most common predisposing factor associated with the development of respiratory distress in neonates. Antenatal risk factors increase the incidence of respiratory distress. There is a need to prioritize antenatal care and counseling to pregnant mothers that includes multivitamin and folic acid supplementation, screening for diabetes, hypertension and, if possible, provision of detailed fetal evaluation in mothers with bad obstetric history or those having febrile illness during first trimester.

Biography

Maithili Joshi is a Junior Resident at Department of Pediatrics at Jawaharlal Nehru Medical College, Wardha, India. She is passionate for the field of pediatrics and wish to pursue a career in neonatology.

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Severe acute malnutrition (update) in Yemen

Aida Ali Mohammed
Kuwait University Hospital, Yemen

Severe acute malnutrition is defined by a very low weight for height (below-3z scores of the median WHO growth standards), by visible severe wasting or by the presence of nutritional edema. Severe acute malnutrition is a life threatening condition requiring urgent treatment. Child malnutrition in Yemen is a major public health problem, showing prevalence 200% for acute malnutrition (UNICEF report 2016) in 22 million of Yemeni children. 462000 Yemeni children suffer from acute severe malnutrition and 1.7 million Yemeni children suffer from moderate acute malnutrition compare to a prevalence of 53% for stunting, 46% for underweight and 13% for wasting among children under five in 2006. According to the WHO classification, the levels for stunting and underweight are considered very high severity and for wasting it is of high severity in Yemen (WHO 2006). Hospitalization of children suffering from this state is essential they are selected according to criteria and hospitalization goes through many stages according to guidelines and discharge is followed by follow up. Education of the mother, breast feeding normal healthy feeding and hygiene, poor, inability to reach to obtain food duo to war, lost healthy service are essential factors to prevent and develop such status.

Biography

Aida Ali Mohammed has completed her MBBS from Sana'a University at Yemen. She was the Director of training in emergency unit in Ministry of Health, Yemen. She has attended many international conferences. Now she is working as a pediatric specialist and nutritional consultant in Kuwait University Hospital, Yemen.

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Role of serum procalcitonin as a marker of neonatal sepsis

Pradeep Kumar Gupta[1], Naveen Sankhyan, Pratibha Singhi, Sunit Singhi, Anil Narang and Rableen Kaur
[1]*Norvic International Hospital, Nepal*
[2]*Chaitanaya Hospital, India*

Background: Despite the advances in perinatal and neonatal care and use of newer potent antibiotics, the incidence of neonatal sepsis remains high and the outcome is still severe.

Objective: To study the role of serum procalcitonin as a marker of neonatal sepsis and to compare procalcitonin with CRP as a diagnostic marker for neonatal sepsis.

Methodology: Hospital based prospective observational study. 50 neonates (preterm and term) with clinically suspected sepsis were studied during 1 year from January 2016 to December 2016 in Chaitanya Hospital, Chandigarh. Conventional sepsis workup was done in all cases and the diagnosis of neonatal sepsis was proved based on the results of blood culture. The serum procalcitonin was measured by quantitative Enzyme Linked Immunofluorescence Assay (ELISA) and the results were compared to CRP levels between the neonates with or without proven sepsis.

Results: Of the total 220 babies admitted in NICU during that period, 50 were eligible for study and analyzed. 24% babies had definite sepsis, 60% had probable sepsis and 16% babies had no sepsis. Of the neonates with suspected sepsis, 24% had culture positive and 76% were culture negative. Mean PCT level was 13.27±33.2 ng/ml. The mean PCT levels was highest in neonates whose TLC>5000 (Mean PCT-18.5) (p value-0.002). Evaluating CRP as a diagnostic marker for definite neonatal sepsis with cut off value as 0.5 mg/dl, had sensitivity of 41.67%, specificity of 89.47%, positive predictive value of 55.56% and negative predictive value of 82.93%. Evaluating PCT as a diagnostic marker for definite neonatal sepsis, the sensitivity, specificity, positive predictive value, negative predictive value were 83.3%, 26.32%, 26.32% and 83.3% respectively taking cut-off level of procalcitonin to be >0.5 ng/ml.

Conclusion: The importance of procalcitonin in diagnosing neonatal septicemia cannot be denied but it becomes more useful when it is used along with other investigations for decision making.

Biography

Pradeep Kumar Gupta is currently working as a Pediatrician in Department of Pediatrics in a non-government non-profitable hospital in Nepal. He has completed his post-graduation (MD in Pediatrics) from Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh, India. He has completed Fellowship in Neonatology by Indian Academy of Pediatrics. Currently he is doing research on septic markers in new-born and use of bubble CPAP in resource limited setting.

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Special Session (Day 2)

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Khosro Shafaghi

Gonabad University of Medical Sciences, Iran

Physical inactivity, sedentary lifestyle and overweight/obesity in secondary school children of Mashhad city

Introduction & Aim: Physical inactivity can be defined as the amount of time spent in sedentary behavior. Sedentary behaviors range from 'stroller time' to time sitting in the classroom at school, doing homework, listening to music, surfing the Internet, talking on the phone or reading. Screen time (time spent watching TV/videos, playing video games, working at the computer) represents a major source of inactivity. Physical inactivity is recognized as an independent risk factor for cardiovascular disease and is related to other risk factors for cardiovascular disease. Spending too much time sitting increases the risk of becoming obese and may also increase the risk of chronic diseases and early death. Researchers found positive associations between television viewing and childhood obesity. The main purpose of this study was to determine sedentary lifestyle in secondary school children of Mashhad and its relationship with overweight/obesity.

Material & Methods: This cross sectional study was conducted in urban low/high socio-economic area of Mashhad city. A total of 1189 secondary-school children aged 12-14 years were selected through a stratified-multistage random sampling. The samples recruited in 10 schools among total 501 schools. The validated Physical Activity Questionnaire for Older Children (PAQ-C) was used and then adolescents were classified based on their mean total physical activity scores. Watching TV and using computer were measured by using the modified questionnaire of Turconi, et al. (2003).

Results: Data analysis showed that more than half of adolescents (55.8%) were physically inactive. Physical inactivity was more prevalent among females (66.6%) than males (46.3%) with significant difference (P=0.001). In terms of TV watching, 37.3% of adolescents watched TV for 3-4 hours per day and 13.4% of them watched TV more than 6 hours per day. The difference between males and females was not significant. This study showed that 11.7% of adolescents were obese and 17.3% were overweight.

Conclusion: Childhood obesity is increasing in alarming rate in Mashhad. Some studies have showed screen time and PA are equivalent risk factors for overweight/obesity. In current study, females were found to be less active than males. Iranian national statistics showed that 49.6% and 21.5% of 15-24 year old urban female and males had low physical activities and time spent in sedentary activities per day was 5.1 and 4.5 hours among female and males, respectively

Biography

Khosro Shafaghi is currently working as a Lecturer in Gonabad University of Medical Sciences, Iran. He has completed his PhD in Community Nutrition in Universiti Putra Malaysia. His current research interest is on overweight/obesity and dietary patterns in adolescents.

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Workshop (Day 2)

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Ahmed Mohamed Refaat

Ain Shams University, Egypt

Oropharyngeal dysphagia in neonates

This workshop will illustrate different causes of oropharyngeal dysphagia in neonates with different diagnositc measures and treatment

Biography

hmed Mohamed Refaat has completed his MD in phoniatrics at the age of 34 years from Ain Shams University, after finishing his Master Degree in ENT and Phoniatrics at age of 27 and 31 years. Dr. Ahmed Refaat is lecturer of Phoniatrics at ENT department, Ain Shams Unviersity Hospital.

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Session:

Day 2 November 22, 2019

Pediatric, Neonatal Nutrition | Pediatric Obesity and Weight Managementnt | Neonatal & Pediatric Infection Disorders | Pediatric Nursing | Congenital Malformations & Birth Complications

Session Chair
Abeer Mohi El-Din Saleh
International Medical Center Hospital, Egypt

Session Chair
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Pediatric obesity an emergency crisis

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Pediatric obesity has rapidly become one of the leading international public health challenges. Since the 1980s, rates have more than doubled for preschool-aged children (2 to 5 years) and adolescents (12 to 19 years) and have more than tripled for school-aged children (aged 6-11 years) in the United States. Childhood obesity is an issue of serious medical and social concern. In developing countries, it is a phenomenon seen in higher socioeconomic strata due to the adoption of a western lifestyle. Consumption of high calorie food, lack of physical activity and increased screen time are major risk factors for childhood obesity apart from other genetic, prenatal factors and socio-cultural practices. Obese children and adolescents are at increased risk of medical and psychological complications. Insulin resistance is commonly present especially in those with central obesity and manifests as dyslipidemia, type-2 diabetes mellitus, impaired glucose tolerance, hypertension, polycystic ovarian syndrome and metabolic syndrome. Obese children and adolescents often present to general physicians for management. The latter play a key role in prevention and treatment of obesity as it involves lifestyle modification of the entire family. This article aims at discussing the approach to diagnosis and work-up, treatment and preventive strategies for childhood obesity from a general physician's perspective.

Biography

Ahmed Mohamed Abdelaal has completed his graduation (M.B.B.S) from the Al Zagazig University, Egypt in 1989. He then acquired his Masters in Pediatrics (M.S) and his Doctorate in Medicine (M.D) in 1994 and 2006 respectively from the same university. He is also certified in Advanced Pediatric Life Support (APLS) and Advanced Cardiac Life Support (ACLS), postgraduate in pediatric nutrition PGEN (Boston University) and ENS (Munich University). Dr. Ahmed has more than 25 years of experience in General Pediatrics with a special interest in Pediatric Hematology and have a good experience in pediatric asthma.

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Special nutritional needs of children with malignancies

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Malnutrition is an unspecific term used to define an inadequate nutritional condition. It is characterized by either a deficiency or an excess of energy with measurable adverse effects on clinical outcome. Malnutrition describes the consequences of insufficient protein-energy intake. An adequate protein-energy balance is a prerequisite for age-appropriate growth and maintenance. Malnutrition also comprises circumstances of elevated energy supply resulting in overnutrition with an increase in adipose tissue. Even though malnutrition has been defined or described in many ways, no consensus exists regarding a specific definition to identify children at risk. The WHO recommends the weight-for-height index to assess the nutritional status of children and adolescents. However, it is proposed that a loss in body weight of 5% constitutes acute malnutrition and a height-for-age value below the 5th percentile may reflect chronic undernourishment in children. Ironically, many children suffering from cancer do not meet these criteria. Particularly those with large solid abdominal masses (e.g. embryonal neoplasms such as neuroblastoma,hepatoblastoma, or Wilms tumor) may present with normal weight despite severe malnutrition. Nutritional depletion may furthermore be masked in children by edema due to corticosteroid treatment. Even if no gold standarddefinition for undernourishment in children exists, concise definitions are needed for the institution of preventive policies. We provide a critical review of the current state of research and knowledge related to the nutritional management in childhood cancer.

Biography

Marwa A Bebars has completed her Masters degree in Pediatrics from Zagazig University and Post-doctoral studies in Pediatric Oncology from Cairo University School of Medicine. She is a Member of Royal College of Pediatric and Child Health. She is currently working as a Senior Specialist in Dubai Hospital Tertiary Reffral Hospital and also published more 15 papers in reputed.

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Early term gestation- an important risk factor for significant hyperbilirubinemia in neonates

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Introduction: Significant hyperbilirubinemia (HB), defined as Total Serum Bilirubin (TSB) > 95th centile of hour specific Bhutaninomogram is observed in 8-11% of neonates and if severe, it may result in acute bilirubin encephalopathy, kernicterus, and subtle neurodevelopmental disorders. The objective of our study was to look for the risk factors for readmission with significant HB among late preterm and term babies who are discharged home without prior phototherapy. The study aimed to analyze the areas of quality improvement in discharge and follow up of such babies in our institution.

Methodology: We performed a retrospective data review of all babies who are 35 weeks or more, born between January 2017 and December 2018, and readmitted due to jaundice with a TSB>300 micro mols/L (>95th centile for any baby during the first week of life).To look for additional risk factors, we compared the baseline data to that of the total population of babies who were born during the same period.

Results: Between Jan 2016 and Dec 2018, our hospital recorded 16837 live births. Among them, 16498 babies were born at 35 weeks or more gestational age. From 239 Babies who had TSB >300 micro mols/L, 150 babies qualified the inclusion criteria. Risk factors like ABO/Rh isoimmunization, G6PD deficiency, late prematurity, cephalhematoma, and polycythemia were observed in 46% of the babies. When compared to the general birth cohort, Vaginal birth (P < 0.001, OR 3.09, 95% CI 1.96 to 4.87),instrumental delivery (P <0.001, OR 3.018, 95% CI 2.02 to 4.49) and gestational age below 39 weeks(P <0.001) were significantly higher in the study group. We identified a gap between our current practice (43%) and the actual need (73%) for follow up.

Conclusion: In addition to late prematurity, early-term gestations, namely 37 and 38 weeks, are significant risk factors of HB. Combining pre-discharge bilirubin with gestational age and risk factors enhances the chances of identifying babies with subsequent risk for significant and severe HB.

Biography

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The ethomedical study of prophylactic treatment for neonatal hyperbilirubinemia: A mega project

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Neonatal jaundice is a prevalent clinical problem, particularly in the Asian region. Nowadays neonatal jaundice treatment methods, including phototherapy and blood transfusion, are associated with various complications. Since the use of medicinal plants for the prevention and treatment in traditional Iranian medicine is divided into the written and verbal practices. The aim of this study is to determine the neonatal jaundice treatment of newborns based on verbal traditional medicine and evaluating the HPLC analysis and characterization of manna from some *cotoneaster* species and assesing preventive effect of *Cotoneaster nummularioides Pojark* mana drop on neonatal jaundice. This study was conducted in three sections, in the first part, the society of traditional healers in Mazandaran province was surveyed by a crosssectional study. In the second section, four species of *Cotoneaster* plants that their manna as a secondary metabolite was most frequently prescribed were selected for laboratory test like HPLC study and making oral drop from chosen specie.Then in the third section of present study the preventive effects of *Cotoneaster nummularioides Pojark* manna drop as selected specie on neonatal jaundice in A double blind, randomized, controlled, clinical trials was assayed. *Cotoneaster* manna was the most frequently used in verbal traditional medicine and *Cotoneaster nummularioides Pojark* manna with the highest effective ingredient mannitol was selected to make oral drop for using in a clinical trial. Generally use of one gram *Cotoneaster nummularioides Pojark* manna oral drop as a verbal Iranian traditional medicine treatment has preventive effect on the neonatal jaundice and can be planned to study as a hyperbilirubinemia treatment in future.

Biography

Moloud Fakhri has completed her PhD from Mazandaran University of Medical Sciences, Sari, Iran, in medical sciences especially in Complementary Medicine studies. She is Assistant Professor of medical Sciences in School of Medicine, Traditional and Complementary Research Center. She has published more than 25 papers in reputed journals and has been working as a senior lecturer in university.

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Level of socio-emotional skills in adolescents with Specific Learning Disability (SLD) playing sports and not playing sports: A comparative study

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The research aimed at studying the level of socio-emotional skills in two groups of adolescents with SLD, one who played sports and the second group of adolescents who did not play sports. The study also aimed at finding out the differences in the socio emotional skills of the two groups of adolescents. The sample comprised of 120 adolescents with SLD (60 playing sports for at least 1hr/week and 60 not playing sports or less than half an hour in a week), in the age range of 12-15yrs of age residing in Mumbai, and having SLD as the primary disability. The socio-emotional skills assessment scale (Maheshwari, 2018) was used to gather the data on respective variable. The results revealed that majority of the adolescents with SLD (45) perceived themselves as having average level of socio-emotional skills while 22 rated themselves in the low level category. Further analysing the data for the two groups of adolescents, it was found that adolescent with SLD who were playing sports had average to high level of socio-emotional skills across the domains and within the sub-domains while, majority of the adolescents with SLD not playing sports rated their socio-emotional skills level as average to low level. These differences were further confirmed by the T-test results, wherein strong significant difference was found between the socio-emotional skills of adolescents with SLD playing sports and not playing sports ($t = 10.230$, $p=.000$). The findings of the study clearly indicate the importance of sports in the life of adolescents with SLD. Opportunities should be provided in school and at home to the adolescents with SLD to participate in sports, which would help them to build and enhance their socio-emotional skills and further lead to positive beliefs about themselves and this will help them in in improving their learning skills too.

Biography

Payal maheshwari is M.Phil, from the Department of Human Development and Family studies, M.S. University, Vadodara, and presently doing her PhD in the field of children with learning disability. She is presently teaching as Assosciate Professor in the Department of Human Development, College of Home Science, Nirmala Niketan, Mumbai. She has been teaching for last 20 years to graduate and post graduate students different subjects in the area of Human Development and Family studies, as well as in the area of Individuals with special needs.

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Correlation between levels of non-invasive measurement of carboxyhemoglobin and bilirubin in term and near term neonates as a predictor of neonatal hemolysis

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Background: Neonatal hyperbilirubinemia is common in the neonatal period. Yet, serious pathological hyperbilirubinemia may cause detrimental neurologic sequalae. Carbon monoxide is the byproduct of the breakdown of heme, it is transported as carboxyhemoglobin to the lungs to be exhaled. Thus, carboxyhemoglobin levels increase as a result of hemolysis, and is therefore considered a sensitive index for the degree and severity of the subsequent hyperbilirubinemia.

Objectives: To correlate between non-invasive measurements of carboxyhemoglobin levels and bilirubin levels in near-term and term neonates starting hour one of life.

Subjects and methods: A total of 100 near-term and term neonates were studied, by measuring carboxyhemoglobin by a Pulse Co-oximetry and serum bilirubin level (hour1) as well as transcutaneous bilirubin (TcB) hourly since birth for the 1st 6 hours then every 6 hours till the time of discharge in a cross sectional case-control study.

Results: A cut off value of 4 for non-invasive carboxyhemoglobin with sensitivity of 81.25%, specificity of 95.24% was found to the earliest noninvasive predictor for subsequent jaundice. In patients with proven hemolysis, carboxyhemoglobin when compared to TcB was found to increase significantly in the first 3 hours of life more than TcB. Starting hour 4 postnatally, it was increased yet statistically insignificant

Conclusion: We found that non-invasive measurement of carboxyhemoglobin is an effective early predictor for subsequent jaundice starting first hour of life. It can be used as a screening tool for hemolytic jaundice especially in hospitals with early discharge policy.

Key words: Neonatal jaundice, Carboxyhemoglobin, Hemolysis, Pulse co-oximetry.

Biography

Basma M. Shehata is a Lecturer of Pediatrics and Neonataology, Faculty of medicine, Ain Shams University since 2017 after completing the MD. She is a certified Neonatal Life Support instructor from the European Resuscitation Council.

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Risk factors for neonatal mortality in a tertiary health institution in North Central Nigeria

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Background: Neonatal mortality rate in Nigeria (37/1000) is reportedly among the top 10 highest in the world. Over the last decade, neonatal sepsis, perinatal asphyxia and prematurity have consistently been mentioned as the leading causes of neonatal deaths in the country. Interventions targeted at these neonatal morbidities have been implemented in the country with only modest impact on neonatal mortality.

Aims: To determine the risk factors for mortality among hospitalized neonates and the case fatality rates for the causes of neonatal deaths at the National Hospital Abuja.

Methods: We retrospectively reviewed the data on all neonates admitted in NICU at the National Hospital Abuja (NHA) over a period of 13 months (January 2017 to February 2018). Relevant demographic and clinical data were extracted from the neonatal registry database (REDCap) and analyzed to determine morbidities and mortality rate among hospitalized patients as well as case fatality rates for identified morbidities.

Results: A total of 730 neonates were admitted, out of whom 391 (53.6%) were females, 396 (54.5%) were inborn and 396 (54.2%) were term. The most prevalent morbidities were respiratory distress syndrome (35.9%), neonatal jaundice (28.1%), perinatal asphyxia (12.3%), congenital malformations (11.2%) and sepsis (8.8%). Overall Mortality Rate (MR) was 12.9% while MR among term and preterm babies were 7.5% and 20.3%, respectively. The most important causes of mortality were prematurity (41.6%), congenital malformations (23.9%) and perinatal asphyxia (23%). However, congenital malformations had the highest case fatality (32%) followed by PA (28.6%), prematurity (20.7%) and sepsis (18.5%).

Conclusion: Gestational age, birth weight and place of delivery were significantly associated with neonatal mortality, while prematurity was the most important cause of mortality among inborn babies, perinatal asphyxia and congenital malformations accounted for most cases of mortality among out born babies. This fact in addition to the individual case fatality rates have important implications for targeted interventions.

Biography

Lamidi Isah AUDU is a Fellow of the National Postgraduate Medical College of Nigeria, previously Chief Consultant drauduli@yahoo.comPediatrician/ Neonatologist and Director of Clinical Services, National Hospital Abuja. He is currently a Senior Lecturer at Kaduna State University, Nigeria, Examiner for the National Postgraduate Medical College, Co-Chair Maternal and Perinatal Death Surveillance and Response Committee of the Federal Ministry of Health. He also reviews manuscripts for local and international medical journals.

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Pacifier and thumb sucking is it good or bad? What are its effects on allergy in child?

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Infants may use pacifier or thumb or fingers to soothe themselves. Thumb sucking is a behavior found in humans, chimpanzees and other primates. It usually involves placing the thumb into the mouth and rhythmically repeating sucking contact for a prolonged duration. It can also be accomplished with any piece of skin within reach (such as the big toe) and is considered to be soothing and therapeutic for the person. Problems with thumb sucking in infants and toddlers are many which include: Fingers can become sore and even infected. Bacteria can be introduced into the mouth by dirty fingers and by this way the antigen and antibody reaction can occur and reduced the allergy in child. It also effect speech development and face growth and malocclusion when they do attempt to talk around a thumb or pacifier; they are less likely to be understood.

Biography

Aida Ali Mohammed has completed her MBBS from Sana'a University at Yemen. She was the Director of training in emergency unit in Ministry of Health, Yemen. She has attended many International Conferences.

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How different is demyelinating and axonal subtypes of Guillain-Barré syndrome in children? A study from tertiary care centre in northern India

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Introduction: Studies comparing the Demyelinating GBS (Dmy-GBS) and axonal GBS (Ax-GBS) subtype in children are lacking.

Methods: In this hospital based, prospective and observational studies, consecutive children with GBS were studied to compare the clinical profile and outcome among the subtypes.

Results: Among 9847 children admitted to the emergency, 95 had acute flaccid paralysis, 57 of whom had GBS. Electrophysiologic studies were completed in 56, of whom 20 each had Dmy-GBS and Ax-GBS (19 motor axonal), 12 had non-reactive nerves and 5 unclassifiable findings. Mean age of onset in Dmy-GBS was 55 months while Ax-GBS occurred later at 84 months. Mean time from onset of symptoms to hospital admission was more in Dmy-GBS 18 days to 8 days in Ax-GBS. Asymmetry of motor findings was more likely in Ax-GBS (10 vs. 4, p=0.048). Respiratory muscle involvement (6 vs. 3) and artificial ventilation (5 vs. 2) was more in Ax-GBS. The average duration of hospital stay was more in Ax-GBS 16 days to 11 days in Dmy-GBS. Children with Ax-GBS less likely to be non-ambulant at discharge (12 vs. 6, p=0.036). Mean disability scores at hospital discharge (4.9±1.2 vs. 4±0.9, p=0.015) and at last follow up (0.7±1.01 vs. 0.05±0.2, p=0.016) were higher in Ax-GBS. IVIg was the treatment modality and was tolerated well with no side effects reported with no relapse of symptoms after treatment.

Conclusion: Axonal and demyelinating subtypes of GBS are equally common in children of North India. Children with axonal GBS have severe clinical course and more short term morbidity and slower recovery.

Biography

Pradeep Kumar Gupta is currently working as a Pediatrician in Department of Pediatrics in a non-government non-profitable hospital in Nepal. He has completed his post-graduation (MD in Pediatrics) from Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh, India. He has completed Fellowship in Neonatology by Indian Academy of Pediatrics. Currently he is doing research on septic markers in new-born and use of bubble CPAP in resource limited setting.

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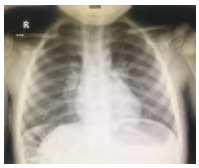






Chilaiditi's sign, a captivating radiological finding

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Background: Chilaiditi's sign is defined as the interposition of bowels between the liver and the right diaphragm on an X-Ray. When there are associated symptoms such as abdominal pain, tenderness, nausea, vomiting and anorexia, the case is referred to as Chilaiditi's syndrome. It is often misdiagnosed as a pneumoperitoneum.

Objective: To report a case of 4 year old child with Chilaiditi's syndrome and highlight how an incidental X-ray finding and prior knowledge about the condition aided diagnosis and further conservative management. The diagnosis of the syndrome is vital in order to avoid unnecessary surgical interventions.

Case Presentation: We present a rare case of a 4 year old boy who presented to our emergency department complaining of cough and intermittent fever. His clinical examination only revealed mild recession along with crackles over the right axilla. A chest X-ray was ordered which showed the air under the diaphragm. It was discussed with the radiologist consultant and after a literature review a diagnosis of Chilaiditi's syndrome was considered. There was a suggestion in literature that this sign can sometimes be associated with liver abnormalities so an ultrasound scan was performed which was normal. His hospital stay was uneventful and he had a favorable outcome. The family was updated regarding the condition and relevant information was shared with them.

Discussion: Chilaiditi's sign is named after the Greek radiologist Demetrius Chilaiditi who first described it when he was working in Vienna in 1910 and it is an incidental radiographic finding. Chilaiditi's sign presents as a crescent lucency below the right diaphragm due to malposition loops of the colon or small bowel which appears as the presence of air below the right diaphragm. Although the cause remains unknown, several theories have been touted including congenital meso-colonic redundancy, laxity of hepatic suspensory ligaments. Awareness of Chilaiditi's sign is important when free air under the diaphragm is seen in a patient who does not present symptoms and signs of abdominal emergency. It is an uncommon syndrome with a reported worldwide incidence of 0.25%-0.28% and a 4:1 male preponderance. Notwithstanding the benign nature, it can lead to various life threatening complications including obstruction, perforation or ischemia. It is therefore important to recognize this sign and proceed with timely management.

Conclusion: A review of the current literature on Chilaiditi's syndrome is conducted with a focus on increasing the familiarity of health care professionals with the conditions and stressing the importance of a physical examination in evaluating patients with what appears to be air under the diaphragm. Chilaiditi's sign and Chilaiditi's syndrome are rare entities and therefore are often misdiagnosed and mismanaged. Awareness of the radiological sign is important for all care providers so that they can opt for more conservative management strategies instead of unwarranted investigations and surgery.

Biography

Shaju Edavana has completed his primary medical education from the South India, Calicut Medical College followed by working in the Neonatology Department in Hadi Clinic, Kuwait. Meanwhile, he has done his MRCPCH (UK) and is currently practicing in NHS as a Senior Clinical Fellow in Neonatology.

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Comorbid states in obesity at teenagers

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Obesity is one of the most important medical and social health problems. It is often associated with serious comorbid diseases that occur in childhood and persist in subsequent periods of life.

Purpose and objectives of the study: The study of comorbid pathology in adolescent children with obesity and overweight according to a retrospective analysis.

Materials and methods: On the meringue of the Tashkent city teenage dispensary, a retrospective analysis of 138 outpatient cards of overweight and obese children from 15 to 18 years old was carried out, of which 51 were girls and 87 boys undergoing GPA examinations for the period 2017-2018. The average age of the children included in the study corresponded to adolescence and amounted to 15.8 ± 0.4 years, body mass index (BMI) 32.4 ± 2.4 kg / m2. A retrospective analysis of outpatient charts of children included: the study of data on burdened heredity for obesity, diabetes mellitus; assessment of indicators of physical development (height, body weight, BMI); study of the data of the general and biochemical analysis of blood; results of instrumental research methods: ECG; Ultrasound of the abdominal organs, FEGDS and examination of narrow specialists.

Results and its discussion: When analyzing the outpatient charts of children, it was found that 62% of children have a hereditary predisposition for obesity and associated diseases (hypertension, type 2 diabetes mellitus) in the 1st degree of relationship; in 55% of children one of the parents was overweight. Studying the data of the general and biochemical analysis of blood: in 88.2% of girls hypochromic anemia of the first degree was detected, 67.2% in boys - a mild tendency to a higher level of hemoglobin; in 59.4% - lipid metabolism disorders in the form of an increase in cholesterol 6 ± 0.7 mmol / L, triglycerides, 2.1 ± 0.3 mmol / L, LDL 4.3 ± 0.7 mmol / L, and a decrease in HDL 0.84 ± 0.22 mmol / L. When assessed, 43.4% of children had a CVS pathology in the form of arterial hypertension, rhythm disturbances and cardiac conduction. Chronic pathology of the gastrointestinal tract was detected in 37.5% of children in the form of gastritis and gastroduodenitis, fatty liver, reactive hepatitis and pancreatitis, and several cases of gallstone disease. ENT pathology in 42% of children: simple and toxic-allergic forms of chronic tonsillitis, chronic catarrhal pharyngitis, vasomotor rhinitis. Neurological syndromes - in 69.5% of children: chronic headache and autonomic dystonia syndrome. Visual impairment in the form of mild and moderate myopia in 54.3%. In 58.8% of girls, an increased frequency of menstrual irregularities was found in the type of algodismenorea and polycystic ovary syndrome. Pathology of the musculoskeletal system was observed in 65.2% in the form of scoliosis of the spine and flat-valgus installation of the feet. The pathology of the urinary system was detected in 72.4% dysmetabolic nephropathy, cystitis, neurogenic bladder dysfunction, nocturnal enuresis, less often glomerulonephritis and urolithiasis.

Findings: Obesity in children is characterized by a complex of pathological conditions, including concomitant cardiovascular, gastroenterological pathology, neuropsychiatric disorders, ENT organs diseases, orthopedic problems.It is advisable to expand the examination plan for obese children to identify comorbid pathology. Normalization of weight in obesity is a universal method for the prevention and treatment of both underlying and concomitant diseases, and, thus, improving prognosis and quality of life.

Biography

Khasanova Guzaliya has been working as a Pediatric Cardiologist in a teenage dispensary in the city of Tashkent of the Republic of Uzbekistan since 2012. Currently, she is a PhD applicant for the degree of Doctor of Philosophy and is studying the state of health of overweight and obese teenagers.

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Accepted Abstracts

Medicolegal issues in clinical practice

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Every country across the globe is witnessing a sharp rise in number of cases filed against doctors and medical establishments. The gap between progresses of medical science vs. progress of society is widening leading to frustrating and dissatisfaction among citizens. Increasing litigations are forcing doctors to adopt defensive medicine leading to increase cost of health care. It is also prompting insurance companies to up the premium further escalating the cost. Unfortunately most of the doctors are unaware of laws governing health care leading to unknowingly trapping themselves in uncomfortable situations. Basic knowledge of ethics and soft skills can go in long way in preventing large number of cases of medical negligence. The existing medical curriculum is either silent or grossly inadequate in teaching laws governing medicine. It is important that every doctor should be given information about laws governing health care system. This study is aiming precisely at that, educating and sensitizing the doctors about medicolegal issues so that they can understand common laws and common pitfalls they should be aware of.

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Frequency of vitamin-d deficiency in iron deficient and normal children in a tertiary care hospital in Karachi

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The study objective was to determine the frequency of vitamin-D levels in iron-deficiency anemic children. We conducted a cross-sectional study in The Indus Hospital, Karachi from November-2015 till April-2016. Medical records of 87 children (3-24 months) were analyzed using SPSS v.21.0. There were 47(54%) iron-deficient anemic, 23(26.4%) iron-deficient and 17(19.5%) normal children. Among all, 43(49.4%) were vitamin-D deficient, 8(9.2%) were vitamin-D insufficient and 36(41.4%) were vitamin-D sufficient. Iron-deficient anemic patients had significantly higher proportion of vitamin-D deficiency as compared to iron-deficient and normal patients (57.4% vs 47% and 29.4%) respectively. A significant difference was found in median (IQR) hemoglobin in vitamin-D deficient, insufficient and sufficient group (P=0.005). Iron-deficient males were positively and significantly correlated to vitamin-D deficiency whereas their age was significantly but inversely correlated with hemoglobin. Therefore, we recommend that vitamin-D levels should be investigated in children with iron-deficiency. Educational efforts could increase compliance with vitamin-D and iron supplement guidelines.

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Serum melatonin as a novel diagnostic marker of neonatal sepsis in preterm infant

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Background: Melatonin, an indolamine endogenously produced by pineal body, has important role as an anti-oxidant, anti-inflammatory and anti apoptotic. Whether melatonin concentration changes in neonatal sepsis and whether it can be used as a marker of sepsis is unknown.

Aim: To evaluate melatonin serum concentration as a marker for neonatal sepsis and compare it to standard markers.

Subjects and Methods: We prospectively studied 90 neonates; 30 diagnosed with late neonatal sepsis, 30 diagnosed with early neonatal sepsis and30 healthy neonates as a control group. Markers of sepsis and melatonin concentration were compared between these groups.

Results: The sepsis groups had significantly increased immature to total neutrophils ratio (I/Tratio), and high sensitivity C-reactive protein (hs-CRP), and decreased platelet count. Melatonin concentration was decreased in sepsis group when compared to control group and negatively correlated with hs-CRP, hematological sepsis score and I/T ratio. Serum melatonin and hs-CRP have the same sensitivity and specificity for detection of early and late neonatal sepsis in preterm infants.

Conclusions: There is significant increase in hs-CRP and decrease in melatonin in both early and late onset sepsis in preterm infants. Assessment of serum melatonin had no advantage than hs-CRP as a diagnostic marker of neonatal sepsis.

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Ground glass opacification – Clinical aspects and radiology with differential diagnosis in pediatrics

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Ground-glass opacification/opacity (GGO) is a descriptive term referring to an area of increased attenuation in the lung on computed tomography (CT) with preserved bronchial and vascular markings. It is a non-specific sign with a wide aetiology including infection, chronic interstitial disease and acute alveolar disease. It has varied etiology based on the pathogenesis which will be discussed. Various opportunistic infections and chronic pulmonary diseases contribute to persistent radiological findings after weeks of clinical improvement. Cardiac and non cardiogenic physiology will be considered. All etiologies will be discussed pertinent to ground glass opacification on radiology in pediatrics. Treatment on the various physiology and diseases will be included in the discussion. Radiological images will be shown as part of session. Recommended management based on recent guidelines will be the main discussion part of the session.

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Post-traumatic stress disorder among adolescents schooled in public schools

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A traumatic event has a negative impact on the psychological well-being of adolescents, the purpose of our study is to assess the post-traumatic stress disorder PTSD in adolescents in public schools of the prefecture of Sale in Morocco, to evaluate comorbid disorders and thus to study the effect of PTSD on their social and academic life. 871 school adolescents who completed the objectives of the study, their age varied between 12 and 17 years and they completed by themselves the questionnaires concerning socio-demographic data, a list of life events, the CPTS-RI (Children's Post Traumatic Stress Reaction Index) for assessing the symptoms of PTSD, STAIY (State Trait Inventory Anxiety) and CDI (Children Depression Inventory). A large proportion of post-traumatic stress disorder was found in students with 63.9% but with different levels (19.5% PTSD low, 25.1% PTSD moderate, 18.1% PTSD severe and only 1.2% PTSD very severe). 84.4% of students are anxious and 55.2% of students have depression. Adolescents who have been exposed to at least one traumatic event in their lifetime have 88.69%. In the event, the main traumatic condition that caused the post-traumatic stress disorder was the sudden and unexpected death of a loved one with 27.7%. PTSD, anxiety and depression have a negative effect on students' school life; therefore, 72.5% of students have poor grades. There is a high rate of post-traumatic stress disorder and students are in school deficit. There are practical implications for the support and care provided to these adolescents.

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Audit of antibiotic administration in suspected early onset neonatal sepsis

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Background: Sepsis remains a major cause of morbidity and mortality. NICE guidance stated that there should not be any delay in starting antibiotics, pending test results. We have performed an audit to assess compliance with NICE guidelines on antibiotic administration for babies with suspected EONS on postnatal ward and delivery unit (DU).

Method: Case notes were examined for babies with suspected EONS born in the month of December 2018 in Rosie Hospital, Cambridge. Babies admitted to NICU before antibiotic administration was excluded. The process from decision to treat to antibiotic administration was mapped to identify areas where compliance might be improved.

Standards: Derived from NICE guidance CG1492 "Neonatal infection (early onset): antibiotics for prevention and treatment": 100% of new-borns with suspected EONS receive antibiotics within 1 hour of decision to treat.

Results: 61 babies with suspected EONS in the postnatal ward/DU were started on antibiotics in December 2018. 13 had unclear documentation of the time of decision to start antibiotics and were excluded. 17% (n=8) of babies received antibiotics within 1 hour from decision to treat. The average time taken was 2 hours 15 mins.

Discussion: The target timeframe for antibiotic administration in most cases of suspected EONS of babies on the postnatal wards/DU is not being achieved. Process mapping identified that most delay arises during transfer of the baby to the neonatal unit for infection screen and lack of immediate availability of neonatal nurses for antibiotic administration.

Conclusion: Introducing a robust process to ensure timely administration of antibiotics is imperative and is under way, which include involvement of midwifery and neonatal nursing team leads. We aim to re-audit this after introducing changes in practice.

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