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Proceedings of

2nd Edition Of International Congress on

Pediatrics

March 26-27, 2018 | Edinburgh, Scotland

Scientific Program

Pediatrics Conference 2018

Pediatrics Conference 2018

Agenda Day 1: March 26, 2018

Macallan

09:00-09:30 **Registrations**

09:30-09:55 Opening Ceremony

Keynote Forum

09:55-10:00 Introduction

10:00-10:40 **Title: Heart Failure in young Children: Regeneration instead transplantation**
Dietmar Schranz, Johann-Wolfgang Goethe University, Germany

10:40-11:20 **Title: Cardiovascular aspects of the preparticipation sports physical**
Micheal J Cooper, UCSF-Benioff Children's Hospital, USA

Group Photo

Coffee Break 11:20-11:40 @ Academy Lounge

11:40-12:20 **Title: Using autologous bone marrow derived mononuclear stem cells for stimulating tissue regeneration and functional activity**
Aris Lacis, University Children Hospital, Latvia

Sessions: Pediatrics | Pediatric Cardiology | Pediatric Urology | Pediatric Nephrology

Session Chair: Dietmar Schranz, Johann-Wolfgang Goethe University, Germany

Session Co-Chair: Micheal J Cooper, UCSF-Benioff Children's Hospital, USA

Session Introduction

12:20-12:50 **Title: Experience of a single center in NTBC use in management of hereditary tyrosinemia type I in Libya**
Hanna Alobaidy, El khadra Hospital, Libya

12:50-13:50 @ Traders Restaurant

13:50-14:20 **Title: Chronic neutropenia of childhood**
Rose Mary S Stocks, University of Tennessee Health Science Center, USA

14:20-14:50 **Title: Risk factors associated with childhood asthma- A case control study**
Srijana Dongol Singh, Dhulikhel Hospital, Nepal

14:50-15:20 **Title: Evaluation of voiding dysfunction in patient with urinary tract infection**
Banafshe Dormanesh, AJA University of Medical Sciences, Iran

15:20-15:50 **Title: Paroxysmal supraventricular tachycardia (PSVT) in children- Therapeutic approach in urgent Pediatrics**
Maria Neamtu, Municipal Hospital, Republic of Moldova

Coffee Break 15:50:16:10 @ Academy Lounge

Panel Discussion

Agenda Day 2: March 27, 2018

Macallan

Keynote Forum

09:45-10:00 Introduction

10:00-10:40 **Title: Initial management of infants with a cleft lip and palate**

Rose Mary S Stocks, University of Tennessee Health Science Center, USA

10:40-11:20 **Title: Inulin, a prebiotic plant metabolite for children - An enriched formula**

Mariana Stuparu Cretu, University Dunarea de Jos of Galati, Romania

Coffee Break 11:20-11:40 @ Academy Lounge

Sessions: General Pediatrics | Neonatalogy And Perinatology | Pediatric Genetics | Pediatric Nephrology And Urology

Session Chair: Rose Mary S Stocks , University of Tennessee Health Science Center, USA

Session Co-Chair: Mariana Stuparu Cretu, University Dunarea de Jos of Galati, Romania

11:40-12:10 **Title: Linkage analysis of autosomal recessive primary microcephaly (MCPH) in Pakistani families**

Iram Naz, Xi'an Jiaotong University, China

12:10-12:40 **Title: Aortic runoff as a sign of intracranial arteriovenous malformation**

Maryam Moradian, Medical and Research Center- IUMS, Iran

Lunch Break 12:40-13:40 @ Traders restaurant

Poster Presentations 13:40-14:10 @ Academy Lounge

EICP-1 **Title: Diffuse tender edema and intussusception: An anusual initial presentation of henoch-schonlein purpura**

Kyrina Anastasia, National and Kapodistrian Athens University, Greece

EICP-2 **Title: Two Libyan siblings with beta-ketothiolas deficiency: A case report and review of the literature**

Hanna Alobaidy, Elkhadra hospital Tripoli, Libya

EICP-3 **Title: Subcutaneous emphysema and pneumomediastinum secondary to H1N1 pneumonia in Saudi children: 2 case reports**

Ruba Ebrahim Abo Essa, King Khalid University, Saudi Arabia

EICP-4 **Title: Early and late outcomes after surgical management of congenital vascular rings**

Katrien Francois Ghent University Hospital, Belgium

Session Continues

Sessions: General Pediatrics| Neonatalogy And Perinatology| Pediatric Genetics | Pediatric Nephrology And Urology

14:10-14:40 **Title: Antibiotic resistances profile in Iran, clinical implication and prospect for antibiotic stewardship**

Jafar Soltani, Kurdistan University of Medical Sciences, Iran

14:40-15:10 **Title: The effect of creating opportunities for parent empowerment program on parent's mental health: a systematic review**

Shirin Hasanpour, Tabriz University of Medical Sciences, Iran

Coffee Break 15:10-15:30 @ Academy Lounge

Panel Discussion

Awards & Closing Ceremony

EuroSciCon CONFERENCE DIRECTORY 2018



Agri, Food Aqua & Veterinary

4th Edition of International Conference on
Plant Genomics
June 20-21, 2018 Rome, Italy
E: plantgenomics@eurosciconmeetings.com
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12th Edition of International Conference on
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June 28-29, 2018 Berlin, Germany
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12th Edition of International Veterinary Congress
October 11-12, 2018 Edinburgh, Scotland
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Alternative Healthcare

9th International Conference on **Alternative Medicine**
February 26-28, 2018 London, UK
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9th International Conference on
Acupuncture and Chinese Medicine
August 20-21, 2018 Dublin, Ireland
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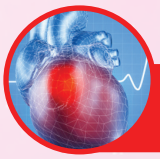
21st International Conference on **Food Processing**
October 11-13, 2018 Moscow, Russia
E: domains not yet created
W: foodprocessing.foodtechconferences.org



Biochemistry

10th Edition of International Conference on
Structural Biology
March 15-16, 2018 Barcelona, Spain
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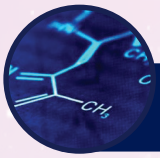
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Cardiology

EuroScicon Conference on
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25th Edition of International Conference on
Pediatric Heart Disease and Health
August 13-14, 2018 Dublin, Ireland
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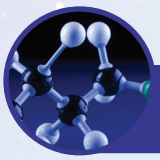
Chemical Engineering

9th Edition of International Conference on
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2nd Edition of International Conference on
Chemistry and Chemical Engineering
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1st Edition of International Conference on
Green Energy, Green Engineering and Technology
September 20-21, 2018 Berlin, Germany
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9th Edition of International Conference on
Biopolymers & Bioplastics
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Chemistry

8th Edition of International Conference on
Mass Spectrometry
March 12-13, 2018 London, UK
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6th Edition of International Conference on
Pain Management
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8th Edition of International Conference on
Chemical Sciences
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8th Edition of International Conference on
Chemistry Education
August 27-28, 2018 Zurich, Switzerland
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5th Edition of International Conference on
Electrochemistry
October 01-02, 2018 London, UK
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9th Edition of International Confernece on
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Cosmetology and Dermatology

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Dentistry

23rd International Conference on
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May 24-25, 2018 Vienna, Austria
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27th International Conference on **Dental Public Health**
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28th International Conference on **Dental Treatment**
September 10-11, 2018 Zurich, Switzerland
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29th International Conference on **Advanced Dental Care**
October 08-10, 2018 Moscow, Russia
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30th International Conference on
Dental Science and Research
October 18-19, 2018 Warsaw, Poland
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Dematology

14th International Conference on **Clinical Dermatology**
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13th International Conference on **Pediatric Dermatology**
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Earth & Environmental Sciences

6th Edition of International Conference on
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EEE & Engineering

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6th International Conference on **Computer Graphics Animation & Computer-Aided Design**
June 18-19, 2018 London, UK
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2nd Edition of International Conference on
Nano Engineering & Technology
October 22-23, 2018 Warsaw, Poland
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7th Edition of International Conference on
Big Data & Data Science
October 04-06, 2018 London, UK
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Sociology

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Archeology & Anthropology
October 01-02, 2018 London, UK
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Environmental Science

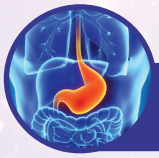
4th Edition of International Conference on
Environmental Science & Technology
March 29-31, 2018 Vienna, Austria
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2nd Edition of Global Summit on
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Food Technology

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Gastroenterology

8th International Conference on **Hepatology**
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13th International Conference on
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9th International Conference on **Gastro Education**
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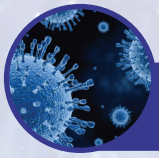
1st Edition of International Conference on
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Immunology

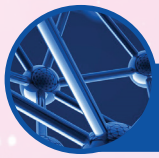
22nd International Conference on
Immunology and Evolution of Infectious Diseases
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Immunology Conference 2018
July 05-07, 2018 Vienna, Austria
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Infectious Diseases

8th Edition of International Conference on
Infectious Diseases
June 07-08, 2018 London, UK
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Materials Science

17th Edition of International Conference on **Emerging Trends in Materials Science and Nanotechnology**
April 26-27, 2018 Rome, Italy
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3rd Edition of International Conference on
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June 04-05, 2018 London, UK
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4th Edition of International Conference on
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June 04-05, 2018 London, UK
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2nd Edition of International Conference on
Materials Technology and Manufacturing Innovations
October 04-05, 2018 Moscow, Russia
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Microbiology

7th Global Summit on
Microbiology Research
August 13-14, 2018 Madrid, Spain
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Nephrology

20th International Conference on **Clinical Nephrology**
August 06-07, 2018 Madrid, Spain
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Nursing

27th World Congress on
Nursing Education & Research
April 23-25, 2018 Rome, Italy
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4th World Congress on
Polycystic Ovarian Syndrome
June 07-08, 2018 London, UK
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Obesity

11th Edition of International Conference on
Endocrinology & Diabetology
August 9-10, 2018 Madrid, Spain
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Oncology & Cancer

2nd Edition of International Conference on
Clinical Oncology and Molecular Diagnostics
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18th Edition of International Conference on
Dermatology and Melanoma
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4th Edition of World Congress on
Cancer Survivorship, Prevention and Management
October 08-10, 2018 Moscow, Russia
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3rd Edition of International Conference on
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October 11-12, 2018 Zurich, Switzerland
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Ophthalmology

3rd Edition of International Conference on
Eye and Vision
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23rd Edition of Advancements on
Ophthalmology: Clinical & Surgical Practices
July 30- August 01, 2018 Barcelona, Spain
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24th Edition of International Conference on
Ophthalmology Case Reports
July 30- August 01, 2018 Barcelona, Spain
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25th Edition of International Conference for Ophthalmologists
September 10-11, 2018 Copenhagen, Denmark
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26th Edition of International Conference on
Chinese Ophthalmology
September 10-11, 2018 Copenhagen, Denmark
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Pathology

7th Edition of International Conference on
Internal Medicine & Patient Care
March 26-27, 2018 Vienna, Austria
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8th Edition of International Conference on **Case Reports**
May 28-29, 2018 London, UK
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3rd International Conference on **Digital Pathology**
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17th International Conference on
Pathology & Cancer Epidemiology
October 08-09, 2018 Edinburgh, Scotland
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International Conference on ***Invitro* Diagnostics**
September 03-04, 2018 London, UK
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5th International Conference on
Histopathology and Cytopathology
September 24-25, 2018 Rome, Italy
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Pediatrics

2nd International Congress on **Pediatrics**
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22nd International Conference on
Neonatology and Perinatology
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2nd International Conference on
Adolescent Health & Medicine
August 06-07, 2018 Madrid | Spain
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Pharma

12th Edition of Internatioanl Conference on
Nanopharmaceutics and Advanced Drug Delivery
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17th Edition of International Conference and Exhibition on
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6th Edition of International Conference on
Antibiotics, Antimicrobials & Resistance
October 11-12, 2018 Scotland, Edinburgh
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Physical Therapy & Rehabilitation

World Physiotherapists & Physicians
November 01-02, 2018 Valencia, Spain
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Psychiatry

26th Edition of International Conference on
Clinical Psychology and Neuroscience
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29th International Conference on
Sleep Disorders & Medicine
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8th International Conference on
Addiction Psychiatry
August 13-14, 2018 Madrid, Spain
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Surgery

3rd Edition of **World Congress & Exhibition on Vascular Surgery**
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DAY 1

Keynote Forum



2nd Edition of International Congress on

Pediatrics

March 26-27, 2018 | Edinburgh, Scotland

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2nd Edition of International Congress on

Pediatrics

March 26-27, 2018
Edinburgh, Scotland

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HEART FAILURE IN YOUNG CHILDREN: REGENERATION INSTEAD TRANSPLANTATION



Dietmar Schranz

Johann-Wolfgang Goethe University, Germany

Heart failure (HF) in children is a serious public health concern. HF has numerous etiologies, but unspecific symptoms. There is interplay among neurohumoral, and molecular abnormalities. Major advances in chronic heart failure (cHF) therapy have been achieved in adult patients, while research regarding the mechanisms and therapy of chronic heart failure in children has lagged behind. However in any case, the current chronic therapy of systolic HF focused on loop-diuretics, fluid restriction and digoxin as well as the definition of end-stage HF is inacceptable; not at least in context of the potentials of regeneration reciprocal to the patient's age. Therefore, therapy has to extend to selective ß1-blocker, tissue ACE-I and mineralocorticoid blockers, and loop-diuretics avoided as ever possible. The efficacy of endogenous neurohumoral inhibition can easily monitored, even by parents only looking at surrogate parameters as heart and breath rate as well as systolic and diastolic blood pressure. Echocardiographic control of cardiac function has to include synchrony and parameters of ventriculo-ventricular interaction (VVI). Optimizing the left ventricular preload is advocated as an important part of a regenerative strategy. Interventional aspects of such a regenerative favored HF therapy include creation of a restrictive interatrial communication, placing a reversible pulmonary artery banding and stem cells replacement.

Biography

Dietmar Schranz, MD was a Resident and Fellow in Pediatrics, Neonatology, Pediatric Intensive Care & Cardiology with follow-up position as Assistant Professor (PhD) in Pediatric Cardiology and Intensive Care at the Gutenberg University Clinic Mainz, Germany. During 1996-2017 he was a University Professor (C4), Justus-Liebig University Giessen, Germany, Chair of the Department of Pediatric Cardiology, Pediatric Heart Center, JLU-Giessen (Germany). Since 2017 he is a Consultant in University Clinic Frankfurt & Wuxi, China. He has publications of more than 200 peer-reviewed papers in reputed journals and more than 100 invited talks world-wide. He has membership in multiple German & European societies and he is a Reviewer of Lancet, Circulation and many other high-ranked Journals.

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2nd Edition of International Congress on

Pediatrics

March 26-27, 2018
Edinburgh, Scotland

Michael J Cooper, J Pediatr Care, Volume 4
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CARDIOVASCULAR ASPECTS OF THE PRE-PARTICIPATION SPORTS PHYSICAL

Michael J Cooper

UCSF Benioff Children's Hospital, USA

The sudden cardiac death (SCD) of a young athlete is a rare but catastrophic event that sends shock waves through a community, and when this tragedy involves a high profile athlete being viewed by tens of thousands of spectators and millions more by television, the shock waves spread around the world. Though only about one out of 200,000 young athletes have an underlying heart defect that can lead to SCD, the far-reaching impact of the event predictably generates a great deal of discussion among the general public and within the medical community. Pre-participation screening offers the important possibility of primary prevention of SCD since the outcome of lethal cardiovascular disorders is usually irreversible. We will explore the cardiovascular aspects of pre-participation screening beginning with a discussion of the incidence and nature of the cardiovascular anomalies that cause SCD in the young. These include hypertrophic cardiomyopathy, arrhythmogenic right ventricular dysplasia, aortic dissection due to Marfan syndrome, congenital and acquired coronary artery anomalies, and electrophysiological anomalies including Wolff-Parkinson White syndrome (WPW), Long QT, Brugada, and CPVT (catecholaminergic polymorphic ventricular tachycardia). We will focus on how these potential causes of SCD might best be detected. Recognizing variations in epidemiology and etiology of SCD in North America, Europe and Asia, we will discuss the varying application of screening modalities, which include the use of the questionnaire, physical examination, electrocardiography (EKG) and exercise EKG. In this context, we will review the scope and nature of community-wide screening in USA as it compares with other countries, and we will revisit the controversy regarding the exclusion of EKGs from the AHA guidelines. The audience will be able to use what they learn by reviewing the incidence of various causes of sudden cardiac death (SCD) in young athletes and we will heighten awareness of these entities. Empowered with the knowledge regarding the etiologies that may lead to SCD in young athletes, the audience will be vigilant about these entities and know when to refer for specialty evaluation and care. Knowing the power of the EKG in expanding detection for many etiologies that may lead to SCD in young athletes, the audience will appreciate and obtain this information. This will help the audience in their job by empowering them with the knowledge regarding the etiologies that may lead to SCD in young athletes and the audience will be vigilant about these entities and know when to restrict athletes pending specialty evaluation. The other benefits include a discussion of etiologies that may lead to SCD in young athletes will have immediate impact on the clinical practice of pediatricians in the context of the pre-participation sports physical. This will heighten the awareness of clinically important details enhancing the detection of potentially lethal cardiovascular anomalies. This discussion will also provide the substrate for population research and registries to monitor the impact of enhanced detection.

Biography

Michael J Cooper graduated from Tel-Aviv University Medical School in 1977. He is specialized in Pediatrics followed by a Pediatric Cardiology Fellowship at University of California San Francisco (UCSF) Medical Center, USA. He remained at UCSF after fellowship and became full Professor of Pediatric Cardiology in 1988. Additionally, he conducts cardiovascular screening for young athletes at Northern California high schools. He also volunteers biannually in Palestine for children who lack access to care. In his free time, he publishes novels of historical fiction.

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Aris Lacis, J Pediatr Care, Volume 4
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USING AUTOLOGOUS BONE MARROW DERIVED MONONUCLEAR STEM CELLS FOR STIMULATING TISSUE REGENERATION AND FUNCTIONAL ACTIVITY



Aris Lacis

University Children Hospital, Latvia

Statement of the problem: Dilated cardiomyopathy is a serious problem in pediatric cardiology praxis. Despite the relatively low incidence of 0.57 to 2.6 per 100000 children the mortality rate is high. One third of patients die within the first year after diagnosis. Up to 40% of these patients are defined as idiopathic dilated cardiomyopathy (IDCM), characterized by ventricular dilatation and systolic dysfunction. Researchers have reposted that conventional medical therapy does not improve the outcome of the disease; however recent clinical studies have suggested bone marrow derived autologous mononuclear cells as a promising therapy option. Pulmonary arterial hypertension (PAH) is characterized by increased pulmonary vascular resistance resulting in extensive heart structural changes leading to right heart failure and death. PAH is characterized by obstruction of small pulmonary arteries leading progressive increase in vascular resistance. Locally implanted stem cells may trigger the neovascularization process in the lung potentially leading to a decrease of pulmonary artery pressure.

Methodology: For treatment of IDCM we prefer to use transcutan intramyocardial administration of autologous bone marrow derived mononuclear stem cells, combined with ultrasound monitoring. In patients with PAH intrapulmonary transplantation of stem cells was performed using: intravasal injection of the stem cells by catheterization pulmonary arteries and directly in the lung tissues by using standard thoracentesis technique, performed under chest radiological control.

Conclusions: Ten years' experience applied wisely, the stem cell therapy appears to be a safe and effective way for stabilization of critically ill patients with both severe pulmonary arterial hypertension and idiopathic dilated cardiomyopathy. This method provides additional opportunities for symptomatic treatment and serves as a bridge for potential heart and lung transplantation

Recent Publications

1. Lācis A and Ērglis A (2011) Intramyocardial administration of autologous bone marrow mononuclear cells in a critically ill child with dilated cardiomyopathy. Cardiology in the Young 21(1):110–112.
2. Lācis A, Lubaua I, Ērglis A, et al. (2013) Neo-revascularization as the potential treatment for patient suffering from pulmonary hypertension (Myth or reality?). J. Clinical Medicine Research (CMR), 2(3):32–36.
3. Lācis A, Lubaua I, Ērglis A, et al. (2013) Management of idiopathic dilated cardiomyopathy with intramyocardial cell transplantation in children: A retrospective study of 7 patients. J. Clinical Medicine Research, 2(4):129–133.
4. Lācis A, Lubaua I, Ērglis A, et al. (2013) Safeguards and pitfalls in technique used for stem cell delivery in children suffering from idiopathic dilated cardiomyopathy. Journal of US-China Med. Science, 10(3–4):71–75.
5. Lācis A, Lubaua I, Ērglis A, et al. (2014) Stem cell therapy as one of temporary measures for management of heart failure and pulmonary hypertension in children. American Journal of Experimental and Clinical Research 1(3):38–46.

Biography

Aris Lacis, MD, PhD is a Cardiac Surgeon and Professor who graduated from Riga Medical Institute in 1961. He was a General and Thoracic Surgeon in P Stradina University Hospital in Riga (1964–1969); Thoracic and Cardiac Surgeon in the Latvian Centre for Cardiovascular Surgery (1969–1994). From 1994 to 2012 he was the Head of Pediatric Cardiology and Cardiac Surgery Clinic in University Children's Hospital, Riga; since 2012 he is a Consulting Professor of this Clinic. He is the President of Latvian Association for Pediatric Cardiologists and Author of 395 scientific publications, 3 monographs and 13 patents. He is an Investigator in more than 10 clinical trials including cardiosurgical procedures performed under deep hypothermia, hybrid procedures etc. In May 2009 he became first in the world to use transcutan intramyocardial delivery autologous bone marrow derived progenitor stem cells for 3 months old patient suffering from idiopathic dilated cardiomyopathy.

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DAY 1

Scientific Tracks & Abstracts



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DAY 1

March 26, 2018

Sessions

Pediatrics | Pediatric Cardiology | Pediatric Urology
Pediatric Nephrology

Session Chair
Dietmar Schranz
Johann-Wolfgang Goethe University, Germany

Session Co-Chair
Micheal J Cooper
UCSF-Benioff Children's Hospital, USA

Session Introduction

Title: Experience of a single center in NTBC use in management of hereditary tyrosinemia type I in Libya

Hanna Alobaidy, El khadra Hospital, Libya

Title: Chronic neutropenia of childhood

Rose Mary S Stocks, University of Tennessee Health Science Center, USA

Title: Risk factors associated with childhood asthma- A case control study

Srijana Dongol Singh, Dhulikhel Hospital, Nepal

Title: Evaluation of voiding dysfunction in patient with urinary tract infection

Banafshe Dormanesh, AJA University of Medical Sciences, Iran

Title: Paroxysmal supraventricular tachycardia (PSVT) in children- Therapeutic approach in urgent Pediatrics

Maria Neamtu, Municipal Hospital, Republic of Moldova

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Hanna Alobaidy, J Pediatr Care, Volume 4
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EXPERIENCE OF A SINGLE CENTER IN NTBC USE IN MANAGEMENT OF HEREDITARY TYROSINEMIA TYPE I IN LIBYA

Hanna Alobaidy
El khadra Hospital, Libya

Background: Hereditary tyrosinemia type I (HTI) is a metabolic disease caused by deficiency of fumarylacetoacetate hydrolase enzyme.

Objectives: This study reports beside its clinical and biochemical presentation, the outcome of NTBC [2- (2-nitro-4-trifloro-methylbenzoyl)-1, 3-cyclohexanedion] treatment of the disease and evaluates its biochemical markers in 16 pediatric Libyan patients.

Patients & Methods: The diagnosis was based on presence of high tyrosine levels in blood and succinylacetone in urine.

Results: The consanguinity rate was 81.2%, the median age at onset, at diagnosis and at starting treatment were 4.5, 8, and 9.5 months respectively. At presentation hepatomegaly, jaundice, rickets and high gamma glutamyl transferase (GGT) were observed in 87.5% of patients. All patients had extremely high alpha fetoprotein (AFP) and high alkaline phosphatase (ALP) levels. Fifteen patients were treated with NTBC, normalization of PT (Prothrombin time) was achieved in average of 14 days. The other biochemical parameters of liver function (transaminases, GGT, ALP, bilirubin and albumin) took longer to improve and several months to be normalized. Survival rate with NTBC was 86.6%. Patients who started treatment in a median of 3 months post onset observed a fast drop of AFP in 90.6% of patients (P=0.003). Abnormal liver function and rickets were the common presentations and GGT was an early cholestatic sensitive test. ALP was constantly high even in asymptomatic patients.

Conclusions: In HT1 a faster dropping of AFP is a marker of good prognosis

Biography

Hanna Alobaidy has completed her MB BCh from Faculty of Medicine, Alexandria University, Egypt in 1980 and Postdoctoral studies in Pediatrics from Karolinska Institute Stockholm Sweden, 1990. She is a Consultant of clinical pediatrics and inborn errors of metabolism. She is currently serving as Consultant Metabolist in outpatient clinic Alkhadra Hospital, Tripoli, Libya. She has committed to a career in Academic Medicine and has over 20 years of experience of undergraduate and postgraduate medical education in University of Tripoli Medical College. She has published papers in national and international peer-reviewed medical journals with over 25 citations. Her top clinical researches are: The 1st study and reference report about the "Pattern of metabolic disorders in Libya, long term experience in tyrosinemia type I with NTBC (17years) and Niemann-Pick C disease follow up".

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CHRONIC NEUTROPENIA OF CHILDHOOD

Rose Mary S Stocks
University of Tennessee Health Science Center, USA

Objective: Chronic neutropenia of childhood (CNC) is a rare disorder in which the absolute neutrophil count is below 1500/ L over an extended period of time. The objective of this study is to describe the otolaryngologic manifestations associated with CNC to facilitate diagnosis and treatment of this condition.

Methods & Materials: We performed a retrospective chart review of patients with the diagnosis of CNC between 1970 and 2005 at a tertiary pediatric hematology center. After Institutional Review Board approval, 43 patients were evaluated. The average age at hematologic diagnosis was 49 months (range: 1 month – 15 years with 35% <1 year, 44% 1–10 years, 21% >10 years). A total of 2049 encounters were analyzed from the hospital charts.

Results: Twenty four subjects (56%) presented with recurrent otitis media (ROM), sinusitis or pharyngotonsillitis, while 11% presented with oral mucosal lesions. After diagnosis, otolaryngologic problems persisted, including ROM (81%), viral upper respiratory tract infection (67%), oral ulcers or gingivitis (53%), tonsillitis (39%) and sinusitis (37%) and were more common than other systemic infections. Myringotomy tube placement, endoscopic sinus debridement, adeno-tonsillectomy or tracheostomy were required in 42% of patients. After G-CSF (granulocyte colony-stimulating factor) became available in the early 1990s, the infection rate markedly decreased. Five deaths occurred (12% mortality) including one due to sepsis from otolaryngologic infection.

Conclusion: The majority of children with CNC had otolaryngologic problems at presentation and these continued after diagnosis. While managing common otolaryngologic infections in children, a high index of suspicion for chronic neutropenia is necessary. An otolaryngologist is frequently one of the first physicians to encounter children with this condition. Awareness of CNC and its management will enhance earlier diagnosis and more effective treatment for these children.

Biography

Rose Mary S Stocks is the Residency Program Director for Otolaryngology, Head & Neck Surgery Department at UTHSC. She is a fellowship trained Pediatric Otolaryngologist with a Doctorate in Pharmacy and a long bench research history. She has conducted numerous NIH-funded research endeavors with an emphasis on ototoxicity and its prevention in the administration of chemotherapy in the guinea pig model. She has participated in, and published her experience in extra-uterine, prenatal surgical repair of defects of the head and neck (the EXIT procedure). She has served as Research Mentor to numerous residents over the years and greatly increased the amount of scholarly activity within the department. She has taught courses at a national level for the American Academy of Otolaryngology, Head and Neck Surgery on Down's Syndrome for the Otolaryngologist and Management of the Difficult Pediatric Airway. She teaches first year medical students about examination of the ear, nose, and throat and is a tireless surgical educator in the training program. She is a Member of the LeBonheur Multidisciplinary Cleft Lip and Palate Team and devotes her expertise to the care of these patients and their families.

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RISK FACTORS ASSOCIATED WITH CHILDHOOD ASTHMA – A CASE CONTROL STUDY

Srijana Dongol Singh and **Shrestha A**
Dhulikhel Hospital, Nepal

Background: Asthma is one of the most common chronic childhood illnesses with rapidly increasing prevalence in low income countries. For planning effective intervention to reverse this condition we need a better understanding of the risk factors for asthma in early life.

Objectives: This study aimed to identify the risk factors associated with childhood asthma and its morbidity patterns.

Methods: The case control study was conducted in the Pediatric Department of Dhulikhel Hospital, Kathmandu University hospital, Dhulikhel from March 2016 to March 2017. The control group was composed of 175 age matched children attending the outpatient clinic with non pulmonary health problem. Data was collected through Performa and analyzed using SPSS version 23. The association of asthma with genetic and environmental risk factors was evaluated by univariant (chi-square or Fisher's exact test) and binomial logistic regression.

Results: Childhood asthma was more common in male children between 1-5 years. Majority of children 77 (44%) were graded as mild persistent asthma. In multivariate analysis the following factors were associated with asthma: family history of asthma (OR0.06; 95%CI .005-0.94, p=0.04), exclusive breast feeding (OR18.42; 95%CI 2.56-132.3, p=0.004), allergic disorder in children (OR0.003; 95%CI 0.000-0.037, p=0.0001).

Conclusion: Family history of asthma, allergic history in the patient and nonexclusive breast feeding were significantly associated with asthma. Proper treatment and follow up with good drug compliance and avoidance of risk factor can significantly reduce the morbidity pattern of asthma in c hildren

Biography

Singh D S is an Associate Professor of Pediatric Department in Kathmandu University Hospital, Dhulikhel, Kavre, Nepal. She has done her Postgraduation in Pediatric Nutrition (Boston University). She has studied her Medicine (MBBS) in University of Science and Technology, Chittagong, Bangladesh. She is MD (Pediatrics), Kathmandhu University, Dhulikhel, Kavre, Nepal. Her research works include: Risk factor of low birth weight babies born in Dhulikhel Hospital; Incidence, risk factor and outcome of birth asphyxia cases born in Dhulikhel Hospital; Outcome of meconium stain liquor babies born in Dhulikhel Hospital; Incidence, clinical profile and antibiotic sensitivity in urinary tract infection in Dhulikhel Hospital; Incidence, clinical profile and antibiotic sensitivity in enteric fever in Dhulikhel Hospital; and clinical profile, radiological resolution and risk factor associated with fatal pneumonia. She has attended conferences on Pediatric Epilepsy in Nationwide Children's Hospital, Columbus, USA; Subspecialty conference of Pediatric organized by Nepal Pediatric Society, workshop on curriculum review on Pediatric Nutrition organized by Child Health Division of Government of Health, curriculum review of MBBS; workshop on Database Management of newborn child. She has done paper presentations in Nepal Pediatric Society Conference on the following topics: Incidence, clinical profile and antibiotic sensitivity in urinary tract infection in Dhulikhel Hospital; Incidence, clinical profile and antibiotic sensitivity in enteric fever in Dhulikhel Hospital; and clinical profile, radiological resolution and risk factor associated with fatal pneumonia.

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Banafshe Dormanesh et al., J Pediatr Care, Volume 4
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EVALUATION OF VOIDING DYSFUNCTION IN CHILDREN WITH URINARY TRACT INFECTION

Banafshe Dormanesh[1], Reza Khorramirouz[1, 2] and **Abdol Mohammad Kajbafzadeh[2]**

[1]AJA University of Medical Sciences, Iran
[2]Tehran University of Medical Sciences, Iran

Background: Urinary tract infection in children may cause parenchymal damage due to voiding dysfunction.

Objective: We aim to establish an urodynamic and uroflowmetry parameters in Iranian children referred for urinary tract infection (UTI) compared with normal findings in similar age group in Iranian population.

Methods: Two hundred and ninety eight voiding parameters were performed between 2000 and 2010 on patients referring with UTI ages between 2 to 15 years. The maximal and average urine flow rate and urine volume were evaluated in uroflowmetry and maximal detrusor pressure in voiding were measured in urodynamic study. Two hundred ninety eight studies from 236 girls and 62 boys were considered in this study.

Results: The maximal and average urine flow rate was measured for both girls and boys. Mean maximum and average urine flow rate was 25.86 and 10.03 (ml/sec) for boys with 28.12 and 11.10 (ml/sec) for girls with a mean voided volume of 198.80 (ml) for boys and 207.79 (ml) for girls. Urine volume showed significant increase with increasing age. Average flow rate showed close association with maximum detrusor pressure, maximum flow and urine volume. The maximum flow rates showed close association with urine volume. The mean maximum flow rates were higher in girls and boys with urinary tract infection compared to normal population and the mean average flow rates were higher in both sexes with UTI compared to normal population.

Conclusion: This study showed the higher maximum, average flow rates, urine volume and detrusor pressure in children with UTI compared to normal population which confirmed higher voiding pressure pattern in affected children

Biography

Banafshe Dormanesh has completed her Medicine in 1993; Pediatric Specialty in 1997 and Pediatric Nephrology subspecialty in 2002 from the Tehran University of Medical Sciences. She is an Associate Professor in Pediatric Nephrology and is the Head of Pediatric Department in Faculty of Medicine. She has published more than 60 papers and book chapters. She is an Associate Editor in AMHSR Journal and Head of the Editorial Board Member (Clinical Sciences and Practice, Family Medicine) in JAMM Journal.

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Maria Neamtu, J Pediatr Care, Volume 4
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PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA (PSVT) IN CHILDREN– THERAPEUTIC APPROACH IN URGENT PEDIATRICS

Maria Neamtu
Municipal Hospital, Republic of Moldova

Objectives: The objective of the study is the determination of trigger factors against the background of congenital heart defect; clinical manifestations of PSVT depending on age and effectiveness of treatment depending on age.

Relevance of the topic: PSVT is one of major urgencies in children

Materials & Methods: The study included a group of 22 children and was based on survey and monitoring in dynamics in Emergency Receiving Pediatrics Unit Department, Clinical Hospital Balti in 2014.

Results:

1. Age separation: 1st lot 0-4 years old (8 children – 36.36%),
2. 2nd lot 5-18 years old (14 children – 63.63%)
3. Etiology separation: 1st lot PSVT with acute respiratory infection, pneumonia, congenital heart defect (atrial septal defect (ASD), ventricular septal defect (VSD)) – 36.36% 2nd lot PSVT in intact heart (stress, fear) – 63.63%
4. Clinical manifestation separation: 1st lot – cyanosis, extreme pallor, dyspnea – 36.36% 2nd lot – palpitation, heart pain, pallor, asthenia – 63.63%
5. Treatment separation: 1st lot – attack treatment with Adenosine – 36.36% 2nd lot – attack treatment with Amiodarone – 39.28%, Verapamil – 24.35%

Conclusions: The obtained results conclude that the high frequency of PSVT in children with concomitant diseases against the background of congenital heart defects (ASD, VSD); High effectiveness of attack treatment in 1st lot with adenosine, 2nd lot with amiodarone and verapamil; and in emergency receiving pediatrics unit department it is possible to treat PSVT attack in children.

Biography

Maria Neamțu, is the Head of Paediatrics Department of the Municipal Hospital, Balţi, Republic of Moldova. She is a specialist in Paediatric Cardiology with more than 34 years of experience in the field. Her experience and passion for medical activity is implemented through different activities as: depth knowledge in providing emergency medical care to patients with cardiac pathologies, administration of the children's hospital with a capacity of 135 beds, teaching at the medical college, which is the key moment to provide qualitative emergency assistance to children. Her professional knowledge and skills are also reconfirmed by attending and publishing scientific papers at the cardiology congresses in London, Tel-Aviv, Brussels, Bucharest and Barcelona.

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DAY 2

Keynote Forum



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Rose Mary S Stocks, J Pediatr Care, Volume 4
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INITIAL MANAGEMENT OF INFANTS WITH A CLEFT LIP AND PALATE



Rose Mary S Stocks

University of Tennessee Health Science Center, USA

Biography

Rose Mary S Stocks is the Residency Program Director for Otolaryngology, Head & Neck Surgery Department at UTHSC. She is a fellowship trained Pediatric Otolaryngologist with a Doctorate in Pharmacy and a long bench research history. She has conducted numerous NIH-funded research endeavors with an emphasis on ototoxicity and its prevention in the administration of chemotherapy in the guinea pig model. She has participated in, and published her experience in extra-uterine, prenatal surgical repair of defects of the head and neck (the EXIT procedure). She has served as Research Mentor to numerous residents over the years and greatly increased the amount of scholarly activity within the department. She has taught courses at a national level for the American Academy of Otolaryngology, Head and Neck Surgery on Down's Syndrome for the Otolaryngologist and Management of the Difficult Pediatric Airway. She teaches first year medical students about examination of the ear, nose, and throat and is a tireless surgical educator in the training program. She is a Member of the LeBonheur Multidisciplinary Cleft Lip and Palate Team and devotes her expertise to the care of these patients and their families.

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Mariana Stuparu Cretu, J Pediatr Care, Volume 4
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INULIN, A PREBIOTIC PLANT METABOLITE FOR CHILDREN – AN ENRICHED FORMULA



Mariana Stuparu Cretu

University Dunarea de Jos of Galati, Romania

Clinical studies have demonstrated that inulin-type fructans added to infant food formula have significant effects on intestinal flora because of their prebiotic potential and influence the innate and adaptive immune response favorably. Therefore, people who have consumed inulin have a steady state of well-being. Our main goal was to extract, isolate and characterize the inulin-type fructans from Cichorium intybus and Taraxacum officinale roots in order to evaluate the prebiotic activity of this polysaccharide. The sources of inulin, Cichorium intybus (chicory) and Taraxacum officinale (dandelion) roots, was collected from Romanian south-east spontaneous flora. The inulin was extracted from plant material by fractionation with different solvents. The content of saccharides from the organic extracts was quantified using spectrophotometric methods and HPTLC technique and commercial inulin, as standard solution. The presence of other different chemical compounds from extracts was highlighted using attenuated total reflectance Fourier transform infrared spectroscopy (ATR-FTIR). The prebiotic activity of inulin from extracts was performed in the presence of Lactobacillus plantarum strains and a commercial product. The highest content of inulin-type fructans was found in Cichorium intybus roots compared to the Taraxacum officinale roots extract. Both plant extracts showed similar functional groups like the inulin standard solution (C-C: 1018÷1044 cm-1 and C-OH: 1106.06÷1114 cm-1). Thus, the chemical structure of the compounds found in the plant extracts is almost similar to that of the standard solution of inulin. Lactobacillus plantarum strains showed a significant growth dynamics in the presence of both extracts compared to the sample represented by a commercial product. In conclusion, Taraxacum officinale roots are characterized by an essential prebiotic potential due, like of Cichorium intybus, to their significant inulin content and can be used as natural additives resources to improve the textural and organoleptic properties of various food daily products for children

Biography

Stuparu Cretu Mariana is a Pediatrician and Generalist, also specialist in general and pediatric ultrasound, family planning and health management. She has completed her PhD in Pediatrics at 2013 from Carol Davila University of Medicine and Pharmacy, Bucharest, Romania. Now, she is the Medical Director of Obstetrics Ginecologie Hospital BunaVestire of Galati and Associate Professor at Faculty of Medicine and Pharmacy, Dunarea de Jos University of Galati. She is concerned about different areas of health, preferential nutritional health of the population, metabolic syndrome, adolescent health, pediatric gynecology, health education. She has presented several research papers at different conferences and congresses.

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DAY 2

Scientific Tracks & Abstracts



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DAY 2

March 27, 2018

Sessions

General Pediatrics | Neonatalogy And Perinatology | Pediatric Genetics | Pediatric Nephrology And Urology

Session Chair
Rose Mary S Stocks
University of Tennessee Health Science Center, USA

Session Co-Chair
Mariana Stuparu Cretu
University Dunarea de Jos of Galati, Romania

Session Introduction

Title: Linkage analysis of autosomal recessive primary microcephaly (MCPH) in Pakistani families

Iram Naz, Xi'an Jiaotong University, China

Title: Aortic runoff as a sign of intracranial arteriovenous malformation

Maryam Moradian, Medical and Research Center- IUMS, Iran

Title: Antibiotic resistances profile in Iran, clinical implication and prospect for antibiotic stewardship

Jafar Soltani, Kurdistan University of Medical Sciences, Iran

Title: The effect of creating opportunities for parent empowerment program on parent's mental health: A systematic review

Shirin Hasanpour, Tabriz University of Medical Sciences, Iran

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LINKAGE ANALYSIS OF AUTOSOMAL RECESSIVE PRIMARY MICROCEPHALY (MCPH) IN PAKISTANI FAMILIES

Iram Naz
Xi'an Jiaotong University, China

The work in this study is done on the inherited disease autosomal recessive primary microcephaly (MCPH). MCPH is characterized by reduction in head circumference (3-4 standard deviations below age and sex average) caused by underdevelopment of the fetal cerebral cortex. This is accompanied with variable degrees of mental retardation. MCPH demonstrate genetic heterogeneity and to date eight loci (MCPH1-MCPH8) and eight genes have been identified. These MCPH genes are involved in important cellular functions mainly related to mitosis of neurons (neurogenesis); cell cycle regulation, organization and orientation of mitotic spindle fibers and centrosomal production of microtubules. In the present work, two families showing primary microcephaly were studied. DNA samples from affected and normal individuals from both families were tested for linkage to known MCPH loci. All known loci were excluded from both families because of absence of linkage and homozygosity. The disease loci on some other cytogenetic location are yet to be discovered.

Biography

Iram Naz has completed her MBBS in 2014 from Xi'an Jiaotong University, China and now is a Master's (Pediatrics) student in Xi'an Jiaotong University.

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Maryam Moradian, J Pediatr Care, Volume 4
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AORTIC RUNOFF AS A SIGN OF INTRACRANIAL ARTERIOVENOUS MALFORMATION

Maryam Moradian
Medical and Research Center- IUMS, Iran

Intracranial arteriovenous malformations rarely cause pulmonary hypertension and congestive heart failure in the newborn. Their diagnosis is, however, challenging because cardiomegaly may suggest an intracardiac structural lesion.

Introduction: Congenital arteriovenous malformations (AVM s) are structural abnormalities resulting from arrest in normal morphogenetic processes leading to absence of normal intervening capillary bed between artery and veins so blood rushes from the artery type vessel to vein type vessel without being slowed down by capillaries, which may give rise to hemodynamic symptoms. The hemodynamic signs and symptoms produced by systemic AVMs are determined by their location (brain, liver, thorax, extremities ...) size, and the patient's age (as hydrops fetalis during fetal life, neonatal congestive heart failure, or beyond infancy as a hyperkinetic circulatory state) Small cranial AVMs may cause no symptom until they rupture causing signs of cerebral or subarachnoid hemorrhage. Other manifestations would be neurological problems such as hydrocephalus, seizure, headache, and numbness in one part of body paralysis or loss of speech, memory or vision. Arteriovenous malformation of the vein of Galen in infancy is a rare cause of neonatal heart failure. Symptoms of high-output congestive heart failure due to unique cardiovascular hemodynamics of neonate (patency of ductus arteriosus and foramen ovale, elevated pulmonary vascular resistance, and relative hypertrophy and diminished compliance of right ventricle) may lead to miss diagnosis of intracardiac defect.

Method: In this case report we introduce two neonates which were referred to our hospital (as tertiary cardiac referral center) due to cardiac failure and were though to suffer from congenital heart defect. In fact cardiac symptoms in these cases were secondary to cranial AVM .Echocardiography helped us to reach the correct diagnosis. Our aims in reporting these two cases are contributing to medical knowledge, clinical practice, precise using diagnostic instruments (echocardiography), disease management, and follow-up. Also we believe on its educational value.

Case description: A two-day-old male and eleven-day-old female newborns with intracranial arteriovenous malformations and misdiagnosis of congenital heart disease are presented here.

Discussion: Infants with severe congestive heart failure caused by an intracranial AVM are critically ill, and prompt diagnosis is essential. Two-dimensional ultrasonography of the heart and brain provides a rapid, efficient method for the detection of intracranial AVMs. Alongside the complex adjustments that occur on conversion to extrauterine circulation, the newborn infant with a large intracranial AVM has an additional circulatory burden. Shortly after birth, when the pulmonary vascular resistances are still elevated, the decrease in the total systemic vascular resistance caused by the presence of a large AVM promotes right-to-left ductal shunting. The large venous return to the right atrium from the AVM augments the right-to-left atrial shunting. An increased blood flow to a low-resistance fistula leads to the dilatation of the ascending aorta and carotid arteries, and an increased venous return from the AVM causes the dilatation of the superior vena cava, right atrium, and right ventricle. Doppler examination of the descending aorta shows evidence of a retrograde diastolic flow

Conclusion: Cranial AVMs cause volume overloading and cyanosis due to a persistent fetal circulation. Most of cranial AVM infants are initially deemed to have congenital heart disease. Careful echocardiography, by demonstrating a normal intracardiac anatomy via two-dimensional mode and the "steal" of blood in the cranial region by pulsed and color Doppler modes, helped us reach the correct diagnosis promptly. It should be emphasized that cranial auscultation, albeit an integral component of physical examination in children, more often than not tends to be ignored.

Biography

Maryam Moradian has completed her Residency in pediatrics, Tehran University of Medical Sciences (Children's Medical Center) and Mashhad University of Medical Sciences. She was the Director of pediatrics echocardiography lab, Rajaie Cardiovascular Medical and Research Center from 2011-2013. She has published more than 14 papers in reputed journals.

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ANTIBIOTIC RESISTANCES PROFILE IN IRAN, CLINICAL IMPLICATION AND PROSPECT FOR ANTIBIOTIC STEWARDSHIP

Jafar Soltani and **Soheila Nahedi**
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Serious bacterial infections that are resistant to commonly available antibiotics have become a major worldwide healthcare problem. They are more severe; require significantly more expensive diagnosis and longer and more sophisticated treatments. According to World Health Organization, post-antibiotic era, in which even mild infections causing serious problems is approaching soon till 2050. Knowledge of the prevalence of antibiotic resistance is a pre-requisite for infection control and essential for public healthcare policy makers to conduct effective responses. Some studies indicate high bacterial resistance rates in developing countries. Nevertheless, it is hard to delineate the extent of the problem, since it changes in various healthcare facilities and geographic regions. These factors increase the importance of establishment of a surveillance system of antibiotic resistance from all hospitals. Based on World Health Organization (WHO) guidelines, antibiotic surveillance should be performed in three levels, i.e. local, intermediate and national. A nationwide surveillance system has not yet been established in Iran. Most data are retrieved from scattered cross-sectional studies and there is no guideline for rational uses of antibiotics especially at local levels. The objectives of this review are to describe antibiotic resistances pattern of common microorganisms which isolated from blood and other sterile body fluid and its clinical implication during recent years in Iran.

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THE EFFECT OF CREATING OPPORTUNITIES FOR PARENT EMPOWERMENT PROGRAM ON PARENT'S MENTAL HEALTH: A SYSTEMATIC REVIEW

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Context: Premature birth and the consequent neonatal intensive care unit (NICU) admission cause great distress for parents, which makes them in need of support when their infant is hospitalized in the NICU.

Objective: The aim of this study was to determine the impact of creating opportunities for parent empowerment (COPE) program on parents' mental health. This review emphasizes on mental disorders' prevention.

Data Sources: This systematic review was performed by searching the databases including Cochrane Library, Pubmed, Scopus, Google Scholar, Proquest, Science Direct, SID, Magiran and Iranmedex databases for interventional papers from 2000 until 2015.

Study Selection: The studies which were considered to enter this review included randomized controlled clinical trials and quasi-experimental studies regarding the impact of COPE program on the mental health of premature infants' parents.

Data Extraction: For eligible studies, two authors extracted the data independently and discrepancies were resolved through discussion or, if required, through consultation with the third author.

Results: Only four studies conducted on the impact of COPE program on parents' mental health were included in this systematic review. According to them, the implementation of COPE program on the parents of premature infants hospitalized in the NICU decreased stress significantly after intervention phases 2 [-1.72 (95% CI: -1.97, -1.47)] and state anxiety after intervention phases 1 [-1.01 (95% CI: -1.48, -0.53)] in mothers.

Conclusion: The studies suggested the positive impacts of COPE programs on parents' mental health; however, more studies are recommended in all aspects of mental health along with further involvement of fathers.

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DIFFUSE TENDER EDEMA AND INTUSSUSCEPTION: AN UNUSUAL INITIAL PRESENTATION OF HENOCH-SCHONLEIN PURPURA

Kyrina Anastasia, Krepis Panagiotis, Ioannis Leptidis, Korexenidou Magda and **Zarkinos Fotios**

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An 8-year old boy was admitted with a 72 h history of painful swelling of the upper and lower limbs. The oedema had been worsening within the last 24 h and he refused to walk and also reported non-focal abdominal pain that begun 4 days ago. He had no remarkable history apart from a drop off his bicycle 4 days ago after which he was examined in the emergency department and no serious trauma were found. Physical examination revealed painful pitting edema of the limbs along with periorbital oedema, scrotal swelling and a small non-blanching rash on the limbs and on the abdomen that was barely seen. Laboratory assessment showed mild thrombocytosis, increased ESR and decreased serum albumin. He started complaining of severe abdominal ache and subsequently, an abdominal ultrasound was performed and showed small bowel intussusception that was also confirmed by CT. Ninety six hours after the initiation of the edema, palpable purpuric lesions indicative of Henoch-Schonlein purpura (HSP) were appeared on the boy's legs. Therefore, the patient was administered steroids and showed remarkable clinical improvement. Facial edema in HSP have been previously described mainly in children less than two years old, in this case not only the primary edema was prominent and involved multiple body parts, but also it was spread all over his body. Non-typical, subcutaneous edema involving one or multiple parts of the body represents a severe feature of HSP that may precede the purpuric rash. Thus, pediatricians should be aware of this possibility and should always have a high index of suspicion for HSP.

Biography

Kyrina Anastasia has completed her Medical studies from National and Kapodistrian Athens University. She has worked as a Pediatric Trainee at General Hospital of Kozani in Greece. She has done her neonatal rotation at Chelsea and Westminster Hospital in London. She is now a Clinical Fellow in Pediatrics and Neonates at Countess of Chester Hospital in Liverpool.

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TWO LIBYAN SIBLINGS WITH BETA-KETOTHIOLASE DEFICIENCY: A CASE REPORT AND REVIEW OF LITERATURE

Hanna Alobaidy[1], Elsayed Abdelkreem [2,3], Yuka Aoyama[4], Shaimaa Mahmoud[3], Mohamed Abd El Aal[3] and **Toshiyuki Fukao[2]**

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Beta-ketothiolase (mitochondrial acetoacetyl-CoA thiolase, T2) deficiency is an autosomal recessive disorder characterized by impaired metabolism of ketones and isoleucine. In this study, we report on the first two siblings with T2 deficiency from Libya. Both siblings presented with ketoacidosis, but the severity and outcomes were quite distinctive. T2 deficiency in patient 1, the younger sister, manifested as recurrent severe episodes of ketoacidosis during the first year of life. She unfortunately experienced neurodevelopmental complications and died at 14 months old, after her 5th episode. In contrast, patient 2, the elder brother, experienced only one ketoacidotic episode at the age of 4 years. He recovered uneventfully and has continued to achieve age-appropriate development to date. Upon analysis, the siblings' blood acylcarnitine profiles had shown increased levels of C5:1 and C5-OH carnitine. ACAT1 mutational analysis revealed patient 2 is homozygotic for a novel mutation–c.674C > A (p.Ala225Glu); this mutation was then confirmed by familial analysis. Transient expression analysis of c.674C > A mutant T2 cDNA revealed neither potassium ion-activated acetoacetyl-CoA thiolase activity, which represents T2 activity, nor mutant T2 protein. Therefore, this mutation is truly pathogenic. Interestingly, the incidence of T2 deficiency may be high among the Arab population. This disease should be considered in the differential diagnosis for unexplained ketoacidosis in children. Patients with T2 deficiency could have a favorable outcome if diagnosed and treated early.

Biography

Hanna Alobaidy has completed her MB BCh from Faculty of Medicine, Alexandria University, Egypt in 1980 and Postdoctoral studies in Pediatrics from Karolinska Institute Stockholm Sweden, 1990. She is a Consultant of clinical pediatrics and inborn errors of metabolism. She is currently serving as Consultant Metabolist in outpatient clinic Alkhadra Hospital, Tripoli, Libya. She has committed to a career in Academic Medicine and has over 20 years of experience of undergraduate and postgraduate medical education in University of Tripoli Medical College. She has published papers in national and international peer-reviewed medical journals with over 25 citations. Her top clinical researches are: The 1st study and reference report about the "Pattern of metabolic disorders in Libya, long term experience in tyrosinemia type I with NTBC (17years) and Niemann-Pick C disease follow up".

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SUBCUTANEOUS EMPHYSEMA AND PNEUMOMEDIASTINUM SECONDARY TO H1N1 PNEUMONIA IN SAUDI CHILDREN: 2 CASE REPORTS

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Spontaneous Pneumomediastinum (SPM) is an innocuous condition in children, which usually responds to supportive therapy. The incidence of H1N1 Influenza A infection in children is exceedingly rare and may culminates into spontaneous pneumomediastinum and subcutaneous emphysema. The association of H1N1 viral infection with air leak syndromes such as pneumomediastinum and subcutaneous emphysema has been reported from various centers. We came across with two such cases in our hospital and with a timely diagnosis and appropriate treatment, both were able to recover with an excellent outcome and without any significant complications.

Key words: Subcutaneous Emphysema Pneumomediastinum H1N1 Pneumonia viral Pneumonia Influenza A

Biography

Ruba Abo Essa has completed her MBBS from King Khalid University 2011. She has Saudi board in pediatrics from Saudi commission for health specialties, Saudi Arabia, Nov 2015 and Arab board in pediatrics from Arab board of health specializations, May 2016. She is currently a pediatric senior registrar and the director of pediatric residency training program, Abha maternity and children's hospital. She has published many papers in reputed journals

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EARLY AND LATE OUTCOMES AFTER SURGICAL MANAGEMENT OF CONGENITAL VASCULAR RINGS

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Persistent respiratory or feeding problems in children may be associated with a congenital vascular ring. Surgical management is fairly standardized, but long-term outcomes are not well described. This study aims to investigate clinical presentation, surgical treatment, and risk factors for early mortality and late outcome. Our database revealed 62 surgically treated vascular ring patients between 1993-2014. Double aortic arch was the most common diagnosis (53%), followed by right aortic arch with aberrant left subclavian artery (39%). A Kommerell's diverticulum was present in 24 patients. Symptoms were mainly respiratory (89%) and feeding problems (32%). Median age at operation was 1 year. Median extubation time and hospital stay were 4 hours (interquartile range (IQR) 2-16 h) and 5 days (IQR 3.8-7.3 days). Mean follow-up was 7.8±5.8 years. Early mortality was 8% and was related to anatomical diagnosis, concomitant anomalies, and need for preoperative intubation. Freedom from residual symptoms at 1 and 6 months was 63% and 82% respectively. Freedom from inhalation therapy at last follow-up was 82% and was influenced by type of vascular ring and preoperative ventilation and dysphagia symptoms always disappeared. Surgical relief of tracheoesophageal compression is commonly effective in vascular ring anomalies. Respiratory symptoms only persist in a minority of children. Patients with double aortic arch are at increased risk to remain symptomatic, necessitating supportive inhalation therapy lifelong or during intercurrent respiratory infections. Severe repetitive respiratory distress episodes during the first year of life must alert the pediatrician for this clinical entity, as most patients with a vascular ring present early.

Biography

Katrien Francois is a Congenital Cardiac Surgeon at the University Hospital Ghent, Belgium, and currently the Head of the Cardiac Surgery Department at the same hospital. She received her surgical training at the University Hospital Ghent, and congenital cardiac surgery training at Great Ormond Street Hospital for Sick Children, London. She obtained her PhD with a thesis on "Surgical palliation of the functionally univentricular heart". She has published more than 100 papers in peer-reviewed journals.

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DIAGNOSIS OF TUBERCULOSIS IN CHILDREN: CHALLENGES AND OPPORTUNITIES

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Childhood tuberculosis is an important public health problem in resource constrained settings, but continues to be neglected by physicians and policy makers. Diagnosis is particularly challenging in infants and children for many reasons. Children generally do not produce or expectorate sputum, making it difficult to obtain appropriate samples for analysis. Families generally do not collect and transport respiratory specimens properly. The disease is generally paucibacillary and mycobacteria are shed intermittently, reducing the yield (compared to adults). The hallmark radiological signs (such as pulmonary cavity) are rarely seen in childhood tuberculosis. Further physicians often treat children without confirming the diagnosis. The twin burdens of HIV infection and rising resistance among mycobacteria add further challenges to diagnosis. The mainstay of tuberculosis diagnosis rests on demonstration of acid fast bacilli (AFB) in biological samples (induced sputum, gastric aspirate/lavage, nasopharyngeal aspirate, lymph node aspirate, etc.). However staining with conventional methods yields results in only about 30% confirmed cases. Mycobacterial culture yield is also extremely low, but is somewhat improved by using liquid culture media. Clinical scoring systems have poor sensitivity and specificity; with limited diagnostic validity for treatment decisions. Radiological diagnosis rests on demonstration of one of three signs viz. hilar/paratracheal lymphadenopathy, military shadows and a fibro-cavitary lesion, but these findings are rare. Tuberculin test and serological assays are two frequently misused tests. The former cannot distinguish infection from disease (hence has limited value in endemic settings) and the latter is unreliable and is discouraged by national and international guidelines. Even interferon gamma release assays (IGRA) have no value in endemic settings. Recent molecular diagnostic tests have raised hopes of better diagnostic platforms. The Xpert MTB RIF system (GeneXpert) is the most promising among these. A series of systematic reviews shows that GeneXpert is superior to microscopy, but inferior to culture (sensitivity ~60%, specificity >95%). This is a setback because although a positive test result is helpful to start treatment, a negative test does not rule out tuberculosis. Further, GeneXpert sensitivity is considerably lower in smear microscopy negative cases (compared to smear positive cases). However, a significant advantage is the rapid identification of rifampicin resistance. Other diagnostic techniques undergoing evaluation in children include: loop-mediated isothermal amplification (LAMP), and LED microscopy. However, children are excluded from the majority of global research studies on newer diagnostic platforms. In summary, diagnosis of childhood tuberculosis is difficult, and needs considerable time and effort. A step-wise approach can increase diagnostic confirmation in this difficult public health problem.

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EARLY AMPLITUDE-INTEGRATED EEG MONITORING 6H AFTER BIRTH PREDICTS LONG-TERM NEURODEVELOPMENT OF ASPHYXIATED LATE PRETERM INFANTS

Chun Ming Jiang
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The present study aimed to assess the prognostic value of early amplitude-integrated electroencephalogram (aEEG) in late preterm infants who were born at a gestational age between 34 0/7 and 36 6/7 weeks for the prediction of neurobehavioral development. Late preterm infants (n = 170) with normal, mild, and severe asphyxia underwent continuous recording of aEEG for 4–6 h starting 6–8 h after delivery. The recordings were analyzed for background pattern, sleep-wake cycle (SWC), and seizures. Survivors were assessed at 18 months by neurological examination and Bayley Scales of infant development II. The incidence of adverse neurological outcome in the asphyxia group was significantly higher than in the normal group. For late preterm infants in the asphyxia group, abnormal aEEG pattern had a predictive potential of neurological outcomes with sensitivity of 78.57% (specificity 87.80%; positive predictive value [PPV] 68.75%; negative predictive value [NPV] 92.31%; power 85.45%). Non-SWC and intermediate SWC significantly were increased (25.45% and 52.73%, respectively) in the asphyxia group vs. the normal group. SWC pattern had neurological prognosis value in the asphyxia group with sensitivity of 64.29 % (specificity 87.80%; PPV 64.29%; NPV 87.80%; power 81.82%). Early aEEG patterns are important determinants of long-term prognosis of neurodevelopmental outcome in asphyxiated late preterm infants.

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THE ROLE OF THE MOTHER'S AND FATHER'S VOICE AND TOUCH IN IMPROVING NEONATAL TRANSITION AT BIRTH

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Transition from placental respiration to pulmonary respiration at birth is one of the most radical changes in both the circulation and the pulmonary function, changes which have to occur within a few minutes after birth if the baby is to survive intact. It is the moment when the mother can see, touch and speak directly to their newborn for the first time. The neonate can recognize the voice of its mother (and father) and these voices have an immediate calming effect. The maternal voice has been shown to be recognized by the newborn baby having heard it *in-utero* during the months before. Even before birth, processing of the maternal voice is apparent within the temporal cortex of the fetus. After birth, it is no surprise that the mother's voice can quickly calm a crying baby. The father's voice can also be recognized if the fetus has been exposed sufficiently during pregnancy. Emotional closeness through vocalization and touch are important in the future parent–infant relationship and may have beneficial effects on the recovery of the neonate. Nothing can be more reassuring than the mother's voice. When the neoante is born asphyxiated, ventilation is a priority. This is carried out away from the mother, but motherside resuscitation, as opposed to the traditional room side resuscitation, allows the mother to speak to and touch her newborn baby and aid the recovery. Equipment is now available to allow this approach. With the neoante by the mother the placental circulation can remain intact.

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PREVALENCE OF NOCTURNAL ENURESIS AND RELATED FACTORS IN CHILDREN AGED 5-13 IN ISTANBUL

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Background & Aim: Enuresis (nocturnal eneuresis) is a health problem frequently encountered in childhood and refers to involuntary urination into the bed during sleep that occurs at an age at which bladder control would be expected. This study was carried out in two socio-demographically different districts of the province of Istanbul, Turkey, among children ages 5-13, for the purpose of determining the relationship between the incidence of nocturnal enuresis and certain demographic characteristics.

Method: The study design is descriptive and relational. The research was conducted at two health centers in two districts in the province of Istanbul that are thought to exhibit different socio-demographic characteristics. Data was collected by the researchers by means of a questionnaire.

Findings: Enuresis was a complaint expressed by 16.2% of the cases in the study group; 8.3% reported intermittent bedwetting. The data collected in the two districts pointed to a significant difference in terms of the frequency of enuresis in favor of the district where socio-demographic features were inferior ($p<0.005$). When family histories were explored in cases of children with enuresis, it was found that the mothers of 76.2% had the problem of enuresis while 14.9% had enuretic fathers. Thus statistically, the presence of enuresis in the family history was seen to have had a markedly significant impact on the occurrence of enuresis in the child ($p<0.00$).

Conclusion: It was concluded that familial predisposition to the condition constituted a more significant risk factor for enuresis compared to socio-demographic or economic characteristics.

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TUBERCULOSIS IN CHILDREN IN A HOSPITAL IN THE SUBURBS OF DAKAR, SENEGAL

Jean Baptiste Niokhor Diouf
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Introduction: Tuberculosis remains a major public health problem in Senegal despite all the means used to deal with this disease. In an attempt to strengthen tuberculosis control in children, it was envisaged to undertake this study, the main objective of which was to describe the epidemiological, clinical and evolutionary profile of tuberculosis cases, all types taken together, in children monitored at the Centre hospitalier Roi Baudouin de Guédiawaye.

Materials & Methods: A descriptive retrospective study was carried out from 1 January 2010 to 31 December 2014 in the Centre hospitalier Roi Baudouin de Guédiawaye located in the Dakar suburbs. Tuberculosis cases diagnosed in children during the reporting period were compiled from patient records specially designed for this purpose. The data was entered on Excel and the analysis was done using Stata IC 12 software.

Results: A total of 121 new cases of tuberculosis were reported in children during the study period. The average age of the children was 10.84 years. The study population was predominantly female (52.89%). Pulmonary location was more frequent with 70.25% of cases. Extra pulmonary locations were mainly represented by lymph node (30.55%), osteoarticular (16.67%) and pleural (13.89%) forms. The bacilloscopy was positive in 47.93% of the cases. Tuberculosis was associated with HIV in 14.05% of cases. The evolution was favorable in the majority of cases and the hospital mortality was 4.96%.

Conclusion: Given that childhood tuberculosis is still common and mortality high, there is need for further studies to identify the factors contributing to the fact that this epidemiological situation remains unchanged.

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LIFE HABITS IN CHILDREN WITH CEREBRAL PALSY

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Objective: Since according to the International Classification of Functioning, Disability and Health (ICF) participation is the ultimate outcome for individuals with disabling conditions, children with cerebral palsy are at risk of reduced participation in everyday activities. Purpose of this study is review of life habits according ICF in children with cerebral palsy.

Materials & Methods: In this cross sectional study 53 children with cerebral palsy (5-13 years old) from rehabilitation centers were selected via the non-probability convenience sampling. The quality of accomplishment of life habits and the overall satisfaction with performance were assessed via Life-H Questionnaire through interviews with parents. Life habits divided into 12 categories. The categories are nutrition, fitness, personal care, communication, housing and mobility refers to daily activities; the categories responsibilities, interpersonal relationships, community life, education, employment and recreation address social roles.

Results: The main effect of gender was not statistically significant in any of the variables of life habits. Significant differences were found between gross motor function classification system (GMFCS) and global score of series of life habits and most of life habits' variables except work and community life. There were significant differences between global score manual ability classification system (MACS) and most of variables of the Life-H test except interpersonal relationships, community life, and work. The relevance between satisfaction with performance and accomplishment of life habits was significant.

Conclusion: There was not significant relevance between gender and accomplishment of life habits but GMFCS and MACS levels had significant relevance with accomplishment of life habits.

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BREASTFEEDING AND PHYSICIAN MOTHERS -RESULTS OF AN INTERNATIONAL SURVEY

Maryam Sattari
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We report data from 581 physician mothers contacted through the Academy of Breastfeeding Medicine, using an online questionnaire. Mean exclusive breastfeeding duration was 4.2 months (standard deviation of 2.3, range 0-12) and mean breastfeeding duration was 12.3 months (SD 7.3, range 0-54). The participants intended to breastfeed 68% of their 947 children for at least 12 months. While 98% of infants were breastfed at birth, only 58% continued to receive breast milk at 12 months. Variables that had a statistically significant association with breastfeeding duration after controlling for other covariates were maternal goal for breastfeeding duration, length of maternity leave, and maternal perception of availability of time to express milk at work after return to employment postpartum. Duration of exclusive breastfeeding was negatively associated with maternal age at the time of the study and positively with perception of availability of time to express milk at work after return to employment postpartum. Being in practice at the time of childbirth was associated with longer duration of exclusive breastfeeding, compared to being in training. Personal exclusive breastfeeding duration had a statistically significant association with self-reporting breastfeeding promotion among female housestaff (residents and/or fellows), colleagues, staff, or students as well as frequency of breastfeeding discussion with pregnant patients or new mothers. Our findings suggest that maternal infant-feeding intentions and work-related factors play an important role in infant-feeding behavior of physician mothers. Longer maternity leave as well as protected time at work for breastfeeding mothers might result in significant improvement in their breastfeeding duration.

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NICE OR NOT SO NICE? AN AUDIT OF EARLY ONSET NEONATAL SEPSIS

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Introduction: NICE guidelines for the management of early onset neonatal sepsis were published in 2012. Aneurin Bevan University Health Board revised local guidelines to incorporate NICE recommendations in February 2016. Our aims were to compare our practice pre and post new guideline.

Method: The audit was undertaken over three months during 2016 in Royal Gwent (RGH) and Nevill Hall (NHH) Hospitals. All babies on the postnatal ward commenced on antibiotics during the first 72 hours were included.

Results: Eighty eight babies received antibiotics; 68 at RGH and 20 at NHH. In 59 cases (67%), the indication for antibiotics was maternal sepsis. In RGH 37 babies (54%) had >1 CRP <5 and were discharged day 2. In NHH 12 babies (60%) had >1 C-reactive protein (CRP) <5 and 2 (10%) were discharged day 2. Eighteen babies (20%) had at least 1 CRP >30 and had a locked plating of which 14 (78%) were successful and none were positive. All blood cultures were negative. In RGH the mean duration of hospital stay was 3.4 days with a mode of 2.0 days and median of 2.0 days. In NHH the same figures were 4.0, 3.0 and 3.0 days respectively. 22.7 babies per month received antibiotics; this pre NICE figure was 10.4.

Conclusion: We have shown an increase in babies receiving antibiotics following implementation of NICE recommendations. In NHH hospital stay is longer and a contributing factor is off site blood culture processing.

Recommendation: With the current NICE guideline the burden of postnatal ward antibiotic babies remains high.

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BRONCHIOLITIS GUIDELINE CHANGES AND EFFECTS IN A PEDIATRIC EMERGENCY DEPARTMENT

Nicholas Mancuso, Craig Carter, Jeffrey Bennett, Susan Robbins and **Landon Jones**
University of Kentucky, USA

In 2014 the American Academy of Pediatrics revised prior 2006 guidelines on bronchiolitis treatment. This study aimed to compare outcomes in the emergency department (ED) in a major academic medical center pediatric emergency department after implementing new recommendations, specifically length of emergency department stay and time to decision to admit. Secondarily the use of treatment and diagnostics were compared pre and post implementation of guidelines. A retrospective review of infants under 12 months of age that presented to our pediatric tertiary center's academic ED from 2012-2016 bronchiolitis seasons was performed. Winter of 2015 is when the ED and pediatric department made a combined effort to strictly follow the 2014 AAP guidelines. Those with a diagnosis of bronchiolitis were included. Previous reactive airway disease and wheezing patients were not excluded for this study. Data collected included time of placement in a room in the ED to time of discharge or time to pediatrics consult (for admission). Other data collected for each patient included who received a chest x-ray (CXR), nebulizer treatment, RSV PCR, or any form of steroid. There was no significant difference in the ED length of stay, nor in the time-to-decide for admission of patients after the 2014 AAP bronchiolitis guidelines were applied. There was a significant reduction in the overall number of treatment and diagnostic modalities used post-implementation suggesting a potential cost-effective strategy of care.

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ENTEROCUTANEOUS FISTULA IN NEONATES AND CHILDREN: THE ROLE OF OCTREOTIDE AND SOMATOSTATIN IN THE CONSERVATIVE MANAGEMENT

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Enterocutaneous fistula in neonates and children is a very challenging condition, with a low incidence but a significant morbidity and mortality. Conservative management is the cornerstone of treatment, although the role of octreotide and somatostatin in the closure of the fistula still remains controversial. We present an extensive literature review together with a case vignette to illustrate the different aspects of the treatment with these drugs. The great diversity among published treatment regimens makes outcomes difficult to compare. Nevertheless, given the results in the cases reported in the literature and in our patient, we suggest a possible beneficial effect of octreotide and somatostatin on closure of enterocutaneous fistula. It is necessary to perform a multicenter, double-blind, randomized, placebo-controlled trial to determine the efficacy of octreotide and somatostatin and the most suitable treatment regimen to optimize conservative management of this complex condition.

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PEUTZ-JEGHERS SYNDROME: AN UNUSUAL CAUSE OF RECURRENT INTUSSUSCEPTION IN A 7-YEAR-OLD BOY

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Introduction & Aim: Peutz-Jeghers syndrome (PJS) is an autosomal dominant inherited disorder characterized by intestinal hamartomatous polyps in association with mucocutaneous pigmentations. Although, intussusception has been reported as a well-known complication of PJS, recurrent intussusception as an alarming finding in a patient with normal gastrointestinal endoscopy is uncommon. A 7-year-old boy who had recurrent intussusception episodes and diagnosed as PJS with histopathologically after surgical excision of involved bowel segments is presented to discuss the clinical features and treatment options of recurrent intussusception as a presenting finding of PJS. We aimed to present this case to emphasize that patients with PJS may present with intussusception and hamartomatous polyps might be precancerous, in this syndrome.

Case Report: A 7-year-old boy was admitted to emergency with complaints of abdominal pain and vomiting lasting three days. He had a history of recurrent colicky abdominal pain for approximately six months. There was no history of hematemesis or melena. He had undergone upper gastrointestinal endoscopy and colonoscopy because of multiple hyperpigmented macules over only the lips and it is revealed normal endoscopic findings. His physical examination showed slight distension with generalized tenderness. According to physical examination findings and bowel obstruction, he underwent explorative laparotomy. A jejuno-jejunal intussusception was found 5 cm distal of the ligament of Treitz during surgical exploration. Intussusception could not reduce manually and a polypoid mass in the jejunal lumen was the leading point. The intussuscepting segment including the polyp was excised by small bowel resection, and end-to-end anastomosis was performed. Histopathological examination of the specimen revealed hamartomatous polyp and Peutz-Jeghers syndrome was confirmed histologically with low-grade dysplasia.

Conclusion: Peutz-Jeghers syndrome is a hereditary disease characterized with gastrointestinal polyposis and skin or mucosal pigmentation. Polypoid lesions are almost hamartomatous and are not usually precancerous. Our patient underwent upper and lower endoscopy with presumptive diagnosis of PJS before the clinical findings of intussusception. Endoscopic evaluation revealed normal findings without any polypoid lesion. Although the association of PJS and intussusception is well-known, this complication is rarely presenting finding for PJS. Patients with hyperpigmentous lip lesions with recurrent intussusception episodes may require surgical explorations not only relieving small bowel obstruction but also diagnose the underlying polypoid lesions. In conclusion, patients with PJS should be regularly and closely monitored in order to reduce the number of laparotomies and due to the increased risk of cancer.

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