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3RD EDITION OF EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY

September 17, 2021

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EPN 2021

BOOK OF ABSTRACTS

3RD EDITION OF EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY

SEPTEMBER 17, 2021

Theme:

Reconnoitre the Possibilities in Pediatrics and Neonatology

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About MAGNUS GROUP

Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

About EPN 2021

Magnus Group welcomes members from different parts of the world to join our Online Event - "3rd Edition of Global Conference on Pediatrics and Neonatology" scheduled during September 17, 2021. It includes prompt Keynote presentations, Oral presentations, Poster presentations, interactive and informal exchanges. This is going to be one of the most remarkable events of the year. Through the theme "Reconnoitre the Possibilities in Pediatrics and Neonatology" conference will explore the advances in Pediatrics Research. EPN 2021 goal is to bring together bright minds to give talks that are ideas-focused, and on a wide range of scientific sessions, to faster learning inspiration. It will provide an international platform to share expertise, foster collaborations, discover new clinical information, stay current with trends and networking.

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KEYNOTE FORUM

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SEP 17, 2021

Gamal Al-Saied
Al-Azhar University, Egypt

Proximal Transverse Elliptical Duodenoduodenostomy for the treatment of Duodenal Atresia: A novel technique

Background: Although duodenal atresia associated with or without annular pancreas is a common cause of congenital intestinal obstruction, the optimal technique of repair remains controversial. The objective of this study was to describe and evaluate the results that can be achieved by using a novel technique (Transverse Elliptical Duodenoduodenostomy). Materials and methods: 15 neonates (9 boys and 6 girls) with duodenal atresia with or without annular pancreas had been operated upon by same author at Al-Azhar University Hospitals Egypt, King Abdul Aziz Specialist Hospital, and King Faisal Medical Complex, Saudi Arabia in the period from December 2002 to December 2020. The technique will be described in detail. All patients were followed up at OPD by the same author, range (2–48) months. Post surgical time to feedings, hospital length of stay, weight gain and Morbidity and mortality, upper gastrointestinal series (UGIS) and postoperative gastric emptying scans were the parameters of the study to evaluate the results.

Results: They were 15 neonates (9 boys and 6 girls),Their ages ranged from 2 to 7dayes.7 patients were premature (gestational age< 37 weeks) and two had Down's syndrome. All patient had associated congenital anomalies including; annular pancreas in 8 cases, congenital heart disease in 12 cases, both esophageal atresia and vestibular anus in one case and renal abnormalities in 4 cases. At initial operation, duodenal atresia was noted in all patients (5 cases had a type I mucosal atresia, 6 had a fibrous cord connecting 2 atretic ends (type 2), and 4 had a complete separation (a gap) between the 2 atretic ends (type 3). Bile flow was observed in the proximal and distal duodenum after duodenotomy in one case. There was no additional sites of obstruction in all cases. The operative time ranged from 20–35 min. No mortalities were reported. On the 5th postoperative day UGIS showed no evidence of megaduodenum, leakage or obstruction. Gradual oral feeding started on the same day.

Conclusion: Transverse elliptical duodenoduodenostomy is safe and effective. It avoids the postoperative stenosis and obstruction on long term follow up.

Keywords: Duodenal atresia, Elliptical duodenoduodenostomy.

Audience take-away:

The audience specially the pediatric surgeons will get benefit of this new technique in management of one of the common causes of congenital intestinal obstruction (duodenal atresia associated with or without annular pancreas) which is designed to avoid redo operation because of the frequent post operative obstruction caused by other techniques

Biography:

Professor Gamal Al Saied had been graduated in December 1986 from Al-Azhar University with Bachelor Degree in medicine and surgery with general grade very good with honor. His rank was the 9th in top 10 graduate list of Faculty of Medicine Al-Azhar University Cairo, Egypt. He had got the Master Degree (MSc) in pediatric surgery, in November 1991. Then, he was appointed as a demonstrator of pediatric surgery in 1992, then, assistant lecturer of pediatric surgery in 1993 in the Pediatric Surgery Department. He had got a Medical Doctorate degree (MD) in November1998. Then, he was promoted to a lecturer of pediatric surgery in the Pediatric Surgery Department. In May-

2004, he was promoted to an assistant professor of pediatric surgery in Pediatric Surgical department, AlAzhar University Hospitals. In 2008, he had got a Fellowship of European Board in Pediatric Surgery, Glasgow, Scotland. In June 2009 he was promoted to be a full professor of pediatric surgery in Pediatric Surgical department, Al-Azhar University Hospitals. He had 2 published theses (MSc and MD) and he supervised 2 thesis of Master Degree. Also, he has published 35 international researches in international journals of pediatric surgery and chapter in international text book (CURRENT CONCEPTS OF URETHROPLASTY) Edited by Donkov I. 2011, pp 35-42. He has invited as an international speaker and chairperson in many international conferences of pediatric surgery. Currently, He is an Editor in Chief for 2 international pediatric surgery journals and editor for 13 international pediatric surgery journals. He is also reviewers for many international pediatric surgery journals. In 2003, he was the founder and head of pediatric surgery unit at King Abdul Aziz Specialist Hospital Taif, Saudi Arabia. He has a great and long term experience in neonatal and pediatric surgery field (open and laparoscopic). Recently, in era of COVID 19, he has invited as an international speaker in many international pediatric surgery webinars.

Marlene Fabiola Escobedo-Monge
Valladolid University, Spain

Effects of zinc supplementation in children with chronic kidney disease

Background: Zinc is an essential micronutrient for humans and zinc deficiency makes the human body unable to continue with proper growth and development, get sick more times and prolong the time of illness. Chronic kidney disease (CKD) is a chronic condition with serious long-term consequences and requires nutritional support and periodic nutritional evaluation to prevent the development of protein-energy malnutrition. There are few studies on zinc deficiency in children with CKD. Therefore, the purpose of this study was to evaluate the effect of two doses of zinc supplementation (ZS) on the nutritional status of children with CKD.

Methods: A randomized multicenter trial was conducted in 48 CKD patients (23 women) under 18 years of age, for one year. This study was designed in two phases. At random, the participants took 30 or 15 mg/day of zinc sulfate, respectively. Monthly anthropometric measurements were made. Biochemical analysis was performed before and after supplementation. Hypozincemia was determined by serum zinc concentration (SZC) using atomic absorption spectrophotometry. The positive or negative change in the Z-score of the body mass index (BMI), in the levels of serum albumin, zinc and C-reactive protein (CRP) of the patients, was used to evaluate the effect of ZS.

Results: Mean SZC and serum albumin were normal before and after ZS. Men had a higher mean SZC than women. Despite the ZS, there were no significant changes in serum albumin, zinc, and CRP levels. However, there was a positive and significant association between SZC and serum albumin before ($p = 0.000$) and after ($p = 0.007$) ZS. In both ZS groups, there was a small but positive and significant change in body mass and normalization in BMI Z-index, hypoalbuminemia, hypozincemia, and high CRP, especially with ZS 30 mg/day. More than 40% of the children had hypozincemia before and after ZS.

Conclusions: Zinc supplementation may be beneficial for the nutritional status of children and adolescents with CKD, especially with 30 mg of zinc daily.

Audience take-away:

- The audience will be able to use what they have learned in this presentation, because it is important to know zinc as an essential micronutrient for the growth and development of children and adolescents, especially those who suffer from chronic diseases, such as chronic kidney disease.
- The knowledge they acquire will make them more aware of the needs of children with chronic diseases. This presentation will help the audience in their work, improving their knowledge of the subject at hand. Inspiring other researchers or pediatricians to develop zinc-related projects.
- This research provides a first step towards recognizing the problem, which in this case is zinc deficiency in children and adolescents with chronic kidney disease, and at the same time can serve as a guide in supplementary treatment when this deficiency is diagnosed.
- The two-phase design in this clinical trial is an important key to consider when considering repeating this research on the effect of zinc on the nutritional status of children and adolescents with chronic kidney disease. This study is important for the possibility of applying this design to other chronic diseases where zinc deficiency could be prevalent.

Biography:

Dr. Marlene studied Medicine at the National University of San Marcos, Peru and graduated with an MS in Clinical Nutrition in Spain and Biological Aspects of Nutrition in Peru. She is a pediatrician and researcher at the Faculty of Medicine of the University of Valladolid. She has a MD in Health Sciences Research in Spain. She is a peer reviewer for the MDPI editorial, International Journal of Environmental Research and Public Health and Medicine. She is very interested in food security and food biofortification, in the nutritional status of patients with malnutrition and chronic diseases, especially in childhood and adolescence.

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SPEAKERS

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SEP 17, 2021

Dulce Cruz* and Ananda Fernandes
University of Evora, Portugal

Signalization of predictive factors to increase pain management practices in neonates

Introduction: We aimed to better understand what predicts the frequency and analgesia of procedural pain in neonates.

Methods: An observational prospective cohort study was made. We analyzed data from 375 neonates in 19 neonatal intensive care units of Portugal, including 6705 painful procedures. We used generalized linear models to identify variables related to the incidence of painful procedures and analgesia.

Results: Each neonate endures a mean of 5.4 painful procedures per hospitalization day. There is a higher frequency of painful procedures in very preterm babies and with high severity of disease. Overall, 5053 (75.1%) painful procedures were performed with analgesia according to guidelines. The lack of optimal preprocedural analgesia was associated with the first two days of neonatal care, lower gestational age of the infants, neonates with respiratory support, needle procedures, parental absence, and units with less organizational culture of pain management.

Conclusion: Recognizing neonates at high risk, the high incidence of painful procedures, as well the identification of the main factors associated to neonatal procedural pain management, allows a better care for pain prevention and protection of premature and/or sick babies in neonatal intensive care units.

Key words: neonatal care, painful procedures, prevention of pain

Audience take away

- Babies with lower gestational age and/or with several diseases, in the first two days of neonatal intensive care, have higher incidence of painful procedures. Despite that they have also an increased risk of lack of preprocedural analgesia according to guidelines
- We identify which neonates are more vulnerable to pain in neonatal intensive care units. Reinforcing attention to them, in each unit with each healthcare team, will be more effective and promote better practices of care. The management of acute pain should be a priority for all practitioners caring for these patients

Biography

Dulce last year finished her PhD studies in Health Science, at Faculty of Medicine of University of Coimbra, Portugal. The focus of her thesis was about Epidemiology of Pain in Neonatal Intensive Care Units. Her background was on Pediatric Nursing. Since 2007 she is Adjunct Professor at Évora University, School of Nursing, and received her Sociology MSc degree in 2006 at the same institution. She joined in 2012 as a trainee membership to a transdisciplinary and international research training consortium - Pain in Child Health, an initiative to promote the development of health researchers in pediatric pain.

Namrata Nitin Bagle*, Dr.Shobha Anand Udipi
Head Nutrition Department- VMax Fitness, India

Breastfeeding, nutrient intakes from complementary foods and body fat of 12-36 months old children

Infancy is a time during which periodic rapid and linear growth occurs. Adequate nutrition during infancy and early childhood is essential to ensure that growth, health and development of children is realized / achieved to their full potential. Any country's growth and development is reflected by the growth and development of its children. In this paper we are going to understand whether gender, age group and economic status have impact on breastfeeding? What are the mean number of breastfeeding given and how does breastfeeding has impact on nutritional status, body fat of children? Does age influence mothers to stop breastfeeding? The study was a cross-sectional survey conducted on children aged 12-36 months in Mumbai city. The study sample consisted of 1248 children with 628 girls and 623 boys. Nutritional status was assessed using weight for age, height for age and weight for height. Percent body fat was measured by electric bioimpedance and based on skinfold thicknesses measured at four sites. Approximately half of the children had normal weight for height (WHZ), weight for age (WAZ) and BMI-for-age (BAZ). Among the 1248 children, only 2.8 % were wasted, 2.4% were underweight, 2.0 % were stunted and 2.6% had low BMI for age. Our data showed that percent body fat tended to vary with nutritional status. Nutrient intakes were compared between quintiles of body fat, with significant trends being observed for calcium intake, source of protein (animal vs. plant) and vitamin A.

Audience take away

- This study will highlight lacunae and need to focus on micronutrients, differentiate between protein sources in Asian children, and give some insights into the thin-fat syndrome that has been reported among Asian Indians
- The study will help audience to realize need for study of dietary diversity, micronutrient intakes besides energy and protein particularly in feeding programs for young children. It highlights several areas for research including how body fat is to be assessed for children in LMIC/resource poor settings. It can provide a base for further studies in the field. It covers a large sample in a narrow age range, and provides insights of status of young children in low middle and middle income groups in India. Its findings highlight areas for nutrition education and fine tuning focus of programs for children.

Biography

Dr. Namrata Nitin Baglehas done Ph.D in Food Science and Nutrition in 2020- at Shreemati Nathibai Damodar Thackersey Women's University, Mumbai, Maharashtra, India. She has worked as a visiting faculty lecturer for the same university from 2012- 2017. She is Academic counsellor for distance education- IGNOU (Indira Gandhi National Open University) and Founder of UvRoh, Head of Department VMax fitness. She has published papers in BOAJ and Indian Journal Child Health. She has given Poster presentation in International Symposium on Community Nutrition and Health: A Social Responsibility,- NSI Mumbai Chapter.

Dr. Sarala Kannan
Tata Main Hospital, India

Gaucher's Disease

Gaucher Disease is a lysosomal storage disorder of autosomal recessive inheritance. It is the second most common type of lysosomal storage disorder which presents due to the deficiency of the enzyme glucocerebrosidase. This enzyme present within the lysosomes of normal individuals digests the glycolipids to smaller olecules. Lack of this ezyme results in the accumulation of the glycolipid glucocerebroside, throughout the body especially within the bone marrow, spleen and liver. Common manifestations of Gaucher disease include hepatosplenomegaly, anemia,,thrombocytopenia, and skeletal abnormalities. The symptoms and physical findings associated with Gaucher disease vary greatly from patient to patient. Some individuals develop few or no symptoms (asymptomatic); others may have serious complications. Three distinct forms of Gaucher disease separated by the absence (type 1- Non neuronopathic) or presence and extent (type 2 or type 3) of neurological complications. Type 2is also known as acute neuron- pathic Gaucher disease while type 3 is the chronic neuron-pathic Gaucher. All three forms of Gaucher disease are inherited in an autosomal recessive pattern. Additional forms of Gaucher disease include perinatal-lethal form, where disease occurs in less than 5% of patients. This type is very severe and associated with death before 3 months of age or even in the womb. and cardiovascular form.An important aspect is to diagnose the condition early for which a high index of suspicion and algorithmic approach can lead to high yield in screening tests. Hepatosplenomegaly with anemia and thrombocytopenia should warrant a search for other criteria.This disease which was initially a paediatrician's dilemma, is now become a condition wher-in several treatment options have become available. Dried blood spot samples can be sent to centres for diagnosis. The Lysosomal storage disorders support society has worked for improving quality of life of these patients. Enzyme replacement therapy as a treatment option has been promoted, and Substrate reduction therapy also has been offered as a treatment modality.

Audience take away

- How to catch them early through clinical and diagnostic tools.
- Treatment options available and open up a scope for further research on the disease therapy modalities.
- How support can be obtained by the pediatrician to guide the patients.
- In all, the awareness towards the rare disease can improve Quality of life of such patients which was a hopeless condition in earlier days.

Biography

Dr.Sarala Kannan studied in Stanley Medical College, Madras University, Chennai , India and graduated as MBBS in 1988. She then completed her DNB, Pediatrics (National Board of Examinations), New Delhi , India and obtained her degree in 2003. She worked in Tata Main Hospital, Jamshedpur India as a General Pediatrician, along with teaching undergraduates, and postgraduates of Pediatrics. She has served as the DNB coordinator for Pediatrics of Tata Main Hospital. Dr Sarala was also the President of the Indian Academy of Pediatrics Jamshedpur Branch 2012. Her services as a senior consultant in Pediatrics in the institution continued till Jan 2021 when she retired and chose to become a private practitioner in Hyderabad, India . During her tenure she has won several awards for scientific presentation.

Selim Öncel* and Abdullah Yahya Heybeci
Kocaeli University, Turkey

Surgical antimicrobial prophylaxis practices in children – A neglected field of irrational antibiotic use from a tertiary care hospital perspective

Introduction: Good surgical antimicrobial practices is of utmost importance to avoid exposing the patient unnecessarily to adverse effects of antibiotics, to prevent antimicrobial resistance, and to decrease hospitalization costs. Although well-established guidelines on surgical antimicrobial prophylaxis exist and there is not much debate on the principles of the prophylaxis, such as choosing a relatively narrow-spectrum antibiotic and cessation of its administration as soon as the surgery is over, we had the impression that adherence to guidelines is very low in making the decision to start prophylaxis, selecting the antibiotic, and setting the prophylaxis duration. Therefore we designed a study to reveal whether, or to which extent our impression is true.

Materials And Methods: In this cross-sectional, single-center study, the hospital records of 1,646 pediatric patients undergoing surgery between January 1, 2019 and December 31, 2019 were investigated in respect of adherence to current surgical antimicrobial prophylaxis guidelines.

Results: Sixty-four percent of the patients were male. The median of age was 7.7±5.8 years. Surgical wounds of the patients consisted of clean (68.6%), clean-contaminated (26.5%), and contaminated (4.9%) ones. Surgical procedures were mostly elective (70.5%). The most commonly used antibiotics were cefazolin (23.4%), ceftriaxone (14.2%), and amoxicillin-clavulanate (10.4%). Although prophylaxis was indicated in 70.6% of the cases, antibiotics for this purpose were administered to 59.9% of the patients. Selected antibiotics and their dosage was not appropriate in 80.4% and 90.0% of those patients receiving prophylactic antibiotics, respectively. In 68.2% of the patients, prophylactic antibiotic administration was extended well beyond surgical operation although guidelines suggest against this practice. Cefotaxime, ceftriaxone, and ampicilline-sulbactam were erroneous selections in 98.0%, 90.3%, and 71.4% of the cases, respectively. Amoxicillin-clavulanate, ampicillin, gentamicin, metronidazole, trimethoprim-sulfamethoxazole, and ciprofloxacin were chosen incorrectly in all cases. Cefazolin was ordered in 323 cases, 28.5% of them being incompatible with the guidelines. The dosage was wrong in all cases in which gentamicin, meropenem, trimethoprim-sulfamethoxazole, clindamycin, or ciprofloxacin was used for prophylaxis. Antibiotics, when ordered out of indication, tend to be given in a wrong dosage, compared to those ordered in line with guideline suggestions ($P<0.001$).Unnecessary costs regarding irrational antibiotic use alone amounted to approximately $7,000 per year.

Discussion: There are relatively few studies investigating surgical antimicrobial prophylaxis practices in children with the adherence to guidelines. To the best of our knowledge, our study is the first of its kind revealing the outlook of this neglected field of irrational antibiotic use in Turkey. Although carried out in a single center, we think that the study has a value as a reflection of the big picture in Turkish and global healthcare. Programs of decreasing antibiotic consumption focus on therapeutic antibiotic prescription ignoring the immense irrational antibiotic usage field of surgical antimicrobial prophylaxis in hospitals.

Conclusion: Surgeons making the decision to start antibiotics for prophylactic purposes to children should be kept up-to-date with seminars, courses, printed and electronic sources, and all the means possible with the guidance of routine surveillance by the hospital infection control committee.

Audience take away

- On hearing/reading this presentation, the audience will have the opportunity to review the current approaches to pediatric surgical antimicrobial prophylaxis with comparison to actual practices in hospitals
- There are relatively few studies investigating surgical antimicrobial prophylaxis practices in children with the adherence to guidelines
- Although carried out in a single center, the study has a value as a reflection of the big picture of Turkish and global secondary and tertiary healthcare
- Programs of decreasing antibiotic consumption focus on therapeutic antibiotic prescription ignoring the immense irrational antibiotic usage field of surgical antimicrobial prophylaxis in hospitals

Biography

Dr. Selim Öncel studied medicine at Ankara University, Turkey and graduated as MD in 1991. After completing his pediatrics and child health and family medicine specialties, he worked as a pediatrician in various private and state health institutions. In 2006 he completed his pediatric infectious diseases subspecialty residency. He is currently working as associate professor of pediatric infectious diseases in Kocaeli University Faculty of Medicine. Being a former Eurovision Song Contest finalist, Dr. Öncel continues his professional musical activities with articles, recitals, radio programme productions, and graduate and postgraduate lessons on popular music in Kocaeli University.

Dr. Muhammad Riaz ul Haq* and Muhammad Kashif Chishti, FCPS
Sahiwal Medical College and DHQ Teaching Hospital, Pakistan

Single stage sphincter sparing scarless (5s) procedure for rectovestibular fistula: Outcome and review of literature

Background: Anorectal malformations (ARM) in girls comprise of a wide spectrum of disease ranging from imperforate anus to common cloaca, a complex malformation. Recto-vestibular fistula (RVF) is the commonest ARM in female patients. Many surgical procedures have been mentioned in the literature but trend is changing from staged to single stage procedure.

Objectives: To evaluate post operative results of Single Stage Sphincter Sparing Scarless (5S) procedure for RVF.

Methods: It is a retrospective case series of 34 patients with RVF who were admitted in the Department of Paediatric Surgery Jinnah Hospital Lahore and the Children Hospital and the Institute of Child Health Multan Pakistan from October 2018 to December 2020, between 14 days and 4 years of age , underwent single stage sphincter sparing scarless procedure without any colostomy, anterior or posterior midline incision or division of sphincteric complex. Site of neo-anus was marked with the help of muscle stimulator and all surgeries were done under general anesthesia after meticulous gut preparation. Post operatively patients were kept nil per oral for 5 days to avoid wound contamination due to stool. Follow up was done for six months to evaluate outcome. Authors used a new name for single stage procedure.

Results: Mean age was 168 days, operative time 76 minutes and hospital stay 6.8 days. 12 (35.29%) patients were diagnosed with some other associated congenital anomalies like congenital heart disease (CHD), renal anomalies, hemisacrum, syndactyly, talipes equino varus(TEV) and Down's syndrome. As a whole 16(34) presented with complication. 7(20.58%) patients presented with constipation, 4(11.76%) excoriation, 3(10.20%) anal stenosis, 3(10.20%) soiling, 1(2.94%) retraction of rectum and 3(10.20%) superficial wound infection. Patient with retraction was planned for re-do surgery, all others were managed conservatively.

Conclusion: Single stage sphincter sparing scarless (5S) procedure for recto-vestibular fistula is safe, simple and cost effective technique. Patient suffering is minimum, as there is no colostomy, and multiple surgeries. Complications are minimum and comparable to staged procedure.

Keywords: Imperforate anus, rectovestibular fistula, anorectal malformation, female, sphincter sparing

Literature review will be done for different surgical techniques used for repair of Rectovestibular Fistula and Author's own experience will be shared

Audience take away

- Paediatric Surgeons will be able to decide which technique is better with respect to complication.
- Paediatric surgeons will learn a three stage procedure converted into single which is safe and cosmetic
- Paediatric Surgeons will be in a better position to councel the parents / Guardians to decide procedure of their choice
- Patient will not suffer with multiple procedures and miseries of colostomy

Biography

Dr.Muhammad Riaz-ul-Haq did his Fellowshp (FCPS) in the subject of Paed.surgery in 2001 from College of Physicians and Surgeons Pakistan, Fellowship of European Board in Paed.surgery (FEBPS) in 2008 (UK), Visiting Fellowship from Nationwide Children Hospital Columbus Ohio (2008). He has been nominated by American College of Surgeons for FACS for October 2021. He worked in Pakistan and Saudi Arabia in different Teaching Hospitals as a consultant. At present he is working as Associate Professor and Head of Paed.Surgery in Sahiwal Medical College and DHQ Teaching Hospital Sahiwal, Pakistan. He has many research papers in national and international journals. His areas of special interest are Neonatal surgery, Hypospadias, Anorectal malformations and Hirschsprungs disease.

Dr. Neena Shilen*, Sr. Arya V
Sunrise Hospital, India

Successful outcomes with early intervention by combined comprehensive approach in treatment of Autism: A 10 years retrospective study

This is a retrospective study of outcomes in all children with autism who received early interventions between 15 months to 3 years of age with combined protocol treatment. The study also compares the percentage of children getting similar outcomes in age groups >3 to 5 yrs., >5 to 10 yrs. and >10 yrs. age groups. Relation of outcomes to severity of autism at the time of diagnosis was also assessed. It was found that the children who received early intervention with combined pharmacological, ABA, O.T, speech and nutritional therapy were close to neurotypical than who received only ABA, O.T, speech and 1;1 IEP. Patients were classified according to age with assessment of, maternal risk factors, birth complication, media exposure, family history, age at interventions, lab studies and imaging studies. Patients with chromosomal anomalies, seizure disorder and other medical or neurological disorders were excluded from study. The most important pre determinants for successful outcomes were parental counselling, parental acceptance and regular follow up with a focal person who could explain, counsel and direct to other disciplines. For determining the long-term outcomes, the longest period of follow up was 10years and shortest period 2years.

Audience take away

- Strategies used for early detection. How early should intervention start? What is in combined comprehensive treatment
- This talk will showcase videos of patients with their outcomes, so the participants can really see the effects of early treatment. This is a reproducible model and can be acquired by other doctors and can be used to expand their research or teaching. This provides simple methods to detect autism early and a complete guide on when to start intervention, what treatments are most effective, what is the average time frame of treatment depending on severity of autism and age of intervention. It also suggests a protocol for treating autism which can be customized to each child. It will discuss the strategies to improve awareness among

Biography

Dr. NEENA SHILEN is a Developmental Pediatrician with 12 years of expertise in autism treatment and research. She currently serves as the Head of Department and Consultant in Department of Developmental Pediatrics at Sunrise Hospital in Kochi, Kerala, India. She earned her MBBS and M.D (Pediatrics) from Pt. JNM Medical College, Raipur, India. She has also done residency in Pediatrics in Children's National Medical Center, Washington D.C. She has also worked as a registrar in Neonatology, as Lecturer in Pariyaram Medical College and as Assistant surgeon in Govt. Health Services and certified in LEND program. She has been a clinical guide to a PhD student whose paper on" Genetic association of DNMT variants in autism", was published in 2019. Currently a clinical guide to a post doctorate fellow for A study on 'Early detection of autism with analysis of MRI brain using AI and machine learning".

Dr. Rohit Kumar
James Cook Hospital, UK

Neonatal sepsis: Diagnostic dilemmas and practical solutions

Neonatal sepsis refers to an infection involving bloodstream in newborn infants less than 28 days old. It continues to remain a leading cause of morbidity and mortality among infants, especially in middle and lower-income countries. It is divided into early-onset sepsis (EOS) or late-onset sepsis (LOS) based on the age of presentation after birth with different experts using 72 hours or 7 days as the cut-off. This activity describes the treatment and evaluation of neonatal sepsis and explains the role of the inter-professional team in managing patients with this condition.

Audience take away

- Describe the etiology of early and late onset neonatal sepsis
- Describe various clinical and laboratory findings associated with neonatal sepsis
- Review the various treatment and management options available for neonatal sepsis
- Explain the importance of improving care coordination amongst inter professional team members to improve outcomes for neonates affected by sepsis

Biography

Dr. Rohit Kumar is consultant neonatologist and clinical lead for infectious disease and regional neonatal link for transfusion medicine committee. He have previously presented in various international conferences and published in reputed peer reviewed journals e.g. archives of diseases in childhood.

Safin DA*, Romanov DV
Vascular Anomaly Center, Russia

Haemoblock in sclerotherapy macro cystic lymphatic malformation in children (single center study)

Lymphatic malformation (LM) is a rare malformation that occurs in 1-2 children per 10,000 live births. The main method of treatment of this disease is sclerotherapy. For this purpose, various drugs are used - bleomycin, pitsbanil (OK-432), STS and even alcohol. But each of these preparations has its own limitations and side effects. Therefore, the search for the "ideal" sclerosant continues. The Vascular Anomaly Center has developed a method of sclerotherapy of lymphangioma with the drug "Haemoblock". This is a new drug, which is a poly-acrylate matrix containing silver ions. It is not yet known to a wide range of doctors. In the CSP for the last 3 years (2018-2021), treatment was carried out in children with a diagnosis of "LM" using the drug hemoblok. In this study, only children with a diagnosis of large cystic lymphatic malformation participated and treatment was carried out. The children were aged from 1 month to 18 years. Most often, the LM was located in the neck area. During this time, 48 patients had 64 operations, of which repeated 13, among them the third operation 3. In the postoperative period, we noted the appearance of swelling in the area of sclerotherapy, which independently passed after 7-10 days, and a pain syndrome that occurred during awakening from anesthesia and was stopped 40-60 minutes after the operation. The result of the therapy was that 32 children completely lost their education after the first operation, 13 after the second, and 3 after the third. Thus, sclerotherapy of lymphangioma with a solution of "Haemoblock" is a safe and effective method of treating this pathology. But it is necessary to conduct additional multicenter studies to obtain reliable data.

Audience take away

- The use of a new drug for sclerotherapy in their work will improve the result of treatment in patients with a congenital lymphatic malformation.
- This method is safe and can be used according to standard protocols for the treatment of lymphangioma. Haemoblock can act as a replacement for the cytostatic drug bleomycin.

Biography

Safin Dinar Adhamovich was born in Klimovsk, Moscow region, on February 13, 1982. From 2002 to 2008, he studied at the pediatric Faculty of the Russian State Medical University. Specialization in laser surgery in 2017. In 2018, he completed an internship in Germany at the University Clinic in Halle. Since 2018, he has been working as a pediatric surgeon at the Vascular Anomaly Center (Moscow), treating children with various vascular anomalies (infantile hemangiomas, capillary angiodysplasia, lymphatic and venous malformations and other diseases). He had published more than 10 research articles in SCI(E) journals.

Dr A Somasundaram
D'Soul Child Development Centre, India

How much is too much? - Screen time debunked

Screen time and screen use are normal parts of life for most children and teenagers. The time the child spends watching TV and use computers, gaming consoles, tablets and smartphones can be part of a healthy lifestyle. But what matters is where the child can use screens? when the child can use screens? and how the child can use screens? Digital technology has become a modern-day pacifier. Regular classes go online and has become the new normal. There is a shift from text books to digital technology for school children. Internet addiction is a growing epidemic among children and adolescents and is sometimes called 'Digital Heroin'. Healthy media usage promotes learning, creativity, social interaction and holistic wellness whereas unhealthy media usage affects physical, psychological, social, and academic wellbeing of a child. With the explosion of the internet and social media along with the rise in smartphones, tablets, and greater online academic involvement, the 2-hour rule has become much more challenging to implement. Now, it is clear that the "one size fits all" approach to media is not effective for guiding parents, teachers and health care providers.Too much screen time could interfere the way the children experience our three-dimensional world. They can learn new words from tablets but they have problem applying this knowledge in real life situations. Children can learn a new word better in person or over an interactive video call, compared to watching the same word said passively on a screen. Interactive screen time, like video calls with relatives, being read a story remotely or watching shows while engaging with the children in the process, can be beneficial precisely because of this interactive nature. Current research also suggests that blue light emitted from screens negatively impacts patterns of sleep by suppressing endogenous melatonin. Parents should act as a role model for healthy media use and implement digital rules, digital hygiene, and nurture responsible digital citizenship.

Audience take away

- Guide parents on usage of digital media
- Advice parents on developmentally supportive digital usage
- Screen time guidelines

Biography

Dr. Somasundaram Aiyamperumal is a practicing paediatrician with 18 years of experience and also an expertise in Child developmental and Behavioural problems. He is currently the co-Founder, Chief mentor and Developmental Paediatrician of D'Soul Child Development Centre, Chennai, India. He has 8 years of experience in teaching paediatric postgraduates and presently has an affiliation with Kanchi Kamakoti CHILDS trust hospital as a Consultant in Developmental Paediatrics. He is in the editorial board of Paediatric Journals and have contributed articles to magazines and chapters to books. He has served in various capacities in the Indian Academy of Paediatrics [IAP], the only national academic body of Paediatricians of India with more than 29000 members. He is also a speaker in various National and state conferences in India and has prepared many modules for Paediatricians. He is currently a member of European Academy of Childhood Disability [EACD], The International Child Neurology Association (ICNA] and International Developmental Paediatrics Association [IDPA].

Jovana Janjic
Speech Language Pathology Center DIKTAT, Serbia

The importance of development of phonological awareness in children with developmental coordination disorder

Developmental coordination disorder (DCD) is a neurodevelopmental disorder that affects motor skills during life. Although it is a highly prevalent disorder, estimated to affect 5% to 6% of school-aged children, little is known about the aetiology of DCD. Although developmental coordination disorder in both classification systems is classified as separate neurodevelopmental disorder, this population of children, in addition to impaired motor functioning, often exhibits impairments in language domain, attention, and social functioning. DCD is not limited only in the performance of daily activities, but also in academic functioning and in a foreign language. As poor academic achievement is most often the "trigger" for diagnosing this disorder, with frequent overlapping of language and coordination disorder in this group of children, the question of phonological development in this group of children arises. Examination of phonological awareness of children with DCD in relation to children without this disorder shows statistical significant differences ($p < .000$) in phonological processing in children with DCD. Delay in phonological awareness in this group of children can be a significant predictor in earlier diagnosis this population of children.

Keywords: Developmental coordination disorder, Phonological abilities, Phonological awareness, Academic skills.

Audience take away

- Children with DCD are at risk of developing a phonological disorder more often than children without this disorder
- Early detection of children with DCD because the phonological lag is more visible in the school population of children
- Poor phonological unconsciousness is a risk factor for the development of dyslexia in children with DCD
- It is necessary to increase the constant translation of knowledge raising awareness, increasing support and services for children with DCD through raising awareness of language disabilities in this group of children

Biography

Jovana Janjic is a Speech Language Pathologist, Research Associate, PhD Candidate at the University of Belgrade, Faculty of Special Education and Rehabilitation. From 2013 to 2018 she worked on projects that researched the effects of hyperbaric oxygen therapy on different levels of language and social interaction in children with neurodevelopmental disorders (autism spectrum disorder, cerebral palsy, specific language disorders...). Jovana established her own practice in 2018 - Speech Language Pathology Center DIKTAT in Belgrade. From 2018 she researches language abilities in children with specific language disorders and children with Developmental Coordination Disorder in mother tongue and second language acquisition, education, training and development activities in clinical and educational areas.

Iryna Nenartovich
Belorussian Medical Academy of PostGraduated Education, Belarus

Nutrition of child with COVID-19 in intensive care unit

Nutritional support is considered essential for the outcome of pediatric critical illness. Considerations for nutrition support in critically ill children with COVID-19 and pediatric inflammatory multisystem syndrome temporally associated with COVID-19 considered to be a tactic for clinicians. Presentation is a short abstract of documents about nutrition support in critically ill children with COVID-19.

Audience take away

- General principles of nutritional support
- Nutritional support strategy
- Nutrition requirements during acute, stable and recovery phase of pediatric critical illness

Biography

Dr. Iryna studied Pediatrics at the Belorussian State Medical University, Belarus and graduated as MD in 2006. She received her PhD degree in 2015 at the same institution. Then she obtained the position of an Associate Professor at the Department of Pediatrics, Belorussian Medical Academy of Post-Graduated Education, Minsk, Belarus. She has published more than 20 research articles in journals. Research interests are pediatric allergology, nutrition of a healthy and sick child.

Dr. W.A.S. Saroja Weerakoon
University of Colombo, Srilanka

Ayurvedic approach on management of cerebral palsy

Ayurveda, Allopathy and Homeopathy are popular in society, where the primary goal of these medical systems are achieving a healthy life. Ayurveda is a compound word; Ayu meaning life or life principle and the word veda refers to knowledge or science. Therefore, Ayurveda unevenly translates as the knowledge of life.

Cerebral Palsy (CP) is one of the common leading causes of childhood disability that affects movement, posture and coordination. And it is caused by brain damage before, during or soon after birth. Because of this problem most of the children have to face many motor activities dysfunction and it becomes a common developmental disability problem. It can be correlated to a certain extent with the *Balaka Pakshaghata* (BP) in Ayurveda medical system. Etiopathogenesis and symptoms of *Balaka Pakshaghata* are similar to Cerebral palsy. According to the Ayurvedic concepts, the etiologies can be categorized as *Garbha purva nidana* (periconception causes), *Garba kaeena nidana* (prenatal causes), *Prasava kaleena nidana* (perinatal causes) and *Prsavoththara nidana* (postnatal causes). There are effective Ayurvedic treatment regimens with selected Pancha karma (bio purification measures) procedures used for the management of cerebral palsy. Ayurvedic treatment includes both internal and external treatment modalities. Internal drugs such as *Brahmi* [*Bacopa monnieri* (Linn,) Pennel], *Mandukaparni* [*Centelle asiatika* (Linn) Urban] etc. have powers of improving brain functions. Most of the external therapies such as *Shirodara , Shiro vasti* used for aiming the brain functions and *Kaya sheka, Pinda sweda* are time tested experiences which are used as external treatments for *Balaka Pakshaghata* . Those treatments have a successful effect on reducing body stiffness and contractures and help to maintain muscle strength. These selected Ayurvedic treatment modalities are effective in relieving the signs and symptoms and reducing the disabilities in children with BP/CP, improving growth and development of children.

Biography

Dr. W.A.S. Saroja Weerakoon, Grade I Senior Lecturer in Ayurveda Pediatrics, Institute of Indigenous Medicine (IIM), University of Colombo, Sri Lanka and Ayurvedic Consultant Pediatrician in National Ayurveda Teaching Hospital, Colombo, Sri Lanka. She has completed her Master Degree in Ayurveda Pediatrics, University of Colombo and PhD Degree in Faculty of Medical Sciences, University of Sri Jayewardenepura. As a clinical and an academic researcher engaging to strengthen research competence in Ayurveda and Traditional Medical System in Sri Lanka. Her research interests include bioactivities of indigenous medicines and Pediatric related disorders such as Cerebral Palsy, Autism, Attention deficit Hyperactive disorders and Muscular dystrophies. Current research and consulting areas are; research on Pediatrics behavioral disorders and muscular dystrophies. She is a Member of Ethics Review Committee, Institute of Indigenous Medicine and a member of Editorial Board of Sri Lanka Journal of Indigenous Medicine at present.

Dr Baljinder Kaur*, Dr Gurnoor Singh, Dr Navpreet Kaur
Government Medical College and Rajindra Hospital Patiala

Profile of children presenting with diabetic ketoacidosis in our set up

Type 1 diabetes mellitus is an immune mediated disease that triggers, as a final consequence, the complete or partial loss of pancreatic cells, decreasing the production of endogenous insulin, and thus generating a dependence of the affected patient on the exogenous insulin administration to maintain adequate energy production. Diabetic ketoacidosis is a metabolic disorder, with a triad consisting of hyperglycemia, ketosis and acidemia. Genetics plays a role in progression to clinical disease. Class II HLA genes are the ones most strongly associated with the risk of type 1 diabetes mellitus. Some of the known associations include HLA DR3/4- DQ2/8 genotype. Pathophysiology of diabetic ketoacidosis involves autoimmune destruction of beta cells in the pancreas and the subsequent lack of insulin. Severe hyperglycemia and systemic inflammation associated with DKA have been shown to further deplete functional pancreatic islets

Mean age of presentation of diabetic ketoacidosis in our set up was 11.3 years n=11.3). Number of female cases outnumbers the number of male cases (55.88% vs 44.11%) RBS levels were on the higher side in all the presenting cases(n=366 mg/dl) and corresponding HbA1c levels were also on the higher side(n=10.8). 64.70% children of diabetic ketoacidosis presented to us with respiratory distress as their presenting complaint. This is because most of the patients who came to our set up belong to rural background with ignorant attitude. These people ignore vague symptoms like nausea and vomiting, thus seek medical advice when the child develops respiratory distress. Followed by fever, polyuria and polydipsia, pain abdomen and least common presenting complaint was vomiting. 34 children presenting to intensive care department of pediatrics, government medical college and rajindra hospital patiala with diabetic ketoacidosis with age ranging from 2 years to 18 years were subjects of study For the purpose of study, children were divided into age group of 2-5 years,>5-10 years , >10-18 years respectively Name, age, gender, address, clinical examination and serial lab profile, response to treatment was recorded on a pre-designed and pre-tested proforma. Data so obtained was subjected to analysis for the purpose of study.

Audience take away

- This study will generate awareness that diabetic ketocidosis is the most common presentation of diabetic children in emergency &indoor presentation.
- Early recognition will help early treatment.
- Parental education will help in increasing better control and decreasing fewer episodes of dka.
- Association were found between type 1 diabetes mellitus and celiac disease(10%), and with hypothyroidism(6%). 10% of children presented to our department with diabetic ketoacidosis were having both celiac disease and hypothyroidism.
- With insulin therapy both lab profile and clinical improvement ensues. RBS level reduces to <250 mg/dl within few hours(n=6.2 hours). Mean time taken to shift the patients from iv to sc insulin was 19.2 hours(n=19.2 hours).

Biography

Dr. Baljinder studied Paediatrics at the Baba Farid University , Punjab and graduated as MD in 1993. She then joined as medical officer in Punjab and did multiple research work during her numerous postings. After one year postdoctoral fellowship supervised by Dr RS Malhotra at the government Medical College and Rajindra Hospital, Patiala she obtained the position of an Assistant Professor at GMC&RH Patiala. She has published more than 70 research articles in SCI(E) journals.

Galaktionova Marina Yurievna*[1], Lisikhina Natalya Vladimirovna*[2]

[1]Professor V. F. VoinoYasenetsky KrasSMU, Ministry of Health of the Russian,
[2]Siberian Law Institute of the Ministry of Internal Affairs of Russia, Russia Federation

Questions about the health status of premature babies born to mothers with heroin addiction

Annotation: Drug addiction is a priority health problem in many countries of the world, including Russia. The health of the child is determined, first of all, by the health of the woman who gave birth to him. The urgency of the problem is associated with a significant increase worldwide of newborns exposed in the prenatal period to the effects of narcotic drugs and psychotropic substances. The results of scientific research work indicate the development of many complications of pregnancy and childbirth in women with addiction to psychoactive substances. We examined 65 preterm infants from mothers with a history of the use of psychoactive substances, in particular, injecting heroin (main group), and 37 full-term infants from women with physiological pregnancy - the control group. The average gestational age of newborns in the main group was 33.9 ± 1.6 weeks, in newborns in the control group it was 39.1 ± 0.7 weeks. The indicators of physical development of children born to drug-addicted mothers (weight, length, weight-height coefficient, head circumference, chest circumference) were within wide limits and depended on gestational age: the shorter the gestational age, the lower the physical parameters of the newborn. An average body weight of 2075 ± 275 grams and an average height of 45.1 ± 2.4 centimeters were observed in newborns of the main group, in full-term newborns, respectively: 3475.3 ± 415.1 grams and 53.5 ± 1.4 centimeters. The incidence of intrauterine growth retardation syndrome in the main group was 60.5%, and in the control group it was 7.1%.

At the time of examination, the condition of full-term newborns was assessed as satisfactory, or close to it in 32 children - 82.1%, moderate severity - in 5 children (17.9%). Newborns from drug-addicted mothers were distributed as follows: 2 children were in a satisfactory or close to it condition, 3.1%, of moderate severity - 32 newborns - 49.2%, the rest - 31 newborns in serious condition - 47.7%, of which in critical condition - 7 children. The severity of the condition of the examined premature infants was mainly due to the gestational age of the child, the presence of respiratory distress syndrome of the newborn, acute respiratory failure of the diffuse-diffuse and mixed genesis, and neurological symptoms. Psychoactive substances have a damaging effect on the central nervous system. The defeat of the central nervous system of various origins was found in the majority of the examined children. The diagnosis of cerebral ischemia was made in 7 full-term infants and in almost all premature infants (in 63 children - 96.7%). In full-term, this pathology was mild, in premature infants, cerebral ischemia was diagnosed from mild to severe. Symptoms of first-degree cerebral ischemia with a syndrome of increased or decreased neuro-reflex excitability were detected in 12 newborns - 19.04%, whose condition at birth was closer to satisfactory or moderate severity and stabilized by the end of the neonatal period. Second-degree cerebral ischemia with syndromes of increased or decreased neuro-reflex excitability, intracranial hypertension, vegetative-visceral dysfunctions was detected in 42 newborns 66.6%, and grade 3 cerebral ischemia was diagnosed (with a predominance of the syndrome of decreased neuro-reflex excitability: hypotension) and in 11 newborns - 17.4%.

Acute respiratory failure of various origins was not detected in full-term newborns. In premature babies born to drug-addicted mothers, this pathology was found in 22 children, 32.84%. It is characteristic that the disturbance of the rhythm, frequency and nature of breathing in newborns with respiratory disorders was combined with deformation of the chest, most often in the form of retraction of compliant places during inhalation (43.7%). At the same time, in some children, swelling of the anterior-upper sections was noted (31.2% of cases). In addition, in 10 newborns of the main group (62.5%),

inflating of the wings of the nose during breathing was noted. The prevalence of the development of withdrawal symptoms in newborns in the study group was 26.1% - 17 newborns. In the structure of withdrawal symptoms in children, the following symptoms are described: increased irritability and excitability, tremor, fever, tachypnea, high moaning cry, hyperreflexia and muscle hypertonicity, convulsive readiness, increased sweating, impaired physiological reflexes. In our study, the withdrawal syndrome manifested itself in the form of: increased neuromuscular excitability, sleep disturbances, convulsive readiness, a monotonous sharp cry in a child, and hyperthermia. Withdrawal symptoms developed in 12-24 hours and reached their maximum development within 48 hours. Thus, the clinical examination of newborns showed that the adaptation of children whose mothers used heroin is difficult and often complicated by the development of various pathological processes.

Biography

Galaktionova M.Yu. in 1991 graduated from the pediatric faculty of the Krasnoyarsk State Medical Institute. In 1998 she completed her postgraduate studies at the State Research Institute of Medical Problems of the North of the Siberian Branch of the Russian Academy of Medical Sciences. At the Department of Outpatient Pediatrics and Propedeutics of Childhood Diseases, GOU VPO Krasnoyarsk State Medical University named after Professor V.F. Voino-Yasenetsky Ministry of Health and Social Development of the Russian Federation" has been working since 1999: since September 2005 - head of the department. She is the author of over 400 scientific works, including 34 teaching aids, 4 monographs, 2 patents for inventions. Since 2001 she has been a professor at the Russian Academy of Natural Sciences. Member of the Association of Cardiologists of Russia, member of the Union of Pediatricians of Russia (author of the Anthem of the Union of Pediatricians of Russia).

Lisikhina N.V. in 2003 she graduated from the pediatric faculty of the Krasnoyarsk State Medical Institute, in 2006 graduated from the State Research Institute of Medical Problems of the North of the Siberian Branch of the Russian Academy of Medical Sciences. From 2006 to the present, she has been working at the Department of Polyclinic Pediatrics and Propedeutics of Childhood Diseases of the Krasnoyarsk State Medical University named after Professor V.F. Voino-Yasenetsky Ministry of Health and Social Development of the Russian Federation ". In addition, since 2014 at the Siberian Law Institute of the Ministry of Internal Affairs of Russia, Associate Professor of the Department of Criminalistics. She is the author of over 100 scientific papers.

Dr Mily Ray* and Dr Ankit Parikh
Consultant Pediatric Cardiologist at Max Health Care, India

Increase in the incidence of Tuberculous pericardial effusion in pediatric patients in asymptomatic post covid infection

Introduction: In children, up to 25% of cases of tuberculosis (TB) are of extrapulmonary TB (EPTB) . Tuberculous pericardial effusion (TB-PE), a rare manifestation of EPTB, is the most common cause of pericardial effusion in high-TB-burden settings The clinical spectrum of Covid-19 presentation ranges from asymptomatic to multiorgan dysfunction. As this disease has developed into a global pandemic and millions of people have become infected, its extrapulmonary manifestations have become better understood. Similar to other viral infections, it has been postulated that Covid-19 may trigger cascades of inflammatory pathways which can potentially result in multi-organ injury including heart, lung, and the serosal surfaces encompassing them. When COVID-10 elicits this inflammatory response, it is reasonable that this may lead to pericarditis and pericardial effusion.

Materials & Method: It's a retrospective study where the patients coming for pediatric cardiac referral was seen.Most of them came with the complains of fever,tachycardia and cardiac enlargement on X Ray.We did the echocardiogram in all and that is how pericardial effusion was detected. As a developing country, we consider tuberculosis infection in every patient with pneumonia or pleural effusion We appreciated that tuberculosis as a possible cause of the pericardial effusion. Most The patients'had antibody positive for Covid 19 but no history indicating an asymptomatic affection.

Results: Early PE-TB diagnosis, interventions including medical and surgical management, and routine administration of steroids with anti tubercular drugs in proper dosage explain why there were no complications and good outcome of all the patients

Audience take away

- We wish to make the audience aware of the fact the there has been an increase in the incidence of pericardial effusion mostly asymptomatic or with minor symptoms coming to the OPD .Most of them had covid antibody positive
- This will provide an insight to the problem which is rare and can have lifethreatening complications if not treated early .The treatment is also quite straight forward
- One can take up as research or a prospective and on going study

Biography

Dr. Mily Ray has always fascinated and wanted to pursue Pediatric Cardiology as a career since my postgraduation days in GTB hospital & UCMS Delhi India . He initially worked as an institutional fellow and then completed training as a Fellow of the National Board(FNB) in the Department of Pediatric Cardiology at the R N Tagore International Institute of Cardiac Sciences (RTIICS) in Kolkata West Bengal, now referred to as Narayana Hrudalaya Hospital. He spent one month training as an observational fellow at the All India Institute of Medical Sciences , New Delhi before he proceeded to New South Wales, Australia for an overseas stint. He worked as a Fellow in the Sydney Children Hospital Network for a year. After his return he joined Apollo Hospital and then in Max Hospital Group Delhi India. He has almost 15 years of experience in Pediatric Cardiology. His field of interests and expertise are clinical pediatric cardiology, Fetal echocardiography and non invasive cardiology,also cardiac genetics. Also, he is teaching fellows and residents both in cardiology and pediatrics. He regularly conduct a functional echo training in pediatrics which is very useful in ICU and NICU settings.

Suhas P Kulkarni
D.Y. Patil medical College, India

Recent advances in understanding of wheezing in children

In recent years the understanding about the mechanism of development of wheezing in children has improved and various management strategies were tried by different researchers. The respiratory syncytial virus induced bronchiolitis and rhinovirus infection in preschool children may lead to recurrent wheezing in preschool children. In infant immune system is immature and depends mainly on TLR ligation and maternal derived antibodies. Anti-inflammatory cytokines such as IL-10 and TGF beta are more common. RSV NS1 and NS2 proteins target RLR and TLR 3 dependent signaling and suppress the cellular response to RSV replication .This can lead to Th2 like response leading to asthma and allergy. CDHR3 acts as receptor in rhinovirus C infection. RV infection causes increase in IL 25 and IL 33 both induce Th2 type of immunity by increasing IL5 andIL 13. Daily Inhaled Corticosteroids (ICS) have been found useful in preventing exacerbations. Evidence is inconclusive about intermittent inhaled corticosteroids, intermittent montelukast and daily montelukast in recurrent wheezing. Azithromycin started early may decrease duration of wheezing episode. About intravenous magnesium sulfate and hypertonic saline evidence is inconclusive. Vitamin D supplementation in preterm babies for 6 months and avoidance of cow's milk for first three days of life may be useful in prevention of recurrent wheezing in preschool children.

Audience take-away:

- Viral respiratory tract infections by respiratory syncytial virus and rhinovirus in early life can lead to recurrent wheezing.
- Daily Inhaled Corticosteroids (ICS) have been found useful in preventing exacerbations.
- Evidence is inconclusive about intermittent inhaled corticosteroids, intermittent montelukast and daily montelukast in recurrent wheezing.
- Azithromycin started early may decrease duration of wheezing episode.
- Intravenous magnesium sulfate and hypertonic saline evidence is inconclusive.
- Vitamin D supplementation in preterm babies for 6 months and avoidance of cow's milk for first three days of life may be helpful in decreasing recurrent wheezing.
- The understanding about wheezing episodes in children will increase. Precise medicines to be used for wheezing episode and to prevent recurrence will be clear. Recent concept about drugs used will be clear.

Biography

Dr. Suhas P. Kulkarni has done MD (Pediatrics) and fellowship in allergy and clinical Immunology. He is working as Associate professor in department of pediatrics, D.Y.Patil Medical College, Kolhapur, MH, India. He is about to complete his Ph D in pediatrics (Pulmonology). He has 14 research papers to his credit. His topic of interests are pulmonary function testing in children especially impulse oscillometry system. He is a PG guide and examiner to MD Pediatrics. He is also interested in medical education technology and simulation.

Cigdem
Mustafa Kemal University, Turkey

Familial Mediterranean Fever

Familial Mediterranean Fever (FMF) is one of the 'Auto-Inflammatory Diseases' seen in childhood, which is characterized by recurrent episodes of fever, polyserositis, and skin rashes. FMF It is the first described, the most common, and the best known among autoinflammatory diseases. FMF is a disease of ethnic origin, It is a genetic disease encountered especially in communities living in settlements on the border of the 'Mediterranean Sea'. In this disease, which shows an autosomal recessive genetic inheritance, inflammation attacks that develop without the contribution of the immune system and any stimulus are clinically It causes complaints such as fever and abdominal pain. Clinical manifestations in FMF occur in 60% of patients within the first 10 years of their life and in 90% of patients within the first 20 years of their life. Therefore, it should not be forgotten that FMF is a disease that starts in childhood. As a matter of fact, the age of diagnosis of the disease was determined to be 10.1 years 15 years ago, while it is 6.2 years today.

Classical clinical features in FMF; It is in the form of recurrent attacks of fever and polyserositis (peritoneum, synovium, pleura, and rarely pericardium). The most common clinical presentation of the disease in pediatric practice is a combined attack with fever, abdominal pain, and/or joint symptoms. The duration of the attack constituting the FMF clinic usually lasts for 12 - 72 hours (often 3-4 days). However, longer or shorter duration of attacks may rarely be encountered. Also, the frequency of attacks can be variable. An important point to remember here is that the FMF attack does not recur at fixed intervals. The frequency of attacks may be 1-2/week, month, year, or less frequently. However, patients with FMF are completely normal in the period between attacks, because the disease is in the form of self-resolving acute inflammation attacks. The use of colchicine is currently the only effective and safe method accepted worldwide in the treatment of FMF. However, it should not be forgotten that colchicine should be used regularly throughout life, in sufficient doses, without skipping doses, for both its therapeutic and anti-amyloidosis effects. Since it is a drug with long-term effects, taking it only during attacks instead of continuous use or changing the dose used during attacks will have no effect.

As a result; FMF, which is common in the whole world today, can be confused with many diseases due to its clinical features and causes a very tiring and costly process until diagnosis, should be kept in mind together with the clinical features. İn addition, especially in terms of complications of amyloidosis, patients should be informed and colchicine treatment should be started without losing time.

Biography

Cigdem EL, born in November 15, 1981, in Turkey. She has done MD in 2005 at School of medicine. Since 2016, she has worked as Assistant Professor, and she is Education Trainer in the Mustafa Kemal University, School of Medicine.

Claudio J. Salomon
National University of Rosario, Argentina

Development of pediatric dosage forms for neglected diseases

Despite progress made in both the basic knowledge of many infectious diseases and the process of drug discovery and development, tropical infectious diseases such as malaria, leishmaniasis, Chagas disease, and schistosomiasis continue to cause significant morbidity and mortality, mainly in the developing world. The burden of infectious diseases has been compounded by the re-emergence of diseases such as tuberculosis, dengue, and African trypanosomiasis. These diseases all predominantly affect poor population, particularly children, in several less developed regions. In this regard, a major challenge in drug development is the drug delivery for the pediatric population. Specific facts have to be taken into account with this patient group. Children are a very heterogeneous patient group ranging from newborns to adolescents with huge developmental and physical differences regarding dose, pharmacokinetics, absorption, sensitivities and compliance. The route of administration, the composition of the formulation, the dosage form and the matter of administration have to be carefully considered. Many drugs frequently used in infants and young children are not available in suitable dosage forms, particularly for the treatment of several neglected tropical diseases. Liquid dosage forms must be prepared extemporaneously, while using appropriate excipients.

However, it is critical to determine the stability of various drugs at clinically important concentrations and practical storage conditions. It is of concern that few funding agencies are willing to support research on the development of stable liquid dosage forms for pediatric patients. The need for such data will continue, because it is unlikely that all drugs approved for adults will also be labeled simultaneously for potential use in infants and children. But not only does a suitable dosage form need to be found and developed for pediatric purposes, additional issues have to be taken into consideration. Safe excipients are also very important for each formulation. Usually pharmaceutical excipients are labeled as “inactive ingredients” and assumed to be safe for human use, but this might not be true for a pediatric subpopulation, as children show particular differences to the “normal” adult patient. The choice of excipients may also determine the applied dosage forms, as the number of suitable excipients for manufacturing a dosage form is often very limited. Toxicological risks are mostly associated with excipients used for liquid formulations, whereas solid drug formulations can be usually composed using non-toxic excipients. Thus, in this opportunity different pharmaceutical strategies will be presented for the development of pediatric formulations for the treatment of some tropical neglected diseases.

Audience take-away:

- A summary of the neglected tropical diseases and pediatric population.
- Lack of pediatric treatments for such diseases.
- Different pharmaceutical strategies to overcome those drawbacks.
- The audience will be able to learn about the pharmaceutical options for the pediatric treatment of such diseases. Then, they will be able to discuss with people in charge of pharmaceutical compounding the options for the best treatments.
- Indeed, the topics presented herein may be use by other colleagues to improve pediatric treatment and/or to join new research groups focused on this subject. Additionally, they will be able to increase the scope to their teaching duties including some of these topics.

Biography

Dr. Claudio J. Salomon is a professor at the department of pharmacy, National University of Rosario. Argentina. He is principal investigator of the National Council Research, Argentina. He obtained his PhD from the National University of Rosario and he was a post-doctoral associate at the School of Pharmacy of the Hebrew University of Jerusalem, Israel. Professor Salomon has over 80 peer reviewed publications and 2 international granted patent. Dr. Salomon has obtained several national and international awards including Mercosul Science and Technology Award 2012. His research is focused on the development of drug delivery systems with an emphasis on modified release dosage forms and pharmaceutical nanotechnology. Dr. Salomon is an Editor of AAPS PharmSciTech and an Editorial Board Member of several journals. He is also Editor in Chief of the AAPS Introductions in the Pharmaceutical Sciences book series.

Carla Matos Silva
Instituto Politécnico de Coimbra – ESTeSC-Coimbra Health School, Portugal

Minor hearing loss and auditory processing disorders in children

Minor hearing loss can happen in children through different clinical pictures namely the unilateral sensorineural deafness, the high frequencies sensorineural deafness, the low frequencies sensorineural deafness and the light degree sensorineural deafness. The unilateral sensorineural deafness is a type of deafness with a variable degree that affects all the frequencies having as main etiology the epidemic parotitis or other viruses as well as vascular causes. The high frequencies sensorineural deafness is characterized by a hearing loss superior to 25 dB in two or more frequencies above the 2000 Hz whereas the low frequencies sensorineural deafness is characterized by thresholds above the 25dB within the 250 Hz and 500 Hz with thresholds of at least 15 dB within the 2000 Hz and 4000 Hz. As far as the light degree sensorineural deafness and according to the Bureau International d'Audiophonologie, we can define it as a sensorineural hearing loss with thresholds between the 20 and 40dB.The minor hearing loss is difficult to diagnose as it settles in an early phase of the child's development and the child will adapt to this situation. On the other hand, it is asymptomatic and the speech acquisition as well as the language development will occur without great compromise. However, the sounds spatial location and the information integration through auditory pathway will be compromised.This auditory privation can have effects on the central auditory processing, leading to central auditory processing disorders.

The American Academy of Audiology defines the central auditory processing as the information understanding processing in the central nervous system. It includes neuronal mechanisms affecting a multiplicity of auditory capacities: location of sound source and lateralization, auditory discrimination, recognition of auditory patterns and auditory temporal aspects. The presence of a disorder in the auditory processing has implications for the language understanding and learning leading to child's scholarship, academic and social prejudice. The most frequent clinic manifestations are: problems in speech production involving the alteration of some phonemes; problems in expressive language with a disorganized speech and lexical impoverishment. The children with such disorder request the repetition of auditory information. As the minor hearing loss is, in most cases, asymptomatic it can only be detected with the implementation of auditory screening programmes that aims at identifying any auditory alteration early and will permit an early diagnosis. The approach of the central auditory processing and its disorders is focused on schoolchildren and on its impact on learning, language and auditory and communication skills. In this age, the presence of a minor sensorineural deafness must be a criterion for the evaluation of the central auditory processing. Once the diagnosis of an auditory processing disorder is made, these children must be recommended to auditory training programmes with excellent results in the paediatric population. According to a literature systematic review, we aim at understanding the relation between the minor sensorineural deafness and the child auditory processing disorders.

Keywords: Minor hearing loss, children, auditory processing disorders.

Audience take-away:

- Audiologists, Otorhinolaryngologists, Pediatrics Speech therapists and Students.
- Warn about the importance of early detection of minor hearing loss by all professionals who monitor the child's development.
- Invest in auditory screening programs for an early diagnosis minimizing the impact of deafness and auditory processing disorders in the child's global development.

Biography

Carla Matos Silva, done PhD in Cognitive Science from University of Lisbon; Master in Bioethics, University of Porto and Degree in Audiology from Polytechnic Institute of Coimbra. She was a professor at the Coimbra Health School, Specialist in Audiology, was Director of the Audiology Department from 2009 to 2013 and from 2015 to May 2019. Started teaching in 2002 and has been a career teacher since 2009. Audiologist from 2000 to 2009 at the Maria Pia Central Specialized Children's Hospital. Also, she has developed research in the study of pediatric audiology, auditory electrophysiology, auditory processing. Author and co-author of index national and international publications.

Antonio Gennaro Nicotera
University of Messina, Italy

EEG abnormalities in autism spectrum disorder: A neurophysiological biomarker of severity

Autism spectrum disorder (ASD) is a neurodevelopment disorder characterized by a persistent impairment of communication and social interaction and restricted, repetitive and stereotyped behaviours. Compared with the healthy population, patients with ASD have an increased incidence of epilepsy (2–3% vs. 5–46%, respectively); moreover, several authors have identified the presence of EEG abnormalities in subjects with ASD, in the absence of a diagnosis of epilepsy, with a prevalence ranging from 6.7 to 61%. The EEG abnormalities can include non-epileptiform abnormalities (such as slow activities or asymmetries in background rhythm), and epileptiform abnormalities (spikes or sharp waves, slow waves, generalized wave-spike or generalized polyspikes). Although there is no consensus among researchers, it seems that the EEG anomalies occur more frequently in temporal regions and are revealed during sleep recording. Although the epileptiform abnormalities are considered an expression of underlying brain dysfunction, it is still unclear how these functional abnormalities are related to the clinical phenotype. However, epileptiform abnormalities were significantly higher in patients with severe forms of autism. Moreover, a higher prevalence of epileptiform abnormalities was found in patients with simple and complex stereotypies, aggressive behavioural patterns, self harm and hyperactivity. On the other hand, the presence of epileptiform abnormalities was significantly lower in patients with normal cognitive functioning than those with a lower intellectual level. Based on these data, studies suggested that EEG abnormalities are a neurophysiological biomarker for the severity of cognitive and behavioural problems associated with ASD.

Audience take-away:

- The oral communication will present recent data on autism with translational indications.
- The audience will learn theories about the features of autistic patients and the usefulness of performing the EEG in these patients.
- The communication will also provide information on experimental pharmacological treatments in these patients.

Biography

Dr. Nicotera graduated in Medicine and Surgery in 2009 at University of Messina (Italy), and specialized in Child and adolescent psychiatry in 2015, at University of Messina (Italy). He holds a Master's degree in Epileptology in 2017, from University of Ferrara (Italy). He has worked as MD at Unit of Neurology at the IRCCS Oasi of Troina, Enna, Sicily, Italy from 2015 until Jul 2019. Currently, He works as MD at Unit of Child Neurology and Psychiatry, Department of Human Pathology of the Adult and Developmental Age, University of Messina, Messina (Italy). He has published several research articles indexed in PubMed (Loop Profile: https://loop.frontiersin.org/people/763232/overview).

Josephine McNamara*, Michelle L. Townsend, Jane S. Herbert
University of Wollongong, Australia

Maternal wellbeing, maternal fetal attachment and early postpartum bonding

Background: An emerging body of literature suggests there is a relationship between a pregnant woman's psychological wellbeing and the development of maternal-fetal attachment (MFA) and early postpartum bonding. However, the limited theoretical framework surrounding the construct of MFA and variations in study methodologies has hampered across study findings.

Objective: In this systematic review, we synthesized the published literature to determine the nature of the relationship between maternal wellbeing, MFA and postpartum bonding from the antenatal to early postnatal period and to provide recommendations for future research and clinical practice.

Methods: Using the PRISMA approach, four electronic databases were searched for peer-reviewed empirical studies, published in English. Articles were considered for inclusion if data was collected on at least one domain of maternal mental health and MFA during pregnancy or MFA during pregnancy and the mother-infant relationship during the early postpartum period. No date parameters were applied. The review was registered with PROPSERO.

Results: 25 studies (n = 5983 women) examining maternal mental health and MFA/postpartum bonding were selected for inclusion in this review. Participants were aged 16-45 years from 13 countries. Key findings identified from the review were: a need to validate existing mental health measures or develop new measures specific for use in antenatal populations; inconsistencies in data collection points throughout pregnancy and postpartum; a lack of consensus about the construct of MFA and the way it is assessed; and a continued focus on postpartum outcomes.

Conclusions: Scientific gaps remain in our understanding of the relationship between maternal mental health and both MFA and postpartum bonding which limit our theoretical understanding of the MFA construct. Recommendations for future research are to employ prospective longitudinal designs that span the full pregnancy and postpartum period, and for consistency in the terminology and methodology used when considering MFA. A re-focus of research attention on the theory behind MFA will allow a richer and more holistic account of the emerging relationship between mother and baby.

Audience take-away:

- Nature of the relationship between depression, anxiety, stress and interpersonal relationships with MFA and postpartum bonding Value of longitudinal studies that span the antenatal and postnatal periods.
- Limitations of current methodologies (e.g., screening tools, assessment time points, research design) used in routine antenatal care and strategies to address these.

Biography

Josephine McNamara is a PhD candidate at the University of Wollongong, Australia. Her research interests focus on perinatal mental health. She currently works as a Clinical Psychology Registrar in a state NGO and private practice with children, adolescent and families.

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SEP 17, 2021

Giselle Bedogni*, Seremeta Katia, Okulik Nora, Salomón Claudio
National University of Rosario, Argentina

Preparation and optimization of a pediatric palatable praziquantel alcohol-free solution

To date, praziquantel is only available as solid formulations, hindering its administration to paediatric patients. Therefore, the purpose of this work was to develop an alcohol-free oral liquid formulation of praziquantel. A design of experiment approach was applied in order to optimize a cosolvent mixture based on 2-N-methyl pyrrolidone, polyethylene glycol 400 and water and a stability assay was performed at different temperatures (4, 25 and 40 °C, with and without light exposure). The obtained formulation showed good stability in terms of praziquantel concentration, maintaining its initial value of 40 mg/ml at 25 and 40 °C, with and without light exposure, over 4 months. Contrarily, samples that were kept at 4 °C showed praziquantel precipitation, decreasing its concentration down to 35 mg/ml. Additionally, they all passed the USP microbiological examination of nonsterile products test and kept a pH of 7.0 during the evaluated period. The developed formulation allowed to increase praziquantel solubilization up to a 200-fold, using solvents at quantities considered as safe. Furthermore, the bitter and metallic taste of praziquantel was masked with a cheery flavoured essence and sucralose, making it more tasteful for children, which could help with paediatric patients' compliance in different treatments, such as intestinal taeniasis.

Audience take-away:

- A summary of the neglected tropical diseases and pediatric population.
- Lack of pediatric treatments for such diseases.
- Different pharmaceutical strategies to overcome those drawbacks.
- The audience will be able to learn about the pharmaceutical options for the pediatric treatment of such diseases. Then, they will be able to discuss with people in charge of pharmaceutical compounding the options for the best treatments.
- Indeed, the topics presented herein may be use by other colleagues to improve pediatric treatment and/or to join new research groups focused on this subject. Additionally, they will be able to increase the scope to their teaching duties including some of these topics.

Biography:

Giselle Bedogni graduated from the National University of the Chaco Austral in 2018, with a bachelor degree in biotechnology. In 2019 she joined the research group of Prof. Salomón at the Institute of Chemistry Rosario (Instituto de Química Rosario-Consejo Nacional de Investigaciones Científicas y Técnicas (IQUIR-CONICET)), where she is currently doing her PhD in Chemical Sciences, investigating the application of different pharmaceutical technologies to improve the biopharmaceutical properties of different drugs used for treatment of diverse neglected tropical diseases.

Tatyana Itova
University Hospital Medica Ruse Ltd, Bulgaria

Jaundice from breast milk

Material and methods: We followed the evolution of neonatal jaundice in 423 full-term infants born in the Department of Neonatology of UMHAT Medica Ruse Ltd. for the period 2017-2020. We performed transcutaneous bilirubinometry daily from the first day until leaving the ward, as well as on the 14th and 28th postnatal day. In the prolonged forms, we continued the follow-up until the complete disappearance of jaundice, which was by the 90th postnatal day at most. The children were divided into two groups - Group A (232) exclusively breastfed and Group B (191) newborns fed with a standard formula for newborns. The treatment of neonatal jaundice is carried out only by phototherapy. We compared bilirubinemia levels and the rate of hyperbilirubinemia in the two groups.

Results: There is no significant difference in gender, gestational age and weight between groups. There was no significant difference in mean bilirubin levels from day one to day 28. No difference was found in the initial time of initiation of phototherapy and duration of hospital stay. In group A the hours of phototherapy (15.5 ± 9.6 hours) were significantly longer than in group B (13.0 ± 6.3 hours), ($p = 0.025$). For the whole observed period the share of newborns with hyperbilirubinemia in group A is higher than in group B, and on days 4, 5 and 14 this difference is significant. We report prolonged forms of neonatal jaundice in group A in 14.7% and in group B -12.9% as of day 28. In group A, the frequency of readmission, due to the need to treat neonatal jaundice, was significantly higher ($p = 0.013$).

Conclusion: In our study in breastfed infants, we reported a significant difference in the proportion of hyperbilirubinemia as well as in the duration of phototherapy. We observed neonates up to involution of neonatal jaundice, and in the prolonged forms the share of exclusively breastfed children is insignificantly higher.

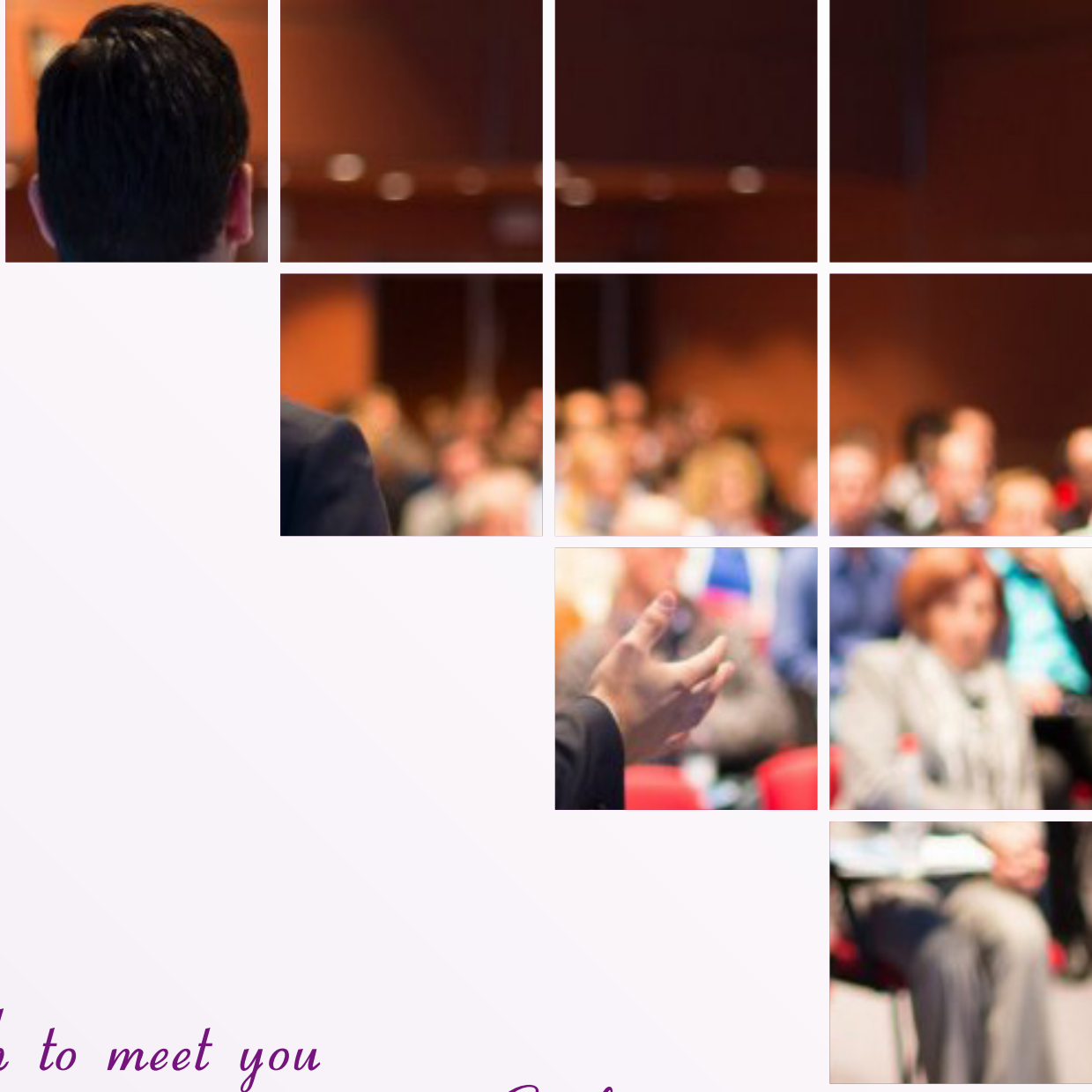
Audience take-away:

- Naturally fed newborns have a longer neonatal jaundice, which may require more hours of phototherapy and may require readmission more often.
- When fed naturally, prolonged neonatal jaundice is more common.
- Breast milk jaundice is a specific condition for newborns in the late neonatal period and can lead to frequent outpatient examinations and follow-up.

Biography:

Dr. Itova graduated in Medicine at the Medical University in Varna, Bulgaria. Acquired specialties in Pediatrics, Neonatology and Health Management. She has an additional qualification in transfontanel and abdominal ultrasound. She works at the Neonatology unit at University Hospital Medica Ltd., Ruse, Bulgaria. She is a doctoral student at the Medical University of Pleven, Bulgaria under the supervision of Assoc. Prof. V. Atanasova.

PARTICIPANTS LIST



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