

4TH

EDITION OF EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY



VIRTUAL EVENT

SEPT 08-09

Contact us:

Ph: +1 (702) 988-2320 | Whatsapp: +1 (540) 709 1879

Email: pEDIATRICS@magnusconference.com

Website: <https://pediatrics-neonatology-conferences.magnusgroup.org/>

Twitter ID: @PaediatricsConf | Facebook: @PaediatricsConf

BOOK OF ABSTRACTS

4TH EDITION OF
EURO-GLOBAL CONFERENCE ON
PEDIATRICS
AND NEONATOLOGY

08-09 SEPT

INDEX

Contents

About Host	4
Keynote Session (Day 1)	14
Speaker Session (Day 1)	19
Poster Session (Day 1)	33
Keynote Session (Day 2)	38
Speaker Session (Day 2)	43
Poster Session (Day 2)	57
Participants List	62

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 2022

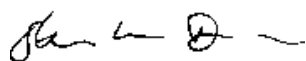
Magnus Group is ecstatic to invite one and all to its well-established event “4th Edition of Global Conference on Pediatrics and Neonatology (EPN 2022)” during September 08-09, 2022 in virtual mode. The congress will revolve around the theme “Promoting Excellence by Investigating the Unexplored Areas of Pediatrics and Neonatology.”

The Conference series of EPN has a long proud history of excellence and a reputation as the globe’s leading neonatology and pediatrics meeting, which we are happy to uphold again in 2022. Many of the most important and contentious problems that influence the clinical practise of infant and new-born medicine will be addressed by world-renowned speakers, researchers, scientists, academicians, healthcare professionals, surgeons, pediatricians, neonatologists, nurses, child care experts and policymakers. The goal of this summit is to highlight the most recent research findings in Pediatrics, Neonatology and Child Health as they relate to health, medicine, and the environment. It will be an international meeting featuring a selection of high-quality plenary talks, intriguing keynote sessions, brainstorming panel discussions, informative oral and e-poster sessions as well as a forum for direct contact and knowledge exchange between delegates from academic institutions, hospitals, and industry.



Welcome Message

Dear congress visitors, it is an honor for me to serve on the scientific committee and to welcome you to the congress. In this era of evidence-based medicine and advanced diagnostics, we must depart from the older era of “one size fits all” and move towards individualized and targeted care. In this way we can maximize benefit while minimizing risk in the most vulnerable population in medicine. I am privileged to be included among a world class faculty and hope that you will be stimulated in both your clinical and your research endeavors.

A handwritten signature in black ink, appearing to read 'Steven M. Donn'.

Steven M Donn

University of Michigan, United States

Welcome Message

Dear congress participants, it is my honor to welcome you to EPN 2022, 4th edition Euro-Global conference on Pediatrics and Neonatology. I want to welcome you all to this meeting and encourage all to submit your scientific abstracts for presentation to allow all present to hear about the fantastic new technologies, procedures and research you are performing.



I look forward to meeting all participants at the meeting and sharing in Research, Education, and Friendship.

A small, handwritten signature in red ink, appearing to read "Chris Snyder".

Christopher S Snyder

UH Rainbow Babies & Children's Hospital, United States

Welcome Message

It is my pleasure to welcome everyone to the 4th Edition of Euro Global Conference on Pediatrics and Neonatology being held this year. We hope that this conference will provide a platform for people to interact and share their research with experts in a wide range of fields within the pediatric community. The variety of topics being presented this year by colleagues from around the world promises to be very engaging and informative. You all are truly the greatest asset in helping improve the care we provide our pediatric patients. I, on behalf of the organizing committee, would like to thank each of you for attending this conference and spending your valuable time with all of us.

A handwritten signature in black ink, appearing to read 'Kate Tauber'.

Kate Tauber,

Albany Medical Center, United States

Welcome Message

Dear congress visitors, it is an honor and pleasure to write a few welcome notes. As the field of medicine advances it puts new perspectives on the nursing care given in the PICU. We are today able to handle more severe illness than just a century ago, also parents expect to be more involved in every detail of the care. And of course, we should let them, but we must maintain a focus on the need of the child in all aspects. We need to be child centered. This might be both an educational, cultural, and ethical challenge. So how do we solve these issues in the technological era? I hope to bring a nursing care perspective to the table and raise the discussion about how to become partners in care as we step in the future of child health care.



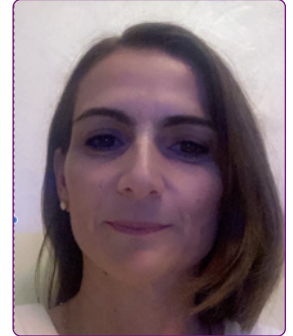
Most Welcome

Janet Mattsson

The Swedish Red Cross University College, Sweden

Welcome Message

Dear congress visitors, it is an honour and pleasure to warmly welcome to the 4th Edition of Euro-Global Conference on Pediatrics and Neonatology “Promoting Excellence by Investigating the Unexplored Areas of Paediatrics and Neonatology”. Developmental Age remains an exciting and exploring field for scientific community that encourage experts worldwide to meet and share their experiences. Early detection of several disorders with onset during childhood may allow prenatal diagnosis, prevention, appropriate intervention, and overall better quality of life for the patients and their families. Several unexplored areas involving all the branches of Pediatrics make it necessary to conduct and share studies that disclose new diagnostic tools and pharmacological treatments. We wish you really enjoy the Conference with its unique initiatives, providing an exceptional forum for young scientists to hone their skills and gain insights on cutting edge advances in the field.



Gabriella Di Rosa

Gabriella Di Rosa

University Hospital of Messina, Italy

Welcome Message

Dear congress delegates, I would like to welcome you to the EPN 2022 conference where we can explore new frontiers in pediatrics and neonatology. The advancement of genetic testing methods, the provision of rapid testing devices and the accessibility to medical information via the internet have all changed the face of modern medicine. In this quickly evolving field, it is imperative that we all stay up-to-date with the increasing demands of patient care and possibly reshape the way we approach, determine, document and solve our patient's medical issues. This may require rethinking common complaints in the outpatient setting and revising common practices in the advanced health care setting.



This congress is an opportunity to share our expertise from different parts of the world and implement newer techniques in our everyday practice depending on the needs and special circumstances of the population we serve. In the words of Hipocrates “Ο βίος βραχύς, ή δὲ τέχνη μακρή” meaning that life is short, and the art long.

A warm welcome to all!

Smaragdi Fessatou,

University of Athens, Greece

Welcome Message

On behalf of the scientific committee, I am honored to invite you to attend and participate in the forthcoming 4th Edition of Euro-Global Conference on Pediatrics and Neonatology 2022. The conference is a special and unique event for all the attendees to communicate, learn pearls and new scientific advancements in the field of pediatric surgery as well as Pediatrics and Neonatology. The organizing committee has prepared a tremendous program and our eminent speaker will share the experience to make the scientific program up to the most advanced level of evidence-based medicine. We are looking forward to welcoming you to share with us the unforgettable experience.



Gamal Al Saied,

Al Azhar University, Egypt

Welcome Message

Dear Congress Participants,

I have been honored to address to you by writing some welcome notes.

As we are experiencing a new year of SARS-CoV-2 pandemic and never seeing a sign on whether or when it will come to an end, there is more emphasis on prevention. According to a new study by the World Health Organization Regional Office for Europe and European Centre for Disease Prevention and Control published in Eurosurveillance, 470,000 lives have been saved among those aged 60 years and over since the start of COVID-19 vaccination. This figure does not include lives saved by vaccinating people less than 60 years, including children, and the herd immunity effect.

To my opinion, vaccines will guide humanity to the end of these hard times as they have in the past, provided they can be more widely applied to those in the pediatric age group.



Selim Oncel,

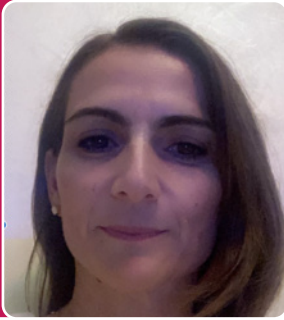
Kocaeli University, Turkey

KEYNOTE FORUM

DAY 01

4TH EDITION OF
EURO-GLOBAL CONFERENCE ON
PEDIATRICS
AND NEONATOLOGY

08-09 SEPT



**G. Di Rosa^{1*}, D. Dicanio¹, G. Spoto¹, A. Alibrandi²,
R. Minutoli¹, A. G. Nicotera¹**

¹Unit of Child Neurology and Psychiatry, Department of Human Pathology of the Adult and Developmental Age, "Gaetano Barresi" University of Messina, Messina, Italy

²Department of Economics, University of Messina, Messina, Italy

Long-term predictivity of early neurological assessment and developmental trajectories in low-risk preterm infants

Preterm birth is defined by the WHO as a live birth before 37 completed weeks of gestation and an increase has been recently recorded, representing nowadays the 10,6% of all births. Prematurity is considered a risk factor both for shorter- and longer-term complications and it is related to altered neurodevelopmental trajectories. Although preterm infants usually show good outcomes, part of them may develop significant and long-lasting neurological sequelae, especially in children born under 32 weeks or less of gestational age. Many studies have analyzed predictive factors for developing severe neurodevelopmental outcomes (cerebral palsy, other motor and socio-relational disorders such as autism, etc.). In this study, 148 preterm infants born between 28+0-36+6 weeks were enrolled to investigate the neurodevelopmental trajectories in a population of low-risk premature infants using standardized assessment methods (GMs, HINE, and GMDS) and to verify their validity and predictivity for adverse neurodevelopmental outcomes in low-risk infants. We found a significant correlation between GMs scores and HINE global scores at 3-, 6-, and 9-months corrected age (CA). Better GMA also had a significant correlation to higher scores in the subsection Movements at 3-, 6-, and 9-months CA, with the subsection Posture at 6- and 9-months CA, and with the subsection Tone at 3- and 6-months CA. It supports the idea that spontaneous movements such GMs are necessary for developing an appropriate quality of movements, posture and tone during the first year of age. GMDS general development quotient ($87 \pm 15,7$) and Hearing and language scores (82.3 ± 22.6) appeared to be slightly below the standard. On the contrary, the HINE subsections revealed many interesting correlations between the GMDS Global Development score and the different scales, considering the chronological age. In particular, at the 6-months CA evaluation, significant correlation emerged between the subsection Cranial nerves and the Global development score, the Locomotor scale, and the Eye and Hand Coordination scale; the subsection Tone had a significant correlation with the Performance scale; the subsection Reflexes had a significant correlation with the Locomotor scale. At 9-months CA evaluation, the subsection Movements had a significant correlation with the Locomotor scale. Finally, an important data is represented by the fact that the Global Development score assessed for CA is largely within the normal range, while it is slightly below the lower normal value if assessed for chronological age. This study underlines the importance of including even these low-risk populations in the follow-up programs to early identify infants at risk for adverse long-term impairments and introduce early intervention therapies for optimizing neurodevelopmental outcomes.

Biography

Prof. Gabriella Di Rosa was born in Messina, Italy, on November 26th, 1975. She graduated in Medicine and Surgery Degree Course at the Medical School of the University of Messina, Messina, Italy on 2000 and achieved the residency degree of "Child Neuropsychiatrist" on 2006. Since 22/12/2011-ongoing: prof. Di Rosa, clinical and research position at Unit of Child Neuropsychiatry, University Hospital of Messina. Since 2014 ongoing: Head of the outpatient unit of neonatal-infantile neurology (0-24) (follow-up of the preterm and at-risk infant). She gained the Italian national Scientific Board, associate professor, MACROAREA 06/G1 "General and Specialistic Pediatrics and Child Neuropsychiatry" (ART. 16 L.240/2010) April 10th 2017. Since May, 2019 ongoing: Prof. Di Rosa gained the role of Head of Unit of Child Neuropsychiatry, University Hospital of Messina, according to resolution of the General Director # 0009983/2019 May 23rd 2019. Since October 15th 2021 she was named Head of the Degree Course on Neuropsychomotor therapy of the Developing Age, University of Messina, Messina, Italy. Since May 31st, 2021 she is the Director of the Child Neurology and Psychiatry Residency School, University of Messina, Messina, Italy.



Gamal Al-Saied

Professor of pediatric surgery, Al-Azhar University, Cairo, Egypt

Congenital huge neck swelling causing airway obstruction in neonates: Dilemma in management

Congenital huge neck swellings causing airway obstruction in neonates are very rare pathological lesions and they carry a potentially lethal prognosis if not immediately diagnosed and managed properly. The site of their origin, cystic nature and their rarity make the treatment is challenging. Herein; we present three neonates born with huge cystic neck swelling compressing airway. After stabilization; they are successfully excised and proved to be immature cystic teratoma originating from the thyroid gland in two cases and huge lymphatic malformation in the third case. There was no recurrence during the follow up period.

Keywords: Congenital huge neck swellings, teratoma of thyroid gland, huge cervical lymphatic malformation.

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 November 1998. 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. Research interest: Neonatal and pediatric laparoscopic surgery and Hypospadiology.



Neil R M Buist*¹, Scott Buckley², Christopher Lang³, Alexis C Wood⁴

¹Departments of Pediatrics and Medical Genetics, Oregon Health & Science University, Portland, Oregon, USA.

²Research Prototypes Portland, Oregon, USA

³PhD, Professor, Dept of Mathematics, Indiana University, New Albany IN,

⁴PhD, Asst Professor, Dept of Pediatrics, Baylor University, TX

Electronic quantitation of sucking in infants

Background: Feeding problems in small infants are extremely common; they are usually assessed by trained clinical observers. We describe a small device that captures continuous sucking pressures that can be used to provide information about a number of oral physiologic parameters during sucking. There is nothing conceptually new about our system, but we have used it to develop an automatic, computerized data processing and analytical programme [Lang]. We have used this device to examine normal & high-risk neonates during regular feeding to develop some normal parameters.

Methods: A 12cm pressure chamber is fitted with a pressure monitor that feeds continuous data to a computer and a nipple; milk or feed is held in a regular feeding bottle. Infants can be held by caregivers during testing.

Audience Take Away:

- They should learn about sucking characteristics in Neonates as recorded in real time by continuous electronic capture. Such data is then used for subsequent clinical and statistical analyses
- Normal values for a number of sucking parameters, such as periodicity, frequency, consistency strength, maturational patterns will be shown
- The potential value of such studies in neonatal care will be discussed
- Detection of oral-motor dysfunction in early infancy could lead to earlier and more directed therapy
- Biography of presenting author Professor Buist earned his medical degrees Scotland with later training in Biochemical Genetics in Denver Colorado. For 35 years he ran the largest Metabolic Clinic in the US along with a lab involved in multiple clinical and research projects that characterized at least 10 new genetic disorders. He was intimately involved in the start of Newborn Screening in a program well known for innovation; being the first to introduce many of the tests currently used. He developed radically new nutritional products for the treatment of inborn errors of metabolism. He is well known internationally and has published >150 articles in research journals

Biography

Professor Buist earned his medical degrees Scotland with later training in Biochemical Genetics in Denver Colorado. For 35 years he ran the largest Metabolic Clinic in the US along with a lab involved in multiple clinical and research projects that characterized at least 10 new genetic disorders. He was intimately involved in the start of Newborn Screening in a program well known for innovation; being the first to introduce many of the tests currently used. He developed radically new nutritional products for the treatment of inborn errors of metabolism. He is well known internationally and has published >150 articles in research journals.



Christopher S Snyder

UH Rainbow Babies & Children's Hospital, United States

Cost analysis of telehealth for management of infantile hemangioma in the united states

Background: Hemangiomas are the most common soft-tissue tumors affecting neonates and rarely lead to complications.

Objectives: Assess cost-effectiveness of management of infantile hemangiomas via Telehealth (TH) versus in-person (IP) visits.

Methods: Patients with vascular anomalies were assumed to be in 1 of 3 states: infantile hemangioma, non-serious condition, or serious condition. Decision models were constructed for initial and long-term cost of care for patients with infantile hemangiomas. Management was defined as initial visit at 3 months of age with follow-up visits every 3 months until 15 months of age. Reimbursement values were extracted from Medicare data and economic estimates of indirect costs. The expected value of patient visits were calculated in the model, and the lower expected cost was considered optimal. Expected values were calculated under two perspectives: a patient/payer perspective and a "societal" (patient/payer/provider) perspective, the former assuming TH and IP visits would be equally reimbursed, and the latter incorporating the estimated cost saving arising from lower overhead costs. Deterministic sensitivity analysis was conducted to assess the most salient model inputs.

Results: After accounting for increased risk of misdiagnosis and serious conditions, from a patient (payer) perspective, TH was associated with \$10.26 cost savings for the initial visit. From societal perspective TH saved \$55.26. Thus, in comparison to IP, TH is associated with 3.89% and 18.01% cost savings from the payer and societal perspectives, respectively.

Conclusion: The use of TH for initial and complete management infantile hemangioma proved to be cost-effective from both a payer/patient and societal perspective.

Biography

Christopher Snyder, MD, is a pediatric cardiologist at UH Rainbow Babies & Children's Hospital. He joined the UH Rainbow medical staff eight years ago and has served in a number of roles during that time, including Head of Electrophysiology and Executive Committee Member for the hospital. In addition, he is the former KeyBank-Meyer Family Chair for Excellence in Leadership and has previously served as faculty at Yale-New Haven School of Medicine and Ochsner Clinic Foundation. Dr. Snyder is a graduate of Wayne State University School of Medicine and Baylor College of Medicine. He completed a residency and fellowship at Texas Children's Hospital with sub-specialty training in pediatric and adult congenital electrophysiology. With more than 90 peer-reviewed articles and more than 10 book chapters, Dr. Snyder has presented his research at all the major pediatric cardiac meetings in the United States and throughout the world. He is a member of the American Academy of Pediatrics, Heart Rhythm Society, the American College of Cardiology and the American Heart Association. He currently serves as Chair of the Section of Cardiology and Cardiovascular Surgery for the American Academy of Pediatrics and as Chair of the Joint Counsel on Congenital Heart Disease. During his career, Dr. Snyder has been a member of the Alpha Omega Alpha Honor Medical Society, has been recognized as a Cleveland Best Doctor for the past 8 years and as a Castle Connelly Outstanding Physician. He also received the AAP Recognition of Distinguished Service Award. He currently serves as a senior editor for Congenital Heart Disease and Case Reports in Cardiology, and editor for the American Journal of Cardiology, The Scientific Pages in Pediatrics and the Journal of Pediatrics and Child Care. He also performs reviews for the PACE, Journal of Invasive Electrophysiology and Pediatrics.

SPEAKERS

DAY 01

4TH EDITION OF
EURO-GLOBAL CONFERENCE ON
PEDIATRICS
AND NEONATOLOGY

08-09 SEPT



Annisa Bunga Nafara

MD, Emergency Department, Fatmawati Central General Hospital, South Jakarta, Indonesia

Priapismus as a rare manifestation of leukemia in children and delay of medical help seeking due to local value in Indonesias society

Priapismus is the erection of penis without sexual stimulation that could happens due to blood abnormality, trapped in penis vessel, such as leukemia disease. Priapismus is rarely seen in leukemia, especially in Indonesia. However, as a developing country, there is another problem because of low education, awareness and cultural background. The society has local values or believes which make the patient tend to hide this complain. Therefore, numerous cases of priapismus are neglected or ignored by the patient or family. This condition results delay in diagnosis, treatment and increase the complication of priapismus or underlying disease. In this study, We report a 12 years old children in emergency ward presenting painful persistent priapismus for over 24 hours. History of priapismus of the patient is present in last 4 months, with no other complain, medical history and no family history of the same symptom. Leukocytosis, thrombocytosis and mild anemia were found in Blood Test. Complication of penis tissue ischemia was found from Dorsal Penis Artery Blood Gas Analysis. Irrigation was performed by urologist in emergency ward to prevent complication. Bone marrow aspiration confirmed of Chronic Myeloid Leukemia. We also present the social value that effect this patient's medical decision. From this paper, we conclude that physicians must be aware about priapismus symptom and the probability of differential diagnosis. A serious disease such as leukemia could be shown with no systemic and typical symptom, like in this case. We must concur that the public must be educated that such symptoms are not a disgrace and not correlated with local social value. Therefore, the delay getting medical care could be prevented.

Audience Take Away:

- Manifestation of priasmus and it's differential diagnosis
- Pathophysiology of priapismus in Leukemia
- Management and complication of priapismus
- Social value in Indonesia as a developing country that makes patient with priapismus delay to seek medical service

Biography

Dr. Annisa Bunga Nafara is a Emergency General Practitioner, in Fatmawati Central general Hospital in Jakarta, Indonesia. She studied medicine in Muhammadiyah Malang Medical Faculty and graduated as a Medical Doctor in April 2020. After 1,5 years in clinical practice, She then applied in Fatmawati Central General Hospital as the volunteer Doctor in the Covid Pandemic. Now she is working in emergency department. Currently, dr. Annisa continue her study for master degree of Medical Education in University of Indonesia.



Shailaja S. Jaywant*¹, Jayashri S. Kale²

¹Department of Occupational Therapy, L.T.M.College & G.Hospital, Mumbai, Maharashtra, India, Designation—Assistant Professor

²Department of Occupational Therapy, Seth G.S.M.College & K.E.M.Hospital, Mumbai, Maharashtra, India, Designation –Prof & Ex HOD

Effect of PIOMI with tactile kinesthetic respiratory muscle stimulation on neurobehavioural regulation in preterm infants –pilot study

Introduction/ Rationale: In preterm infants development of feeding skills are may be affected due to inappropriate neurobehavioural organisation, leading to delays the discharge from the hospital. Premature Infant Oral Motor Intervention (PIOMI), has shown the positive effects on feeding progression leading to early discharge. Tactile .kinesthetic & respiratory muscle stimulation with PIOMI in preterm infants , shown improvement in oromotor abilities ,with better neurobehavioural organisation leading to early discharge

Objectives: The study was done to analyse effect of the PIOMI with tactile, Kinaesthetic respiratory muscle stimulation on achieving neurobehavioural regulation post intervention & number of days to achieve full feeds & evaluate is efficacy against PIOMI.

Method / Approach: Sixty eight clinically stable infants admitted in premature care unit, fulfilling inclusion criterion were enrolled & were allocated as. Infants receiving PIOMI (Control group) and infants receiving PIOMI with tactile kinesthetic respiratory muscle stimulation (Experimental group), for 10 minutes each day. Data was collected for day of full feeds , pre - post intervention Neurobehavioural status and duration of hospital stay.

Results and or Practice Implications: Gestational age at full feeds was 33.65 weeks and 32.60 weeks in control & experimental groups respectively with 'p' value 0.002.Number of days of full feed in experimental group was 4.9days earlier than control group. 93.8% infants from Control group & 98.4%infants from experimental group had achieved neurobehavioural stability post intervention.

Conclusion: Preterm infants tolerated both interventions. Preterm infants from experimental group improved significantly in neurobehavioural organization & achieved full feeds early leading to reduced hospital stay.

Audience Take Away:

- Audience will know the newly designed protocol for oral motor intervention
- They will get insight about effect of intervention protocol on Neurobehavioural status, which is important aspect of Wee care, a newly developed concept for neonatal care
- The audience may use the concept during handling of preterm neonates
- Further research on larger population may be helpful in formulating guidelines based on developmental care in NICU
- Faculty can further do a research on long term outcome of these stimulations on neurodevelopment of preterm infants
- The novice professionals may be trained for the graded protocol may prove to be effective in preterm infant handling
- The vital parameters are also considered during designing & administration of protocol

Biography

Dr Shailaja Jaywant has studied in Seth G .S Medical college affiliated to Mumbai University. Is faculty in Occupational Therapy for more than 26 years. She is pursuing her PhD in occupational Therapy under able guidance of Dr Jayashri Kale under MUHS.She is guiding post graduate students since last 20 years & also a recognized PhD guide .Published more than30 research articles in national & international journals & was a faculty for workshops in developmental care in Neonatology .Received fellowship of All India Occupational Therapy Association , is a faculty for Fellowship program in developmental Disorders at national level.



Deepa Awasthi*, Shailaja Jaywant

Department of Occupational Therapy, L.T.M.MC & GH, Mumbai, Maharashtra, India

Neonatal feeding assessment as a predictor of neuromotor integrity and developmental outcomes: A scoping review

Background: Nervous system development and maturity of sucking organization, occur in parallel. Clinical assessment of an infant's oral-motor system, may provide an inexpensive measure of early neurological function.

Aim: To analyse Neonatal Feeding Assessment as an indicator of Neuromotor integrity and its associated developmental outcomes in infants.

Methodology: The Study was a Scoping Review. Scientific databases like MEDLINE, EpiINFO, Biosis Preview, Google Scholar and PUBMED were searched from their inception to June, 2021. The search strategy included terms "neonate" AND "feeding" OR "sucking" OR "swallow" AND "assessment" AND "neuromotor" OR "developmental" AND "effect" OR "indicator" OR "outcome measure". References from key papers were scanned. Articles not published in English or for which only abstract was available, were excluded.

Results: 2 studies concluded higher rate of developmental delay on Bayley Scales of Infant Development (BSID) in infants with poor scores on Neonatal Oro-Motor Assessment Scale (NOMAS) at 6, 12 and 18 months of age, respectively. A Pilot Study, demonstrated correlation of specific sucking parameters with microstructural integrity of the sensorimotor tracts that control neonatal oral feeding. Researchers have deduced quantitative sucking assessment to potentially result in earlier diagnosis of diffuse white matter brain injuries.

Conclusion: Studies revealed a significant correlation between feeding assessment and neurodevelopmental outcomes. Although, there is scarce evidence regarding the relation between early sucking, swallowing problems and neonatal brain injury. Further research regarding the clinical implication of Neonatal Feeding examination as a marker for neuronal brain injury and its subsequent neurodevelopmental outcomes, is recommended.

Audience Take Away:

- The concept of a brain injury affecting the oral feeding of a neonate is prevalent globally. Although, flip side of the same, as discussed in the current Study, will help the audience in identifying brain injury through the neonate's feeding analysis
- The study could be instrumental in the identification of neonates in need of therapeutic interventions, thus, enhancing clinical practice for the audience
- Cost-effective bedside neonatal feeding assessment will ensure a practical solution to the audience through evidence-based screening of neonates who are at a high risk of developmental delay
- Clinical implications of the Study could be pivotal for the multi-disciplinary patient care in the Neonatal Intensive Care Units (NICU) of the audience
- The current Scoping review may be a useful tool in the increasing arsenal of evidence synthesis approach.
- This research will pave way for future longitudinal studies to assess the short and long-term developmental outcomes in neonates with poor feeding performance

Biography

Dr. Deepa Awasthi is a former Occupational therapy graduate from Seth G.S.M.C & K.E.M, Mumbai, India and is currently, pursuing her Post-graduation in Occupational Therapy in Developmental Disabilities at L.T.M.M.C, Mumbai, India. She has received the Best Student Award for the Academic Year, 2015-2016 and has won the Best Scientific Paper Presentation at the Annual Conference of Association of Neonatal therapist for two consecutive years of 2020 and 2021. In March 2021, she was conferred with the Gazala Makada Award for Best Paper Presentation in Pediatrics at Virtual OTICON 2021, along with 4 Paper Publications in International Peer-reviewed Journals.



Kenan Dogan¹, Selim Oncel*², Muge Alvur³

¹Department of Pediatrics and Child Health, Section of Internal Medical Sciences, Kocaeli University Faculty of Medicine, Izmit, Kocaeli, Turkey

²Division of Pediatric Infectious Diseases, Department of Pediatrics and Child Health, Section of Internal Medical Sciences, Kocaeli University Faculty of Medicine, Izmit, Kocaeli, Turkey

³Department of Family Medicine, Section of Internal Medical Sciences, Kocaeli University Faculty of Medicine, Izmit, Kocaeli, Turkey

Approaches of physicians of different specialties to pediatric acute bacterial rhinosinusitis

Objective: Acute rhinosinusitis is a disease that is often confused with viral upper respiratory tract infections during childhood. This study was carried out on physicians working in pediatrics and child's health, otorhinolaryngology, and family medicine fields in the Marmara Region of Turkey in an attempt to increase awareness for physicians' providing correct diagnosis and treatment to the community.

Material and Methods: A questionnaire containing 19 questions was sent to physicians in September-December 2017 and a total of 500 physicians were enrolled in the study. The questions were related to diagnosis and treatment of acute rhinosinusitis, and its complications. Besides, the answers given by physicians were compared with variables, such as occupational experience, specialty areas, number of sinusitis cases diagnosed monthly, age and gender. Findings were evaluated with reference to the current guidelines of IDSA and AAP.

Findings: The majority of the physicians participating the study [91,4% (n=458)] did not know how to differentiate acute rhinosinusitis from viral upper respiratory tract infection clinically. The percentages of physicians who did not start empirical antibiotic therapy at diagnosis and those who did not start the right antibiotic with correct dosage were found to be 81.8% (n=409) and 37.2% (n=186), respectively. General practitioners and physicians who diagnosed 20 or more acute rhinosinusitis cases per month tend to establish more wrong diagnoses ($P = 0.002$) ($P = 0.01$). Ear nose and otolaryngology physicians had a significantly higher rate of failure to start empirical antibiotic treatment in a timely manner than other physicians ($P = 0.02$).

Discussion: In a study conducted in 2011 among physicians working in Asian countries, it was emphasized that 38% of the physicians resort to radiological imaging for the diagnosis of acute bacterial rhinosinusitis. a rate much higher than that was found in our study (17%). Ability of physicians to clinically make a distinction between viral upper respiratory tract infection and acute bacterial rhinosinusitis was 75% in a United States whereas it was 8.4% among the participants of our study. In a study conducted in the People's Republic of China in 2021, the rate of inappropriate antibiotic prescription, especially in children under the age of six, was 51%, which was similar to the our rates. The tendency of physicians, especially otorhinolaryngologists, to start antibiotics immediately for acute bacterial rhinosinusitis was in contrast with the conclusion of a study conducted in Norway in 2004 that waiting for a short while before starting antibiotics was probably more rational for physicians.

Conclusions: Physicians dealing with children frequently make faults during diagnostic and therapeutic processes of acute rhinosinusitis. Possible explanations include practitioners' and ear nose and otolaryngology physicians' less pediatric patient experience, patient overload, performance fee anxiety, and failure to keep up with current guidelines. Seeking ways to encourage and provide sources for primary care physicians to update their medical knowledge seem to be essential in solving this problem of clinical inertia.

Audience Take Away:

- It is hoped that the audience will recognize the issue of clinical inertia in pediatric acute bacterial rhinosinusitis
- The audience will update their knowledge on diagnosis and management of pediatric acute bacterial rhinosinusitis
- The audience will realize the wide gap between theory and practice of pediatric acute rhinosinusitis may at least be narrowed by keeping up with current guidelines

Biography

Born in Ankara, Turkey, Assoc. Prof. Selim Öncel graduated from Ankara University Faculty of Medicine 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 has been working as a lecturer in Kocaeli University Faculty of Medicine since then. 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.



Namrata Nitin Bagle^{1*}, Shobha Anand Udipi²

¹Head of Nutrition Department, VMax Fitness, Founder UvRoh-Mumbai, Maharashtra, India

²Research Director and Head-Medical Research Centre-Kasturba Health Society. Former Professor and Head Department of Food Science and Nutrition, SNDT Women's University. Mumbai, Maharashtra, India

Impact of birth weight, feeding practices on body fat and nutritional status of 12-36 months old children, mumbai city, India

Low and high birth weight and rapid weight gain during infancy are associated with childhood obesity. Childhood obesity is a major public health problem worldwide. Its prevalence is dramatically rising and childhood obesity is an important risk factor for chronic disease occurrence and mortality in adulthood. Weight at birth is a strong indicator of maternal and newborn health and nutrition. The incidence of low birthweight, defined as the proportion of newborns weighing less than 2,500 grams. Appropriate feeding practices during infancy and childhood are essential for ensuring normal growth and development as well as health of infants and children. Studies on infant and child feeding indicate that inappropriate feeding practices can have profound consequences for the growth, development, and survival of infants and children, particularly in developing countries.

In this paper we are going to understand whether gender, age group, birthweight, feeding practices like exclusive breastfeeding, complimentary feeding etc. has impact on nutritional status and body fat? What are the mean numbers of low birth weights children and impact of low birthweight on nutritional status? Whether feeding practices has impact on nutritional status and body fat?

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 bio impedance 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. Mean birthweight of all children was 2868± 151 gm. Our data showed that percent body fat tended to vary with nutritional status.

This is one of the first studies in India that measured body fat among children in the age group of 12-36 months. However, norms need to be established for percent body fat in this age group. Also, this study points out the need for further studies on the relationship of birthweight with body composition of children, including preschool children. Since micronutrient intakes were found to be extremely low in the children who participated in the present study, efforts need to be made for provision of foods rich in these micronutrients as well as ensuring that mothers and caregivers have the correct knowledge about feeding practices and foods that are appropriate for children of this age group. It would be worthwhile to impart nutrition education that is region and socio-economic status specific, taking into account availability and cost of local foods as well as to study the impact of nutrition education to parents on the nutritional status, growth and body composition of young children.

Biography

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



Pramila Menon

MD (Ped) PG Dip Public health Nutrition, PhD (Genetics), IBCLC, Dr. D Y Patil Medical college Pune Maharashtra, India ,UNICEF State Consultant

First 1000 days and early child development

Height-for-age at 2 years is the single best predictor of human capital in a population lancet series 2003, Babies who are malnourished in utero have a higher risk of dying in infancy ,more likely to face lifelong cognitive and physical deficits and chronic health problems. “If you want your children to be intelligent, read them fairy tales. If you want them to be more intelligent, read them more fairy tales.” - Albert Einstein. Many things we need can wait. The child cannot. To him we cannot say tomorrow, his name is today, The first exchanges of eye contact, sound and touch between you, as a mother, and the child, deepen the mother-child bond. Bonding triggers the connection of the wires of the child’s brain, leading to relaxation and development of intelligence. This also lays the foundation of parent-child relationship. Introduction to revised MCP Card (2018) by Government of India which we used in medical school helped us to implement ECD in health system.

Audience Take Away:

- This session will focus on the importance of First 1000 days and Nutrition and care in Pregnancy -270 days. This will also help to enlighten the Infant Young child feeding practices in 730 days and will give stimulation therapy through parenting tips by using Mother child protection card particularly in first 1000 days. The importance of right nutrition during this 1,000 day window which has a profound impact on a child’s ability to grow, learn and thrive. It has lasting effect on a country’s health and prosperity.
- The audience will be able to use what they learn in their child care in practice. The faculty can replicate the research in teaching in medical school. Mother Child protection card of government of India is the practical solution for implementation of ECD in health system.

Biography

Dr Pramila Menon is Associate Professor Pediatrics at Dr D Y Patil Medical College, Pune, India. She studied Pediatrics from Shivaji University Kolhapur Maharashtra, India and completed PhD from Maharashtra University Of Health Sciences (MUHS) India. She is FAIMER Fellow 2009 from GSMC KEM Mumbai. She completed PG Diploma Public Health Nutrition from PFHI Delhi and IBCLC in 2021. She worked as Associate Professor at MUHS (2007-2018). She is passionate Community Pediatrician and contributes to UNICEF as Consultant by supportive government initiative in child health Nutrition. She has published 26 research articles.



Heather Hanna*, Deena-Shefali Patel

Department of Infectious Disease, Imperial College, London, UK

Adventures in Education the impacts of lifelong learning in pediatrics and neonatal medicine

Post-Graduate Education is very important in the world of Paediatric and Neonatal Medicine. The changing face of education can equip the Healthcare Professional with many transferrable skills as well as furthering their education in the field. Modern pedagogy and methodology of education is explored in this presentation with the aim of explaining how a course of study can not only increase academic and subject-specific knowledge but improve and develop real world capabilities and transferrable skills. One such course at Imperial College London (the MSc in Applied Paediatrics) is used as an example of how to enter and succeed at Postgraduate education and why it is important and useful to study in a multi-disciplinary team environment. As we reflect on how learning can develop practice, we consider how further education can enable practitioners to manage unexpected turns in the healthcare professional's career journey.

Audience Take Away:

- More about the value of lifelong learning and further education in pediatrics and neonatal medicine
- A brief introduction to modern pedagogy and understand different ways of accessing education in a post-covid world
- Help the audience to think about their own teaching and how this may be done differently to present ideas and to improve practice for colleagues and peers
- Ways of developing themselves as a researcher within their own contexts

Biography

Mrs. Heather Hanna studied both adult and paediatric nursing in a joint course at the Charles West School of Nursing at Great Ormond Street Hospital, London qualifying as a Registered General Nurse and a Registered Sick Children's Nurse in 1989. She also qualified as an RN in the State of Washington, practicing there for 3 years in Infant Intensive Care Unit and then as a Research Nurse at Children's Hospital, Seattle. Her career was mostly spent in Neonatal Intensive Care before she moved into Research at St Mary's Hospital Paddington where she also obtained her MSc in Allergy (dist.) from Imperial College London. Some seven years ago, she moved into Medical Education and obtained her MEd in University Lecturing and Teaching from Imperial College. Her roles are now split between Undergraduate Medical Education working in the Medical Ethics and Law Team and Postgraduate Medical Education as Clinical Teaching Fellow on the new online Applied Paediatrics MSc course, both at Imperial College London.



Christopher S Snyder

UH Rainbow Babies & Children's Hospital, United States

Safety and efficacy of unique implantation of loop recorder in pediatric patients

Intro: Insertable Cardiac Monitors (ICM) allow evaluation of symptom-rhythm correlation. ICMs are commonly used in adults but remain uncommon in pediatric arrhythmia evaluation. Current recommendations call for ICM implant in a diagonal direction on the left anterior chest. Skin tenting and device erosion may occur using this technique, especially in smaller patients.

Objective: The purpose was to assess the safety and efficacy of Vertical-Parasternal device (VP) compared to Horizontal (H) implantation of ICM.

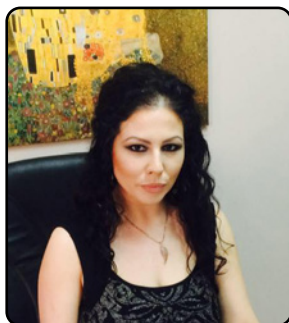
Methods: Single center, IRB approved retrospective study of pediatric patients that underwent device implantation from 2017-2021. (All device implants were performed under sterile conditions in the electrophysiology laboratory after informed consent.) H cohort had devices inserted per manufacturer recommendations. VP devices were inserted parallel to the sternum, in left chest. Data collected included demographics, implant orientation (VP or H), complications, device type, presence of P-wave, and measurement of R-wave amplitude at both implantation, as well as follow up. All measurements were confirmed pediatric electrophysiologist.

Results: ICMs were implanted in 32 patients without congenital heart disease. Fifty-six percent (18) of the cohort were P implantation. All patients in both groups had detectable P-waves at the time of implant. Initial R-wave amplitude average for cohort was 1.00, H cohort was 0.99 (p=NS). Follow-up R-wave amplitude was 1.00 and 0.93 for VP and L (p=NS). Mean age for was 12.5 (1.3-30.5) years and 11.5 (1.1-21.4) years for VP and H (p=NS). 57% of the Horizontal group and 39% VP were under 10 at implantation. VP group had 61% males, while H group was 50% male. There was no significant difference in body surface area at the time of implantation for VP (1.22) and L groups (1.29). Median follow up period for was 7 and 20 months for P and H cohorts (p=NS). H cohort had one periprocedural infection of the ICM pocket. P cohort had no complications.

Conclusion: Parasternal ICM implantation is a safe and effective novel surgical technique. Long-term follow up demonstrates non-inferior R wave detection and no significant signal deterioration, when compared to the currently recommended implantation technique.

Biography

Christopher Snyder, MD, is a pediatric cardiologist at UH Rainbow Babies & Children's Hospital. He joined the UH Rainbow medical staff eight years ago and has served in a number of roles during that time, including Head of Electrophysiology and Executive Committee Member for the hospital. In addition, he is the former KeyBank-Meyer Family Chair for Excellence in Leadership and has previously served as faculty at Yale-New Haven School of Medicine and Ochsner Clinic Foundation. Dr. Snyder is a graduate of Wayne State University School of Medicine and Baylor College of Medicine. He completed a residency and fellowship at Texas Children's Hospital with subspecialty training in pediatric and adult congenital electrophysiology. With more than 90 peer-reviewed articles and more than 10 book chapters, Dr. Snyder has presented his research at all the major pediatric cardiac meetings in the United States and throughout the world. He is a member of the American Academy of Pediatrics, Heart Rhythm Society, the American College of Cardiology and the American Heart Association. He currently serves as Chair of the Section of Cardiology and Cardiovascular Surgery for the American Academy of Pediatrics and as Chair of the Joint Counsel on Congenital Heart Disease. During his career, Dr. Snyder has been a member of the Alpha Omega Alpha Honor Medical Society, has been recognized as a Cleveland Best Doctor for the past 8 years and as a Castle Connolly Outstanding Physician. He also received the AAP Recognition of Distinguished Service Award. He currently serves as a senior editor for Congenital Heart Disease and Case Reports in Cardiology, and editor for the American Journal of Cardiology, The Scientific Pages in Pediatrics and the Journal of Pediatrics and Child Care. He also performs reviews for the PACE, Journal of Invasive Electrophysiology and Pediatrics.



Kristina Dimitrijevic*¹ , Nadica Mitreska²

¹University clinic of Pulmonology and allergology-Skopje, N.Macedonia

²University Institute of Radiology- Skopje, N. Macedonia

Phacomatosis tuberous sclerosis

The phacomatoses are congenital disorders associated with defect of tumor suppressing gene, affecting tissues of ectodermal origin as, nervous system, the skin, the retina, visceral organs. In classical group of phacomatoses 4 diseases are included: Von Recklinghausen neurofibromatosis (type 1 and 2), Tuberous sclerosis, Von Hippel - Lindau disease (retinocerebellar angiomas) and encephalotrigeminal angiomas (Sturge- Weber syndrome). Many other heredity diseases are classified under phacomatoses.

The accent of this lecture will be on tuberous sclerosis with clinical and radiological findings and analysis of several cases. Other 3 diseases will be commented with their basic characteristics just to show easy distinction between them and how easy to remember.

Neurofibromatosis type 1 (NF 1) is one of the most common autosomal dominant disorders of CNS (17 chr). Phenotypic expression of the disease is extremely variable clinically and radiologically. Most frequent are cutaneous (café au lait spots), first manifestation during first year of life. Axillary freckling 85%, cutaneous neurofibromatosis and Lisch nodules in 95% at 30 years of age.

Mental retardation in 5%, optical pathway gliomas 15%, learning disabilities 50%. Most common neurophysiological manifestation of NF 1 in childhood is a specific learning disability, defined as a major discrepancy between ability and achievement in patients with IQ scores in the normal range.

NF 2 is autosomal dominant (22 chr) much less frequent than NF 1. In nearly all patients it is present bilaterally. Vestibular schwannomas in age of 30. Meningiomas causing seizures and other schwannomas may be present also. Cutaneous manifestations are much less frequent than in NF 1. Hearing loss is present over 30 years, is uncommon in childhood. Juvenile lens opacity (cortical cataract) is also one of the criteria for diagnosis of NF 2. If a meningioma or schwannoma is seen in a young patient, a contrast - enhanced MR should be obtained to look for asymptomatic tumors. In absence of cutaneous and ocular manifestation, patient with NF 2 may not develop any clinical manifestation until second, third or fourth decade of life. It will be upon the radiologist to make the diagnosis of NF 2.

Tuberous sclerosis is an autosomal dominant disease with two separate mutated genes identified, that involves multiple organs. These genes are responsible for synthesis of proteins that are involved in the regulation of cell proliferation and differentiation.

Classically, TS has been characterized by the clinical triad of mental retardation (45-82%), epilepsy (80%) and characteristic skin lesions (adenoma sebaceum-nodular rash of brownish red color over the nasolabial folds of face). Now are suggested more sophisticated criteria for clinical diagnosis. Retinal hamartomas are common. Intracranial abnormalities of TS are result of dysplastic, disorganized cells in the subependymal region, the cortex and pathways between them.

Several cases of TS will be analyzed with their intracranial manifestation and MR characteristics. The aim of this presentation is to simplify clinical and radiological findings in this group of Phacomatoses for easy remembering the clinical signs and radiological appearances in order to make correct diagnosis.

If we simplify the signs of the diseases and make them closer to the listeners, it would be easier for them in the future to remember these diseases, which are relatively rare in the practice, but very important to diagnose correctly for the patients, their parents, the society and for the treatment.

If the radiologist knows where and what to look for, it will help them in their daily practice to simplify the diagnostic procedures and make correct on time diagnosis.

Biography

Dr. Kristina Dimitrijevic studied Medicine at Medical faculty st. Clement and Methodius University- Skopje and graduated as doctor of medicine in 2012. Then she joined her radiology residency at the same University at Institute of Radiology- Skopje, where she finished her specialization in 2017 and gained her title radiology specialist. In 2015 she applied for PhD studies where she still works on her doctoral thesis. In 2018 she defended her thesis: Current costs management and investments for promotion of the health services within a tertiary health institution and gained with the title master of science in economics- health and pharmaceutical management. In 2020 she obtained the position of an Associated Professor at UCLO University- Bitola, N. Macedonia. She has published couple of research articles in SCI journals. She currently works at University Clinic for Pulmonology and allergology- Skopje.



Demeke Mesfin Beley^{1*}, Workie Zemene², Amare Wondim³

¹Department of Pediatrics and Child Health Nursing, Debre Tabor University, Debre Tabor, Amhara, Ethiopia

²Department of Community Health Nursing, Collage of Medicine and Health Science, University of Gondar, Gondar, Amhara, Ethiopia

³Department of Pediatrics and Child Health Nursing, College of Medicine and Health Sciences, University of Gondar, Gondar, Amhara, Ethiopia

Modeling predictors of survival among preterm neonates admitted to felege hiwot comprehensive specialized hospital, northwest Ethiopia

Background: Although prematurity was the leading cause of neonatal mortality, the survival rate and its predictors may be varied from setting to setting and time to time. Therefore, this study aimed to assess the survival probability and predictors of mortality among preterm neonates at Felege Hiwot comprehensive specialized hospital.

Methods: This is a retrospective follow-up study that included 542 randomly selected preterm neonates admitted at Felege Hiwot comprehensive specialized hospital from the period of 2016-2020. Semi-parametric and parametric survival models were fitted to identify the survival probability of preterm neonates and its association with different predictors. The best fit model was selected using Akaike's information criteria, Bayesian information criteria and likelihood ratio criteria.

Results: The cumulative incidence and incidence rate of mortality among preterm neonates were 31 per 100 live births and 3.5 per 100 neonate days, respectively. Predictors with higher preterm mortality risk include the presence of neonatal respiratory distress syndrome [AHR=2.55, 95% CI: 1.23; 3.74], perinatal asphyxia [AHR=4.26, 95% CI: 1.35; 6.79] and jaundice [AHR=3.25, 95% CI: 2.14, 7.24]. However, admission weight of 1500g–2499g (AHR=0.23, 95% CI: 0.11, 0.56) and ≥ 2500 g (AHR=0.12, 95% CI: 0.02; 0.32), early breastfeeding [AHR=0.44, 95% CI: 0.36; 0.48] and kangaroo mother care [AHR = 0.11, 95% CI: 0.03; 0.15] were protective factors of preterm mortality.

Conclusion: The cumulative incidence of mortality among preterm neonates was consistent with the national incidence of preterm mortality. Factors such as respiratory distress syndrome, perinatal asphyxia, breastfeeding, kangaroo mother care, admission weight, and jaundice are significant predictors of survival. Therefore, considerable attention such as intensive phototherapy, optimal calorie feeding, oxygenation, and good thermal care should be given for admitted preterm neonates.

Audience Take Away:

- It will help policy maker, educators, national and international health office for planning national health strategies, policies and interventions on child health, well-being, and sustain child survival public health interventions
- The finding of this study will serve as an additional input to track child survival goals during the Sustainable Development Goal
- It will help as additional information for Non-Governmental Organizations (NGO) working on a neonatal area to improve or strengthen in the prevention of preterm birth and reduction of preterm neonatal death
- Furthermore, it will be used as additional data for future studies that would be conducted in this area

Biography

He is Demeke Mesfin Beley studied pediatrics and child health nursing at the University of Gondar, Ethiopia, and graduated with an MSc in 2019. He have published more than 25 research articles in SCI (E) journals. He have an experience as a reviewer in more than 7 peer-reviewed journals. He won one regional research grant and He have participated in two regional research conferences to present my research findings.



W.A.S. Saroja Weerakoon

BAMS (Hons), MPhil (CMB), PhD (USJ), Senior Lecturer in Grade I, in Ayurveda Paediatrics, Unit of Ayurveda Gynecology, Obstetrics and Paediatrics, Institute of Indigenous Medicine, University of Colombo, Sri Lanka

Ayurvedic Consultant Paediatrician, National Ayurveda Teaching Hospital- Colombo, Sri Lanka

Evaluate the therapeutic efficacy of ayurveda treatment regimen on duchenne muscular dystrophy and becker muscular dystrophy using reliability of quantifying muscle strength

Duchenne Muscular Dystrophy (DMD) is a severely degenerative, inherited disorder of skeletal and cardiac muscles that affects 1 in 3500 male births. Becker Muscular Dystrophy (BMD) is also an inherited disease with a male distribution pattern and a clinical picture similar to that of DMD. BMD is generally milder than DMD, and the onset of symptoms usually occurs later. The estimated incidence of BMD is 1 individual per 30,000 male births. No treatment exists in the Western or Ayurveda system of medicine to cure these dystrophic conditions. During the last period of fifteen years, a special Ayurvedic treatment regimen has been used to manage DMD and BMD in Sri Lanka. The main objective of this study was to evaluate the efficacy of an Ayurvedic treatment regimen on DMD and BMD patients by measuring muscle strength using a hand-held dynamometer. Before and after the treatment, muscle strength in 10 groups of distal and proximal muscles of the upper limb, lower limb, and neck muscles was measured. Other than that, pre-treatment and post-treatment recording measurements such as calf muscle circumference, regularity of falls (per week), the time has taken for activities such as 10 m walk, Gower's maneuver, climb 4 stairs, rising from chairs, putting on a shirt, and CPK level has been used to evaluate the progress of the treatment regimen. The treatment continued with internal and external special therapies including Panchakarma treatments. The relief of signs and symptoms of affected children has shown that the Ayurvedic treatment regimen has a powerful effect on the management of these dystrophies.

Audience Take Away:

- The audience will update their knowledge on available Ayurvedic management on Muscular dystrophies such as DMD and BMD

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 Senior Ayurvedic Consultant Paediatrician 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, Sri Lanka. As a clinical and an academic researcher, she is 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 an executive committee member of the Sri Lanka Association for Laboratory Animal Sciences (SLALAS) and the Society for Alternatives to Animal Testing in Sri Lanka' (SAAT-SL). Moreover, she is a Member of Ethics Review Committee, Institute of Indigenous Medicine, University of Colombo and a member of Editorial Board of Sri Lanka Journal of Indigenous Medicine at present.

POSTERS

DAY 01

**4TH EDITION OF
EURO-GLOBAL CONFERENCE ON
PEDIATRICS
AND NEONATOLOGY**

08-09 SEPT



Yeleswaram Eswara Sai Revathi

Dr.D.Y.Patil Medical College, India

A rare case of lethal type multiple Pterygium syndrome

A 9 day old neonate was brought by the mother with complaints of multiple deformities. This is a term 2.7kg female child born through uncomplicated normal delivery cried immediately after birth with no NICU admission born to a 26 yr old primi mother and 30 yr old father through non consanguinous marriage with no history of mother taking any medications throughout the pregnancy.

Antenatal usg at 20 wk showing polyhydramnios with persistent mild degree of flexion deformity noted at bilateral knee and elbow, persistent extension deformity noted at bilateral wrist joint, prominent renal pelvis of bilateral fetal kidneys. Possibility of bilateral club feet. With persistently hyperextended cervical spine. Bilateral clenched hand. Bilateral Rocker Bottom foot; imaging findings are s/o Arthrogryposis multiplex congenita on examination she had low set ears, retrognathia, high arched palate, hypertelorism, skin dryness present.

There was mild pterygia of anti cubital fossa complete extension of elbows doesn't happen. There is presence of axillary pterygium. There is pterygium of wrist joints. There is bilateral flexion contracture of interphalangeal and metacarpophalangeal joints with pterygium of fingers with camptodactyly.

In lower limbs there was bilateral flexor contractures of both hips, knees, ankles with pterygium of knees. There was bilateral marked rocker bottom heels with short halluces.

Abdominal examination showed no organomegaly. Cardiovascular and respiratory examination were normal

Abdominal ultrasonography showed no abnormalities. caput succadenum was present on usg cranium? echo showing small secundum ASD with left to right shunt. There showing bilateral hair cells functioning abnormalities. Karyotype was normal Whole exon sequencing showed multiple pterygium syndrome: CHRNA10_005199.5, Variant.c.753_754delCT(p.Val253Alafs*44).

Biography

Revathi yeleswaram is doing my paediatric residency. She is in third year of m course in Dr.D.Y Patil Medical college, Pune, India. She has graduated from MBBS in 2019 from Rangaraya medical college, Kakinada, India. She started having interest in the field of medicine as an adolescent. She had to go frequently to hospital in view of my health the care that was being given and the way it helped me get better made me want to help other people and made me pursue further in this field. She loves studying about medicine and being surrounded by people who are passionate about what they do. She wanted to pursue paediatrics as it seemed challenging to diagnose in children in view that they wouldn't be able to tell their problem and a lot depends on our assessment. She enjoys working with children. In our college we had an opportunity to take part in vaccine trials for covid which further interested in me research.



Mukesh Khetan¹, Vamsee Krishna², P V Saiprasad Rao³, Amrit Baldota⁴, Alpa Shah⁵, Ashish Kelkar⁶, Bharat Parmar⁷, Vasant Khatav⁸, Komel Abbas Bhojani^{*9}, Shruti Dharmadhikari¹⁰, Neeraj Markandeywar¹⁰

¹Khetan Children's Clinic, Hyderabad, Telangana, India

²Madhus Mother & Child Clinic, Hyderabad, Telangana, India

³Sri Krishna Children's Clinic, Hyderabad, Telangana, India

⁴Shri Bal Chikitsalaya Hospital, Mumbai, Maharashtra, India

⁵Shah Children Care Clinic, Mumbai, Maharashtra, India

⁶Dr. Athavale Clinic, Mumbai, India

⁷Dr. Bharat Parmar Clinic, Mumbai, Maharashtra, India

⁸Dr. Khatav Mother and Child Hospital, Mumbai, Maharashtra, India

⁹India Medical Affairs, Sun Pharmaceutical Industries Limited, Mumbai, Maharashtra, India

¹⁰Sun Pharma Laboratories Limited, Mumbai, Maharashtra, India

Supplementation with *saccharomyces boulardii* 250 mg (5 billion CFUs) plus *lactobacillus rhamnosus* GG 5 billion CFUs (sporit GG™) for acute diarrhea: An observational real- world study

Background: Probiotics are shown to be beneficial in the management of acute diarrhea in children, the major cause of morbidity and mortality in children under five. European Society for Paediatric Infectious Diseases (ESPID) and European Society for Paediatric Gastroenterology, Hepatology, and Nutrition (ESPHAN) guidelines recommend use of probiotics such as *Lactobacillus rhamnosus* GG and *Saccharomyces boulardii* as an adjunct to rehydration therapy for acute gastroenteritis in children. This observational study was conducted to evaluate benefits of supplementation with *Saccharomyces boulardii* 250 mg (5 billion CFUs) plus *Lactobacillus rhamnosus* GG 5 billion CFUs (Sporit GG™) in acute diarrhea in a real world setting.

Methods: Children up to 12 years of age, presenting with acute diarrhea, who were eligible to receive Sporit GG™ per the treating physician were included in the study. Sporit GG™ was recommended in the dose of 1- 2 sachet(s)/day for up to 5 days by the treating physician. Patients also received oral rehydration solution (ORS), zinc and/or antibiotics at the discretion of physician. Duration of diarrhea was defined as duration in days between first and last loose stool. Frequency of stools was recorded from Day 0 to 5. Effectiveness of Sporit GG™ was assessed based on effect on duration and frequency of diarrhea. Details of adverse events, if any were recorded. The study was registered on Clinical Trial Registry, India (CTRI/2020/03/023736).

Results: Between March and October 2020, 300 subjects with acute diarrhea who were recommended with Sporit GG™ supplementation were enrolled at 8 centres across India. Of these, 297 subjects consumed Sporit GG™ along with standard of care, as recommended. About 60% subjects were in 0-2 years age-group. All 300 subjects enrolled in the study were included in effectiveness assessment. Supplementation with Sporit GG™ significantly reduced the frequency of diarrhea, irrespective of type of diarrhea, by 62.2%, 79.7% and 92.8% on 2, 3 and 5 days from baseline, respectively (6.5±2.4 on Day 0 to 0.6±0.8 on Day 5; p<0.001). Mean duration of diarrhea was 2.54±1.21 days. This is in line with previously reported studies, wherein supplementation with *Lactobacillus rhamnosus* GG 10 billion CFUs/day reduced the duration of diarrhea by nearly 30% (5.02 days in *Lactobacillus* group vs 7.23 days in control group) when compared with control, and

frequency of diarrhea was reduced by 59% in Lactobacillus group and by 30% in the control group by Day 3 (Basu S et al. J Clin Gastroenterol. 2009;43:208-13). Tolerability assessment was performed on all enrolled patients who received at-least 1 dose of Sporit GG™ (n=297). Five patients reported AEs (macular rash, [3 subjects], mild rash [1 patient], stomach pain [1 patient]); all were mild in intensity. No serious AEs were reported and overall, Sporit GG™ was well-tolerated.

Conclusion: This multicentre, real-world study demonstrates effectiveness and tolerability of supplementation with *Saccharomyces boulardii* 250 mg (5 billion CFUs) plus *Lactobacillus rhamnosus* GG 5 billion CFUs (Sporit GG™) in children up to 12 years of age with acute diarrhea. Further randomized, controlled clinical studies are recommended to confirm these findings.

Audience Take Away:

- This study adds to the knowledge about real-world effectiveness and tolerability profile of supplementation with combination of *Saccharomyces boulardii* 250 mg (5 billion CFUs) plus *Lactobacillus rhamnosus* GG 5 billion CFUs (Sporit GG™) for acute diarrhea
- This is the first study in Indian patients documenting the real-world effectiveness and tolerability of combination of *Saccharomyces boulardii* 250 mg (5 billion CFUs) plus *Lactobacillus rhamnosus* GG in children with acute diarrhea
- This real-world study demonstrates utility of combination of *Saccharomyces boulardii* 250 mg (5 billion CFUs) plus *Lactobacillus rhamnosus* GG in reducing frequency and duration of diarrhea in children with acute diarrhea

Biography

Dr Komel Abbas Bhojani has completed his graduation in Bachelor of Medicine and Bachelor of Surgery (MBBS) followed by Doctor of Medicine in Pharmacology (MD Pharmacology). He has experience of over 18 years in academics and as a pharmaceutical physician in pharma industry.



Veena Bajulge*, Karunakara B P

Department of Paediatrics, M S Ramaiah Teaching Hospital, Bengaluru, Karnataka, India

He said I feel I'm going to die!!- Adolescent dengue encephalopathy with Ischemic hepatitis with hemophagocytic lymphohistiocytosis

Introduction: Dengue virus is neurotropic. Encephalopathy is most common neurological syndrome (0.5-6%) and its prevalence is higher in children and adolescents. HLH is caused by mutations in genes responsible for production of cytotoxic T cells & NK cells. These are used to kill cells infected with pathogens like EBV or dengue virus.

Case description: 17-year-old adolescent presented with acute history of fever, vomiting & pain abdomen. On assessment: conscious, oriented with tenderness in right hypochondrium (Hepatomegaly with span= 7.5 cm) with shock. Considering Viral Haemorrhagic Fever in shock -resuscitated with fluid boluses and continued per protocols with supportive measures. Diagnosis of Dengue shock syndrome confirmed via labs. Persistent shock requiring 4 inotropes. Electively intubated within 12hours for progressive deterioration, respiratory distress & sedated. Metabolic acidosis corrected. 2D ECHO showed Mild TR. 3rd space loss noted on scans. Deranged coagulation profile- correction given. Also noted to have AKI (stage 2)- managed with fluids & diuretic- gradually worsened requiring dialysis. Splenomegaly noted during course progression. Liver functions were highly deranged and Ischemic hepatitis considered. COVID-19 antibodies reactive with raised inflammatory markers- hence considering MIS-C- pulse dose Methylprednisolone given. CT brain- normal, Repeat ECHO: mild pericardial effusion with Mild TR. 5/8 diagnostic criterias Positive for HLH. Serial Chest X-Rays showed ARDS picture. Serial LFTs: Gradually improved but encephalopathy worsened and AKI progressed to stage 3. Plasmapheresis planned but parents restrained(financial reasons). EEG done for worsening sensorium& unresponsiveness: Low amplitude beta activity- suggestive of severe encephalopathy. Apnoea test positive & calorie test- no response (significant signs of brain death). Despite all measures the adolescent succumbed by day 7.

Discussion: Morbidity higher in dengue-related HLH as compared to dengue alone.³ Dengue-associated HLH can be treated by targeting the underlying cause. Due to anti-inflammatory effect, pulse dose glucocorticoids used in treatment of dengue-associated HLH. HLH should be considered in differential diagnosis of children and adults with symptoms of persistent fever, hepatosplenomegaly and cytopenia to avoid morbidities & mortalities. Loss of any life costs the whole family.

Biography

Dr. Veena Bajulge graduated from Mahadevappa Rampure Medical college, Kalaburagi, Karnataka. She then joined Department of Pediatrics, M S Ramaiah Medical College, Bengaluru, Karnataka as a Postgraduate for a course of 3 years and is currently in her final year.

KEYNOTE FORUM

DAY 02

4TH EDITION OF
EURO-GLOBAL CONFERENCE ON
**PEDIATRICS
AND NEONATOLOGY**

08-09 SEPT



Janet Mattsson

The Swedish Red Cross University College, Sweden

Pain or withdrawal, the clinical approach

Background: Substance withdrawal is one of the most common adverse events in the Pediatric Intensive Care Unit (PICU), as the administration of potent opiates and sedative drugs is frequently performed several times each day.

Objectives: To describe challenges in the nursing care of children with substance withdrawal syndrome in the pediatric intensive care unit.

Method: An explorative and descriptive semi-structured qualitative interview study with a strategic selection of informants, conducted at one of the three pediatric intensive care units in Sweden.

Results: Four different challenges: Guarding the patient's interest, Working according to structured support, Increasing knowledge of measuring instruments, Discuss the observations were found describing different challenges to recognize withdrawal symptoms .

Conclusion: As long as the medical terminology is allowed to prevail in the clinic, nursing care will not develop to a common language further than being local, hindering communication in an understandable language. Which exposes the child to unnecessary suffering as the interpretation and description of what one sees becomes subjective.

Audience Take Away:

- Puts the focus on children with need of sedation
- This will help the clinicians to be aware of withdrawal symptom and meet their needs before they develop a withdrawal symptom. It is necessary for the team to approach withdrawal syndrome

Biography

A senior lecturer and Docent in nursing and program director for postgraduate program in specialist nursing intensive care at the Red Cross University. He teach and research mainly in the subject of technical care science, which is an interdisciplinary subject and under our research technology and health. He also have a mission as a teacher representative in the education board at the school.



Smaragdi Fessatou^{1*}, Ourania Panagopoulou²

¹M.D., Ph.D., Assistant Professor of Pediatrics, Head of the Pediatric Gastroenterology, Hepatology and Nutrition Unit, 3rd Department of Pediatrics, AΤTIKON University Hospital, University of Athens, Greece

²B.Sc., M.D., C.C.D.S., Pediatrician- Neonatologist, Pediatric Intensive Care Unit- Pediatric Cardiac Intensive Care Unit, MITERA Hospital, Athens, Greece

Lactose intolerance: Dissolving common misconceptions

Lactose Intolerance is a condition that results from inadequate digestion and absorption of foods containing lactose. In order to be absorbed, lactose is broken down to D-glucose and D- galactose, which is facilitated by the enzyme lactase. Approximately 70% of the world's population has lactose intolerance due to a genetically programmed reduction in lactase expression after weaning in infancy. Due to the clinical expression of lactose intolerance which includes common gastroenterological symptoms of flatulence, diarrhea and abdominal pain or cramps in the pediatric population, it is often confused with other entities, mainly cow-milk protein allergy. This may lead to excessive amount of testing and very restrictive diets. It is therefore important to revisit our current knowledge of the clinical syndromes associated with lactose intolerance, the diagnostic work-up and the therapeutic approach to each type. Including the growing premature neonatal population, lactose intolerance can be divided in 4 clinical types:

1. Developmental lactase deficiency, a temporary condition that affects premature babies.
2. Congenital lactate deficiency (alactasia), a disorder caused by a rare autosomal, recessive mutation on chromosome 2q21.3.
3. Primary adult lactase deficiency (hypolactasia), the most common form of lactose intolerance which has a varied racial and ethnic distribution and is characterized by a natural decline in the production of lactase, usually evident after 5 years of age.
4. Secondary lactose Intolerance, which in children is usually associated with infectious gastroenteritis, CMP allergy, celiac and Crohn's disease.

Audience Take Away:

- Distinguish the 4 different clinical syndromes that cause lactose intolerance and the etiology behind the clinical expression
- Determine the most appropriate type of available testing for each clinical syndrome, ie genetic testing, hydrogen breath test
- Determine when to escalate testing or refer to pediatric gastroenterologist in cases of secondary lactose intolerance
- Decide on the most appropriate therapy depending on the age of the infant/child and the type of lactose intolerance suspected (extended hydrolysed formulas, lactose- free formulas, lactase supplements and dietary restrictions
- Be able to provide guidance and comfort to the child and caregivers regarding this condition

Biography

Dr. Fessatou studied Medicine at the National and Kapodistrian University, Athens, Greece and graduated as MD in 1990. She is Assistant Professor in Pediatrics and Head of Pediatric Gastroenterology, Hepatology and Nutrition Unit, working at the 3rd Pediatric Department of the University of Athens. Her teaching experience is: i) training of medical students in Pediatrics with lectures and teaching in the wards, ii) training of pediatric residents and continuing education of pediatricians with lectures and seminars. She has more than 29 publications in medical journals and 32 abstracts publications, 106 presentations in medical congresses and 52 lectures as invited speaker.



Steven M. Donn

MD, FAAP, FAARC, Division of Neonatal-Perinatal Medicine, Department of Pediatrics, C.S. Mott Children's Hospital, Michigan Medicine, University of Michigan, Ann Arbor, Michigan, USA

Bronchopulmonary Dysplasia: Myths of management

Bronchopulmonary Dysplasia (BPD) is the most common and important respiratory morbidity of prematurity, affecting thousands of infants worldwide annually. In this presentation, He will highlight the significance of BPD from both individual and societal perspectives, discuss the pulmonary injury sequence, and explore the myths of management, including epidemiologic, ventilatory, and pharmacologic aspects. The latter will include diuretics, bronchodilators, corticosteroids, anti-reflux medications, and others, with a review of the available evidence base. A brief look at agents under current investigation will also be provided.

Audience Take Away:

- Understand the changing epidemiology of BPD
- Comprehend the multifactorial bases of the pulmonary injury sequence
- Realize that infants with BPD are exposed to a myriad of pharmaceutical agents with dubious efficacy and questionable safety

Biography

Steven M. Donn, MD, FAAP, FAARC is a Professor Emeritus of Pediatrics at the University of Michigan, where he is a member of the Division of Neonatal-Perinatal Medicine at C.S. Mott Children's Hospital. Dr. Donn is actively involved in teaching, writing, editing, and clinical research. He is a member of numerous professional societies and is internationally known for his expertise in the management of respiratory failure in newborns. In 2020 he was named a Fellow of the American Association for Respiratory Care. He has authored more than 240 articles, 37 books and specialty journals, and 259 book chapters.



Kate Tauber

Albany Medical Center, United States

The importance of providing breastmilk for preterm infants

The use of human breast milk has long been considered the standard for infant feeding and nutrition. The benefits of breastmilk have been shown to be especially valuable in the growth and development of preterm infants with decreased rates of necrotizing enterocolitis, decreased rates of late onset sepsis, and improved neurodevelopmental outcomes. In this presentation, review gastrointestinal development and how breastmilk is perfectly formulated for a premature babies immature GI system and also review the current literature on the use of mother's own milk as well as donor human milk in the neonatal ICU and its impact on the overall health of these infants.

Biography

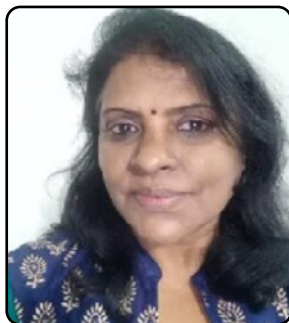
Kate Tauber MD, MA FAAP is an Associate Professor at The Bernard and Millie Duker Children's Hospital at Albany Medical Center in Albany NY. She is the Director of the Mother's Own Milk program in the NICU as well as the Neuro NICU. She is certified by the American Board of Pediatrics and its Sub-board of Neonatal-Perinatal Medicine. Dr. Tauber is actively involved in the clinical care of neonates, teaching and mentoring of medical students, residents, and fellows, and regularly conducts clinical research with a focus on nutrition and breastmilk. She has presented her work at regional and national meetings. Outside of work Dr Tauber enjoys spending time with her family, skiing, traveling, and cooking.

SPEAKERS

DAY 02

4TH EDITION OF
EURO-GLOBAL CONFERENCE ON
PEDIATRICS
AND NEONATOLOGY

08-09 SEPT



Sarala Kannan

Ex- Senior Consultant, Tata Main Hospital, Jamshedpur, Jharkhand, India,
Presently Private practitioner in Hyderabad, Telengana, India

Accidental ingestion of household substances by children – Consequences and strategies for prevention

It only takes a moment for a small child to find and swallow something poisonous. The most common accidental ingestions in children are of household products, such as cleaning substances, medications, cosmetics, personal care products, and foreign bodies. Often, the products are inappropriately stored in drinking glasses or unlabeled containers, and they may be attractive and pleasant-smelling leading to the ingestion. Hydrocarbons ingestion is most frequently seen in children under the age of 6.

Majority of these accidental poisonings – more than 90% occur in the home in the presence of parents. Minor household distractions - the telephone, the doorbell or checking something cooking on the stove allows sufficient time for the little kids to harm themselves. Hydrocarbons ingestion is most frequently seen in children under the age of 6.

The incidence and type of the accidental ingestions in children along with the morbidity associated with it will be analysed. An initial management protocol so as to reduce complications and shorten hospital stay will be discussed with special reference to hydrocarbon ingestion. Strategies to prevent domestic substance ingestion with respect to parent education and safe storing practices will be emphasized.

Biography

Dr. Sarala Kannan studied in Stanley Medical College, Madras University, Chennai, India and graduated as MBBS in 1988 as a University Gold medalist. 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, 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.



V. Sivaprakasam*¹, P. Ramachandren²

¹MD DCH FIAP PGDN PGD-AP, National EB member, IAP Tamil Nadu, Consultant paediatrician, Nataraja Child Development Centre & Nataraja Children's Hospital, National trainer for Learning Disability IAP, Chidambaram, Tamilnadu

²MD DCH, Prof. of Paediatrics, Sri Ramachandra Medical college Chennai

Immunization and developmental card-an easy way to assess development

Introduction: The Incidence of Autism, ADHD and LD is increasing. We need to reduce it in a easy and simple way.

How & why the Immunization and Developmental Card Developed?

We need a very simple and quick method to assess development in a busy paediatric office practice. Developmental assessment is very important for early identification of Neuro developmental problems like Autism. Intellectual disability, learning disability and ADHD. Hence, we combined the IAP Immunization schedule published in Indian Paediatrics and some important Developmental milestones in one card. We need the parents also should follow the Development and hence we translated it in Tamil. Planned to translate in all Indian Languages.

How to use this card?

It is very simple and easy. He needs to observe what the child is doing, behaving during immunization visits and by doing age-appropriate simple tasks like using cubes, coping a circle, square or Triangle, drawing a man, asking his/her name and so on. He can complete the assessment within 5 mins and put a Tic on the side of the given milestones.

What to do if we identify a delay?

When we identify any Delay or deviation, we can refer to Developmental Paediatrician/DEIC for further Assessment and management.

Why?

We need to identify NDD early and start early intervention to achieve complete cure. The Incidence of Neuro developmental Diseases will be reduced to 50 % of what it is now.

What to do if we identify a delay?

We can refer to Developmental Paediatrician/DEIC for further Assessment with appropriate Tools and management. We need to have regular follow up.

Conclusion: This card can be used by any MBBS Doctor working in PHC, RBSK scheme, all Paediatricians and Health care workers, Nursing Assistants in Private Hospitals, clinics, and even the parents and Grandparents. It will be very simple and easy way to pick up developmental delay and early signs of all NDD. Early identification will help to start early intervention and gives a benefit of maximum improvement in functioning. It will reduce the incidence of all NDD and help our Nation to progress to a powerful Nation as per our Past President Abdul kalam's Dream!

Audience Take Away:

- Developmental assessment will become a part of clinical examination of a child coming for Paediatrics office practice and become a routine
- The developmental problems can be easily identified by using this Immunization and developmental card without spending much time. it will be a ready reckoner to mark the developmental mile stones during well child visits
- The future problems can be forecasted by identifying the warning signs of a future neurodevelopmental disabilities. It helps to start early stimulation to the identified child and prevent or at least reduce the severity of the future NDD
- Regular developmental assessment will be helpful to high-risk babies to prevent NDD

Biography

Dr. V. Sivaprakasam studied in Madras university in Tamil Nadu India and had his MD Degree in Pediatrics in 1982. He did PG Diploma in Adolescent Pediatrics and Developmental Neurology from Kerala University. He had his own Nataraja children's Hospital and Child developmental centre at Chidambaram, Tamil Nadu, India . He is a member of Indian Academy of Pediatrics and served in many levels in the academy, President of IAP Tamil Nadu in 2012, National Executive board member for 3 years and State projects coordinator at present. National Trainer for Learning Disability and NDD. In IAP and Government National Health Mission. He got the highest honour from IAP, FIAP Award - Fellow in Indian Academy of Pediatrics . He also got Senior Pediatrician Award and Dr.Balagopal Raju's Active Pediatrician Award , He trained several Doctors and 2000 Teachers on LD He Designed a Tool to screen children with Dyslexia with his Team . He also designed a Immunization and Developmental card to assess Development in routine Pediatric office practice.



Irimi Antoniadou*^{1,2}

¹Doctoral student at KTH, Royal Institute of Technology, Department of Biomedical Engineering & Health, Teknisk

²Stockholm, Sweden, RN., CNOR, Educator at Operating Unit, Astrid Lindgren Children's Hospital, Karolinska University Hospital, Stockholm, Sweden

HTO perspective in a technological /digitalized operating room; Focus on perioperative care strengthen team, communication, quality care and patient safety

The HTO, Human-Technology-Organization model gives a improved picture and understanding regarding work systems within e.g. OR-Operating Room. In relation to ongoing realities of OR working life due to constant arriving new technology, that must be learnt, and implemented by using in the patients care. The aspiration with the current presentation is to contribute with perspectives concerning quality educational and working conditions for the ORN, Operating Room Nurse, as an individual/team-member, as also to illuminate organizations needs in improving the educational routines in an OR-department. OR multi-disciplinary teams act and performs together during a surgical procedure, using various technological equipment with the main common purpose in securing patient safety and make efforts to accomplish patient centered care. Technology can also be looked from a system/tool- perspective and not only as hardware, interplaying within a team consisted of an OR nurse, nurse assistant, surgeon, nurse anesthetic, anesthesiologist and students who together are part of an organization they belong to. The team members perform together during patient's surgery with the main goal in achieving a safe and good care for every patient. Teams need to continue to be further educated, train in different surgical settings, when e.g., teams will be using new medical technological equipment within surgical procedures. Team training in systems is important, as humans are mostly not able in dealing with complexity (Berglund, n.d.). The HTO concept is multidisciplinary and consequently comprises incorporated knowledge from disciplines such as nursing care, medicine, engineering, and behavioral sciences (Berglund, n.d.). The overall aim is to describe connections within aspects on communication, multidisciplinary team, technology, and professionals in relation towards the three sub-systems; H, T, and O, linked to the OR which might further increase understanding on organizational-, teamwork- safety and the use of technology aspects within the OR perioperative care setting.

Audience Take Away:

- Understanding of HTO model and perspectives related when working in a technological setting within perioperative OR (operating room) care
- Understand the usefulness of ongoing education and training within the perioperative OR care
- Take home message: Importance of looking through regularly and might update the learning systems within your perioperative organizational setting
- Understand when changes of team members occur within perioperative OR care, the education and training need to follow in supporting the new team member as the whole team

Biography

Irimi Antoniadou is a RN and ORN since 1984. Irimi has been working with different surgical specialties and OR settings in Sweden for 25 years, with adult and child's as patients. Irimi has been working with Education within Nursing care and Science on different educational levels; within universities, high schools, and hospitals for 15 years. Irimi has served as President of EORNA, European Operating Room Nurses Association 2005-2009 and President of IFPN, International Federation of Perioperative Nurses 2012-2015 as also Board member of the SEORNA, Swedish Operating Room Nurses Association 1997-2012. Irimi has also served as Head of Children's Operating Unit at Astrid Lindgrens Children's Hospital, Karolinska University Hospital, Stockholm, Sweden 2016-2019. Irimi is a Doctoral student at KTH, Royal Institute of Technology, Department of Biomedical Engineering & Health, Teknisk Vardvetenskap, Stockholm, Sweden since 2019.



Rohit Kumar

NICU, James Cook Hospital, Cleveland, England

Are we prepared for this CHAOS? Congenital or Latrogenic High Airway Obstruction Syndrome

Neonatal airway abnormalities are commonly encountered by the neonatologist, general , pediatrician, maternal fetal medicine specialist, and otolaryngologist. This presentation discusses common and rare anomalies that may be encountered, along with discussion of embryology, workup, and treatment.

Audience Take Away:

- Objectives of session: To provide a broad overview of neonatal airway anomalies to arm those caring for these children with a broad differential diagnosis and basic knowledge of how to manage basic and complex presentations.

Biography

A consultant neonatologist working in a tertiary referral center. And also the clinical lead for risk management and infectious disease and neonatal representative at the regional transfusion medicine committee. He have previously presented in various international conferences and published in reputed peer reviewed journals.



Mohammed Rizwan^{1*}, Gopika Sreejith²

¹Junior Resident, Department Of General Medicine, Dm Wims Medical College, Meppadi Wayanad , Kerala ²India Junior Resident, Department Of General Surgery, Koyili Hospital, Kannur, Kerala ,India

Omphalocele

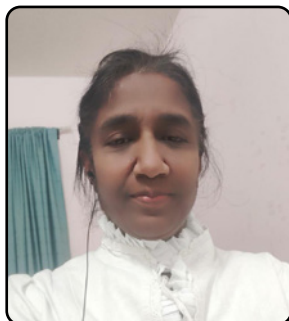
An omphalocele is a ventral defect of the umbilical ring resulting in herniation of the abdominal viscera. Omphaloceles occur in 1 in 3,000 to 10,000 live births. Associated malformations such as chromosomal, cardiac, or genitourinary abnormalities are common. Postnatal management includes protection of the herniated viscera, maintenance of fluids and electrolytes, prevention of hypothermia, gastric decompression, prevention of sepsis, and maintenance of cardiorespiratory stability followed by primary or staged closure of defect. Here we present a case of a 37-Year-old woman, gravida 4, para 3 at 21 weeks of gestation with previous 3 LSCS , anomaly scan done at 18 weeks showing herniation of stomach and liver in amniotic cavity (omphalocele) with non delineated lumbar vertebrae ,also the investigations that were carried out as well as the management that was done.

Audience Take Away:

- The audience will be able to learn extensively about the various modalities that can be used for the prenatal diagnosis of omphalocele. The presentation also emphasize on the importance of diagnosing this congenital anomaly prenatally. In addition this presentation also paves way on methods such that can be adopted such as genetic counselling if such an anomaly is detected prenatally.

Biography

Dr. Muhammad Rizwan born and brought up in Kerala , a state in India completed his schooling from St.Michael's Anglo Indian Higher Secondary School Kannur as well as Chaldean Syrian Higher Secondary School Thrissur. He pursued his MBBS from Government Medical College Kannur Kerala India in 2021. He is a PLAB aspirant about to migrate to United Kingdom to pursue his specialty training in Pediatrics.



Mary Anbarasi Johnson

Professor and Head, Pediatric Nursing Department, Christian Medical College, Vellore, India

Assessment of sick children

The initial assessment of an unwell child includes the paediatric assessment triangle: Appearance, breathing and circulation to skin; primary survey that focuses on basic life support, patient assessment and immediate management; secondary survey with a detailed history of the event and physical examination; and ongoing assessment. Primary survey that focuses on basic life support, patient assessment and immediate management; secondary survey with a detailed history of the event and physical examination; and ongoing assessment. Medical practitioners and their clinic staff must be prepared to undertake initial emergency management of a seriously ill child, and they must have the equipment and supplies available to carry out that management effectively. To help the nurse discover the child's needs, the nurse elicits information about the current situation, including the child's symptoms, when they began, how long the symptoms have been present, a description of the symptoms, their intensity and frequency, and treatments to this time. Nurses are the key members in the health team and they should be able to assess, identify, treat emergencies and prevent complications in the Pediatric Emergency Unit.

Biography

Mary Anbarasi Johnson working as a professor and Head in pediatric nursing department ,CMC ,Vellore. She worked for 3 years as Assitant Professor in USA aswell as Assist Director of nursing, in Saudi Arabia. She very much interested in reviewing articles. She have published in 70 national, international journals and presented in around 30 national and international conferences. She has also contributed for 4 book chapters and is working on publishing a book soon. She has served in CMC Vellore as Institutional research board member for a term of 4 years. He is a reviewer or editorial member or advisory member in around 40 international journals Kindly find my photo attached.



Izel Caliskan

Paediatric Clinical Psychology, Royal Brompton and Harefield Hospitals,
London, United Kingdom

Being on the paediatric intensive care unit – The role of psychology in critical care

The Paediatric Intensive Care Unit (PICU) is, for many a place where there are significant levels of physical and emotional distress. Over the last decade, there has been greater awareness of the experiences and needs of children, parents, and staff in PICU. The British Paediatric Association (1993) recommends that the special psychosocial needs of children and families on PICU are addressed. This presentation will explore common child and parental experiences of a PICU admission. It will then discuss the role of the paediatric psychologist in addressing the psychosocial needs of families through case studies and examples.

Providing direct support and facilitating coping during admission and post-discharge is one of the main roles of the paediatric psychologist. This includes providing sessions to help individuals make sense of their experiences and emotions both during admission and in the immediate future of the child's discharge or end-of-life care. It also includes offering more formal trauma-focused interventions in the event of post-traumatic stress symptoms. Psychologists can also provide family support like helping and working with siblings and other family members in making sense of what has happened to the patient. The second important aspect of the role of the paediatric psychologist involves supporting staff and conducting liaison work with other professionals. Research shows high levels of burnout in staff working in PICU and psychologists embedded in multidisciplinary teams can support with relieving some of the emotional burden of their work. Furthermore, engaging in liaison work with other professionals through education and providing consultancy has the potential to both empower staff and indirectly support children and families.

Audience Take Away:

- Develop an understanding of the psychological stresses and strains for child patients, families, and staff
- Develop an understanding of existing research into the lived experiences of children, families, and staff in the Paediatric Intensive Care Unit, as well as future directions for research
- Gain insight into the role of psychologists and psychology in critical care and explore existing interventions/models of support
- Gaining ideas in relation to types of support hospitals and pediatric intensive care units can provide to improve care and well-being of service users

Biography

Dr. Caliskan studied Psychology and Education at McGill University, Canada and graduated in 2015. She then completed an MSc. Degree in Developmental Psychology and Clinical Practice at the Anna Freud Centre, University College London (UCL). Following this, she specialized in working with children and worked as a child and adolescent psychologist in private practice in Turkey. She received a doctoral degree/PhD in Clinical Psychology from UCL in 2020, specializing in qualitative research within the field of Paediatric psychoncology. Dr. Caliskan is currently a Visiting Lecturer at UCL and works as a Pediatric Psychologist at the Royal Brompton Hospital, specializing in cardiology and respiratory diseases with a special interest in Paediatric Intensive Care Unit work. Dr. Caliskan is also a Clinical Lead for a digital mental health start-up based in Hong-Kong.



Muhammad Riaz-ul-Haq^{1*}, Yasir Sultan²

¹Paed. Surgery, Sahiwal Medical College and Sahiwal Teaching Hospital, Sahiwal, Pakistan

²PGR, Paed.Surgery, Jinnah Hospital, Lahore

Limited Urethral Mobilization Procedure (LUMP) for distal penile hypospadias repair, A single centre retrospective analysis

Background: Distal penile hypospadias is one of the commonest varieties of hypospadias. Different techniques have been mentioned in literature. The success rate is usually assessed by rate of fistula formation and over all cosmetic appearance and functional outcome. Limited Urethral Mobilization Procedure (LUMP) for distal penile hypospadias is considered a good technique with almost zero fistula rate in some series. As no new urethral tube is constructed there is no risk of fistula.

Objective: The objective of this study is to evaluate the results of the Limited Urethral Mobilization Procedure (LUMP) for distal hypospadias repair.

Methods: It is retrospective analysis of 27 patients aged up to 12 years who were treated with Limited urethral mobilization procedure for distal penile hypospadias in the Department of Paediatric Surgery from January 2019 to December 2020 in Jinnah Hospital Lahore. All patients were operated under general anesthesia. The urethra proximal to the meatus was mobilized adequately in such a way that it should reach the tip of glans easily without any ventral bending of penis. Then the urethra was placed in the glandular wings and reconstruction of glans was carried out. Dartos flap was also placed to cover the urethra as a safety measure to avoid urethrocutaneous fistula formation. Follow up was done for a period of 3 months with respect to fistula formation, meatal stenosis, retraction, chordee and over all cosmetic appearance.

Results: Age range of children was 9 months to 12 years. Operation time ranged from 60-80 minutes. Five of 27 cases were previously operated for distal penile hypospadias but after disruption of repair meatus was lying at coronal or subcoronal level. They also underwent LUMP. Five cases had minor chordee, it was corrected at the time of urethral mobilization by simple excision of fibrous tissue in 4 patients while modified Nesbit dorsal placcation was done in one. Cosmetically normal looking circumcised penis with slit like meatus was achieved in all. Two cases got superficial wound infection, two had meatal stenosis, one meatal retraction, one ventral chordee and one urethrocutaneous fistula.

Conclusion: LUMP for distal penile hypospadias is a simple and effective procedure with minimum complications. There is no chance for development of urethrocutaneous fistula, a major postoperative complication of other surgical techniques for urethoplasty. Postoperative management is simple and hospital stay is short.

Audience Take Away:

- Hypospadias is a procedure which has post operative complications even in expert hands, Limited urethral mobilization procedure is a procedure with minimum complications
- It will help in improving post operative results of hypospadias surgery
- Paediatric surgeons may apply this procedure in their practice to minimize the rate of urethrocutaneous fistula, the most common complication of urethoplasty

Biography

Dr. Muhammad Riaz-ul-Haq did his Fellowship (FCPS) in the subject of Paed. Surgery in 2001 from College of Physicians and Surgeons Pakistan, Fellowship of European Board in paed. surgery in 2008 (UK), visiting fellowship from Nationwide Children Hospital Columbus Ohio (2008) and was honored by American College of Surgeons by FACS. 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 Department in Sahiwal Medical College Sahiwal, Pakistan. He has many research papers in national and international journals. His special interest in Neonatal surgery, hypospadias, Anorectal malformations and Hirschsprungs disease.



Abdullah Ali Abdullah Gafer

Epidemiology department, Ministry of public health, Sana'a, Yemen

Causes of pediatric mortality among cases admitted to pediatric intensive care unit of Al- Sabeen hospital, Sana'a. - Yemen

The world has made substantial progress in reducing child mortality over the last four decades. Several factors, such as implementation of high-impact child survival interventions, health system strengthening, improvements in maternal education and family income, commitments of policymakers and donors, and the establishment of the Millennium Development Goals (MDGs) have contributed to a reduction in child mortality globally. Several countries in sub-Saharan Africa, Southern and Central Asia, and Oceania made insufficient progress to achieve MDG. The study aimed to examine the Causes for mortality in pediatric Intensive Care Unit- Al-Sabeen Hospital Sana'a.-Yemen.

Method: A retrospective study conducted in the pediatric ICU of Alsabeen hospital. The records of the admitted children and died during study from January 2021 to December 2021 were reviewed. The data collected included; sex, gestational age, postnatal age at admission, place of delivery, mode of delivery, main cause of admission, outcome, cause of death, age at death and length of hospital stay. The causes of death determine based on WHO classification and diagnosis of diseases that classified into 9 groups as the following: Respiratory diseases, prematurity, CNS diseases, malnutrition, GIT diseases. Infectious diseases, congenital abnormality, heart diseases, other causes. Data coded, entered and analyzed through SPSS version 26.0 using descriptive and inferential statistics .Continuous variable expressed as mean \pm SD, while categorical variables expressed as frequency. Descriptive statistics or frequency, percentage .Two-tailed, p -value <0.05 was considered statistically significant.

Result: The findings of the Study showed, 51% with age less than 1 year; the mean age of the studied cases was 10.7 ± 8.5 years, 56% of Children were place of delivery at Home. 71% Children were full term (37 -42 Week), 52% had been admitted in ICU for a had been admitted in ICU for a period between 48 hours to one week. Most common causes of death in ICU among study cases was CNS diseases (17%) followed by Respiratory diseases (15%), Infectious diseases(14%), respectively then Gastro Intestinal Tract diseases(11%) and same percentage was Congenital abnormality , (8%) Malnutrition, (6%) Heart Diseases and last percentage (18%) was due to other diseases ((Inborn error of metabolism (8%), Malignancy (5%), Renal diseases (3%), Hemophilia (2%)).There was a positive correlation between Gestational age, Period of Admission and causes of death, which was statistically significant p .value <0.05 . In the age group less than 5 years was most common causes of death as respiratory of diseases, while in the age group above or between 5-10 years due to CNS and Heart.

Conclusion and Recommendation: Respiratory diseases, CNS diseases, Infectious diseases, respectively then Gastro Intestinal Tract diseases were the common causes of death in ICU. An urgent improvement in pediatric ICU is therefore needed in the hospital to decrease the death and complications. This could be done through activation of programs of maternal health education and safe maternity. Furthermore, there is a need to improve the existing health facilities for pediatric care and to build more services, especially in the peripheral areas. There is also a need to train medical staff dealing with newborn infants both during delivery and after delivery.

Audience Take Away:

- Causes for mortality in pediatric Intensive Care Unit- Al-Sabeen Hospital Sana'a.-Yemen

Biography

Abdullah Ali Gafer studied Epidemiology at the Al-Razi University, Yemen and graduated as MS in 2021. he then joined the center research epidemiology in Yemen.



Sri Indah Pujiastuti

Early Childhood Teacher Education Department, Universitas Negeri Jakarta, DKI Jakarta, Indonesia

Parents' roles in developing socio emotional competences of children aged 4-6 years in the new normal period

This study aims to figure out parents' roles in developing socioemotional competences of children aged 4-6 years in the new normal period. After the pandemic Covid-19 period, the role of parents changed slightly because parents began to work outside the home. Therefore, parents were no longer fully (24 hours) a good model for children, providing facilities according to children's needs and motivation continuously. This impacted on the socioemotional competences of children aged 4-6 years such as children rarely communicating with their parents directly, playing together at home, and being less responsible for the tasks given by their parents. We asked a research question how the parents roles in developing social emotional competences of children aged 4-6 years in the new normal. We interviewed 7 parents in DKI Jakarta with indicators 1) how did parents become models for children? 2) how did parents motivate children, and 3) how did parents provide play and learning facilities for children aged 4-6 years in developing socioemotional competences? We analysed the data qualitatively with the stages of data reduction, display and data verification. Findings found that 1) modeling: parents gave examples of the activities which they did, respected others, didn't speak loudly, obeyed the rules, told what was right and wrong, 2) motivators: controlled emotions, praised children when they behaved positively, solved problems together, guided children to behave positively, supported children's thinking, conveyed advices, not blamed children for negative behavior, provided opportunities for children to express their feelings, 3) facilitator: admitted children to ECE institutions, so they can get along with other children, played or did other activities with children, hanged out and discussed with children, affectionate children, provided toys or other facilities to support children's needs. We concluded that parents still pay attention to their children's social emotional competences at home after the pandemic (new normal) by being a good model, providing motivation and facilities for children. We implied that parents can improve the quality of their children's emotional social competence at home.

Audience Take Away:

- The audience will know how Jakartas' parents developed socioemotional competences of children in the new normal period
- The university/academician can hold further research/studies especially in early childhood education topics
- The university/academician can train the parents in the parenting programs
- Teachers can collaborative with parents in developing socioemotional competences of children
- The government can help parents condition with financial support, health facilities and foods in the new normal period

Biography

(Dr(phil). Sri Indah Pujiastuti, M.Pd at the Universitas Negeri Jakarta, Indonesia and graduated as Magister of Education from Universitas Negeri Jakarta and Doctor of Philosophy from WWU Muenster, Faculty of Psychology and Sport Sciences, Germany in 2019. She then worked at University Negeri Jakarta, Faculty of Educational Sciences, Early Childhood Teacher Education Department as a lecturer civil government. She does three dharma of higher education namely teaching, doing research, and serving community. She also wrote some articles, books and poems and published them in national and international journals/publishers.



Abhishek Paul

Sanjay Gandhi Post Graduate Institute of Medical Sciences, India

Unexpected presentation of a rare condition

Background: A term baby presented with rash and blood in stools in the second week of life. We describe the management and ascertain the diagnosis.

Clinical Description: Blood in stools and purpuric rash on body.

Management: Blood tests including peripheral blood smear, Karyotype and Genetic analysis, baby was observed on follow up with repeated blood tests. The baby was clinically well on follow up visits and growth was within normal limits.

Conclusion: Haematological malignancy should be evaluated in infants with bleeding episodes, high leucocyte count and thrombocytopenia. NAIT has to be ruled out if platelet count of mother is normal. In our case, the infant was also confirmed to have Down Syndrome with GATA 1 mutation suggestive of TAM. Transient Abnormal Myelopoiesis (TAM) is a condition which is seen in 4 to 10% of neonates [1]. It is a preleukemic disorder that occurs only in neonates with constitutional trisomy 21 [2]. The infant was confirmed to have Down Syndrome with GATA 1 mutation suggestive of TAM.

Keywords: TAM, NAIT, GATA1, JAK3

Audience Take Away:

- Haematological malignancy should be evaluated in infants with bleeding episodes
- high leucocyte count and thrombocytopenia
- NAIT has to be ruled out if platelet count of mother is normal
- Long term followup is required to know the evolution of the disease condition
- Written informed consent for publication was obtained from the father of the baby

Biography

Dr Abhishek Paul Assistant Professor in Neonatology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh, Professional, currently working as Assistant Professor in Neonatology. His aim is to involve in teaching and promoting Neonatal ECHO and Ultrasound to others and in neonatal research. He has done MBBS from Vardhaman Mahavir Medical College and Safdarjang Hospital, New Delhi. MD Pediatrics from Safdarjang Hospital, New Delhi. DNB Superspeciality Neonatology from Manipal Hospital, Old Airport Road, Bangalore. He did DNB Superspeciality thesis on Persistent Pulmonary Hypertension of Newborn involving Echocardiography.



Chrysoula Papachristou

5th Heygiene District of Thessaly, Kalabaka Medical Center, Trikala, Greece

Children, adolescence and the climate crisis

Climate change threatens human health, including mental health, and access to clean air, safe drinking water, nutritious food, and shelter. Everyone is affected by climate change at some point in their lives. Some people are more affected by climate change than others because of factors like where they live; their age, health, income, and occupation; and how they go about their day-to-day life. Children are especially vulnerable to the impacts of climate change because of their growing bodies, their unique behaviors and interactions with the world around them and, their dependency on caregivers. The voices of young people are seldom included in discourses around health policy. Recently, however, adolescents have begun to assert their position within the 'climate crisis'. Initiatives like staging a school strike every Friday (ClimateStrike), forming protests and blocking public sites like the London Tower Bridge have generated considerable momentum. Overall, it would seem hard to make an argument that children do not have a fundamental right to justice in a matter as essential as the future condition of the planet on which they will live and raise their own children.

Audience Take Away:

- I believe that reviewing recent literature on this topic will help the audience understand aspects of climate crisis not previously consider and also deal with a more scientific point of view with this topic which affects everyone
- Actually I believe it will mostly provide new information to an old problem through combine knowledge and especially youth statement. Children are a 'missing chain' in solving that problem and they have proved with their way that they have a voice, maybe not enough heard so far

Biography

Dr. Chrysoula Papachristou studied medicine in Ioannina University, graduated in 1999, then she did pediatric residency program in University Hospital of Larissa. She attended the International Child Mental fellowship program in Boston Children Hospital for 3 months in 2008 .She has worked as a pediatrician in hospital setting in Greece ever since. In 2019 finishrd her first MCs on «Research Methodology in Biomedicine, Biostatistics and Clinical Bioinformatics at University of Thessaly» and she is now doing her second master on child and adolescence development.

POSTERS

DAY 02

**4TH EDITION OF
EURO-GLOBAL CONFERENCE ON
PEDIATRICS
AND NEONATOLOGY**

08-09 SEPT



Paolo Gene A. Becina^{1*}, Marilou G. Tan²

¹MD, Philippine Pediatric Society, Quezon City, Manila, Philippines, Principal Investigator

²MD, Philippine Society of Pediatric Gastroenterology, Hepatology and Nutrition, Quezon City, Manila, Philippines, Supervising Investigator

Efficacy and safety of N-acetylcysteine in non-acetaminophen-induced pediatric acute liver failure: A meta - analysis

Background: Pediatric Acute Liver Failure (ALF) is a devastating disease in which previously healthy children rapidly lose hepatic function due to a variety of causes and become critically ill within days. Management is largely supportive and only few conditions are amenable to directed therapy, such as acute acetaminophen toxicity. One such directed therapy which is very controversial to this day due to contrasting findings in past studies is the use of N-acetylcysteine (NAC) in non-acetaminophen pediatric ALF (NA-PALF).

Objective: To evaluate the efficacy and safety of NAC in pediatric patients with ALF not caused by acetaminophen poisoning by determining the hospital mortality and transplant-free survival of pediatric patients with NA-PALF given NAC as well as the adverse effects during its use.

Methodology: This is a meta-analysis done to evaluate the role of NAC in NA-PALF. We searched electronic databases for studies published until 2021 and used RevMan software to analyze the data extracted from selected studies. Outcome estimation was done using Odds Ratio (OR) with 95% Confidence Interval (CI). The heterogeneity in various studies was determined using the I^2 test.

Results: Seven studies were included in the qualitative analysis while four studies were analyzed quantitatively. The major finding of our study was a 65% reduction in hospital mortality (OR: 0.35, 95% CI, 0.20 to 0.61) in patients receiving NAC compared to standard of care, which was statistically significant. There was also increased transplant-free survival (OR: 1.11, 95% CI, 0.20 to 6.18) and the proportion of adverse events under the NAC group (OR: 1.62, 95% CI, 0.82 to 3.22) was just slightly higher than standard care, but were not considered significant. Majority of the adverse events were minor and self-limited. Heterogeneity existed in the transplant-free survival but was not present in the hospital mortality and adverse events.

Conclusion: We found that NAC can reduce the hospital mortality of pediatric patients with NA-ALF. It may be safe to use whenever we encounter children with NA-ALF. However, since the findings of prolonged patients' survival with native liver without transplantation were not statistically significant, we can conclude that the use of NAC was comparable to standard of care. Results must be interpreted with caution as the results obtained had high heterogeneity and different study designs.

Recommendation: Additional large prospective pediatric studies are needed to determine the optimal dose, route and duration of NAC therapy, predictors of response, and the physiologic basis for these improved outcomes.

Biography

Dr. Paolo Gene A. Becina, a pediatrician, completed his residency training at the National Children's Hospital back in 2013, serving as chief resident during his final year and successfully passed the Diplomate Board Exam of the Philippine Pediatric Society in the same year. After which, he worked as a Senior Medical Officer - Pediatrics in Haima Hospital, situated in the Sultanate of Oman, from 2014 to 2017. Upon returning to the Philippines, he underwent Fellowship Training in Pediatric Gastroenterology, Hepatology and Nutrition at the Philippine Children's Medical Center from 2018 and graduated last December 2021. He is currently preparing arduously for the upcoming Subspecialty Diplomate Board Exam in the coming year.



Lileth D. C. Lobederio

MD, Institute of Pediatrics and Child Health, St. Luke's Medical Center, Quezon City, Philippines

Red Blood Cell Distribution Width (RDW) and its predictive role in the diagnosis of neonatal sepsis

Background: Diagnosis of neonatal sepsis remains to be a challenge because of its nonspecific symptoms and the limitations in sensitivities and specificities of laboratory markers. Recent studies have shown correlation between red cell distribution width (RDW) with sepsis and septic shock in the adult population, but data on neonates is still limited.

Objectives: This study aims to determine the relationship between RDW and neonatal definite sepsis and probable sepsis and its potential role in the diagnosis.

Study design: This is a retrospective cohort study.

Methods: Study population will consist of healthy term neonates and neonates with sepsis. Red cell distribution width of healthy neonates and those with sepsis will be compared.

Statistical Analysis: Descriptive statistics was used for the demographics. Independent t-test was used to analyze the relationship between RDW and neonatal sepsis; and linear regression to determine the correlation with RDW and sepsis biomarkers.

Results: The study included 54 healthy term, singleton neonates and 58 term, singleton neonates with sepsis.

Mean RDW for the control group is 15.87 ± 1.83 and for the septic group, 16.81 ± 2.13 . Significant association of RDW with neonatal sepsis was found, with a p value of 0.014.

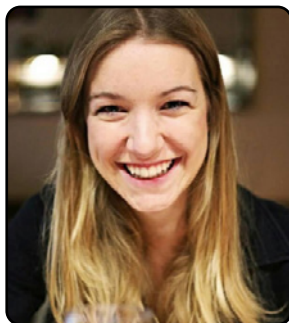
Conclusion: High RDW is associated with neonatal sepsis in term neonates. No significant correlation were found in RDW and other biomarkers used in sepsis.

Audience Take Away:

- Early diagnosis of neonatal sepsis still poses a challenge despite the high burden due non specific signs and symptoms; and limitations in auxiliary tests. Any additional evidence or laboratory findings may be helpful in establishing diagnosis and prognostication.
- Recent studies have identified the role of inflammatory response and subsequent increase in RDW values in the pathophysiology of sepsis in the adult population but little on pediatric population. Initial findings of this research may be beneficial in establishing other uses of this relatively simple, inexpensive and readily available laboratory marker.

Biography

Dr. Lileth studied Speech Pathology at the University of the Philippines Manila and worked as a Pediatric Speech Pathology for a year before pursuing medical school. She received her medical degree from the University of the East Ramon Magsaysay Memorial Medical Center in 2017 and finished internship at the Philippine General Hospital. She then pursued pediatrics as a specialty at St. Luke's Medical Center Quezon City. She also served as chief resident for 6 months in the same institution.



Sophie Noelle Hackenbruch^{1*}, Gabriella Grima¹, Edith Said²

¹Mater Dei Hospital, Msida, Malta,

²Genetics department, Mater Dei Hospital, Malta

Maternal and gestational risk factors of Congenital Diaphragmatic Hernia

Background and Aim: Congenital Diaphragmatic Herniae (CDH) have a high incidence rate on the Maltese islands, but little is known about their associations and maternal risk factors. A nationwide study in a country where abortion is still illegal, allowing more data to be used, has been conducted to shed light on some possible risk factors of the development of a congenital diaphragmatic hernia.

Materials and Methods: The study is a population based retrospective analysis including CDH cases from 1993 until 2016, which was gathered from the Directorate of Health information and Research Malta Chi- squared analysis and risk ratio was used to examine associations between cases and controls.

Results: 55 cases were reported between 1993-2016. The cases make up 0.0644 percent of the total births during that period. Advanced maternal age was more likely in CDH cases ($p=0.01$). 18.2 percent of CHD cases were born at 1500-2499 grams compared to only 6.2 percent of controls with a significance of <0.001 . No significance was found relating to infant gender (54.5% vs 50.9% $p=0.404$) and none in relation to plural births (3.6% vs 1.3% $p=0.333$).

Conclusions: Congenital diaphragmatic hernia was found to be associated with advanced maternal age and low birthweights. It was also confirmed having a congenital diaphragmatic hernia increases your chances of having further congenital anomalies.

Audience Take Away:

- Diaphragmatic hernias are still a common anomaly faced in NPICU. This study highlights the risk factors associated with diaphragmatic hernias allowing clinicians to preempt and be more cautious about a possible anomaly
- It is the only national research of its type in a country where abortion is illegal meaning no cases are lost, giving more reliable results
- More research needs to be carried out in causation and risk factors of diaphragmatic hernias, a study like this could open the doors to that

Biography

Dr. Sophie Noelle Hackenbruch studied Doctor of Medicine and Surgery at the University of Malta and graduated in 2020. She continued working at Mater Dei Hospital, Malta since 2020 as a foundation doctor. She has participated in many research projects and audits since starting her job. She is currently undertaking a level 7 diploma in strategic management.



Petra Varga*, Erika Biró, Bernadett Bíró, Gábor Mogyorósy, Rita Káposzta, Zsolt Reiger, Tamás Szabó

University of Debrecen Department of Pediatrics, Debrecen, Hungary

Multicolored MIS-C, a single-centre cohort study

Objective: To describe the clinical and laboratory characteristics, as well as the outcome of children with MIS-C in our institute.

Method: Our study is a single-centre, partly retrospective, partly prospective, observational cohort study on patients aged from 1 month to 19 years, who met the MIS-C diagnostic criteria. Patients were included between November 1, 2020 and December 31, 2021.

Results: Total of 53 patients with MIS-C were included and classified by their clinical presentation in the following subgroups: Kawasaki-like disease 47,2% (n=25), shock and/or myocarditis 32%(n=17), fever and inflammatory group overlapping with acute COVID-19 20,8% (n=11). Median age was 7 years (range 5 weeks-17 years), 60,4% were male, 20,8% had comorbidities, 88,7% had a recent SARS-CoV-2 infection as confirmed by RT-PCR and/or serology. All patients with fever met the first diagnostic criterion (100%). Gastrointestinal symptoms were the most common symptoms, present in 71,7% of patients. Mucocutaneous symptoms occurred in 75,5%, cardiovascular symptoms in 56,6%, while respiratory symptoms were less common seen in only 35,8% of the patients. Renal and neurologic symptoms were observed in 17% and 9,4%, respectively. Among the laboratory results, elevated levels of cardiac markers (Pro-B type natriuretic peptide, cardiac Troponin-T) and D-dimer positivity can be highlighted. Cardiac abnormalities were found in 56,6% of total, which were decreased left ventricular function, coronary abnormality, pericardial effusion, arrhythmia and mitral regurgitation. Treatment included immunoglobulin (94,3%), corticosteroids (88,7%), antibiotics (100%), enoxaparin (47,2%) and antiplatelet therapy (79,2%). 34% of patients required cardiac support, but only 9,4% needed respiratory support. 52,6% of patients were admitted to the pediatric intensive care unit (PICU). The median length of PICU stay was 5 days (range 3-20).

Conclusions: Most characteristics of the present MIS-C patients were similar to that of other cohorts. Our results may contribute to a broader understanding of SARS-CoV-2 infection in children and its short-term consequences. Long-term multidisciplinary follow-up is needed, since it is not known whether these patients will have chronic cardiac impairment or other sequelae.

Education and alertness are required for clinical teams to establish an early diagnosis and initiate prompt and adequate treatment.

Biography

Petra Varga was born in Hungary on December 24, 1981. She worked as a regional leader for Pediatric Ambulance Carriage from 2010 to 2013, as a paediatric ambulance doctor for National Ambulance Service from 2005 to 2016, and she is currently employed at the University of Debrecen Clinical Center since 2006. She has completed courses in Neonatal resuscitation, Advanced Resuscitation (ALS) according to ERC protocol, European Pediatric Life Support (EPLS), and many others. She has been a member of the Hungarian Society of Pediatricians since 2011, the Hungarian Society of Pediatric Anesthesiology and Intensive Care since 2014, and the Hungarian Society of Anaesthesiology and Intensive Care since 2018.

Participants List

Abdullah Ali Abdullah Gafer	53
Abhishek Paul	55
Annisa Bunga Nafara	20
Christopher S Snyder	18, 28
Chrysoula Papachristou	56
Deepa Awasthi	22
Demeke Mesfin Belay	31
Gabriella Di Rosa	15
Gamal Al Saied	16
Heather Hanna	27
Irini Antoniadou	47
Izel Caliskan	51
Janet Mattsson	39
Kate Tauber	42
KomelAbbas Bhojani	35
Kristina Dimitrijevic	29
Lileth D C Lobederio	59
Mary Anbarasi Johnson	50
Mohammed Rizwan	49
Muhammad Riaz ul Haq	52
Namrata Nitin Bagle	25
Neil R M Buist	17
Paolo Gene A Becina	58
Petra Varga	61

Pramila Menon	26
Revathi Yeleswaram	34
Rohit Kumar	48
Sarala Kannan	44
Saroja Weerakoon	32
Selim Oncel	23
Shailaja Sandeep Jaywant	21
Smaragdi Fessatou	40
Sophie Noelle Hackenbruch	60
Sri Indah Pujiastuti	54
Steven M Donn	41
V Sivaprakasam	45
Veena Bajulge	37

*We wish to meet you
again at our upcoming conference*

**5th Edition of Euro-Global Conference on
Pediatrics and Neonatology
August 28-30, 2023 | Hybrid Event**

**Global Conference on
Gynecology and Women's Health
April 20-22, 2023 | Hybrid Event**

Questions? Contact

+1 (702) 988-2320 or Inquires:
pediatrics@magnusconference.com

For Registration:

<https://pediatrics-neonatology-conferences.magnusgroup.org/register>