5TH EDITION OF
EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY

28-29 AUGUST, 2023

LONDON, UK | HYBRID EVENT

Venue:

Copthorne Hotel Slough-Windsor

Cippenham Ln, Slough SL1 2YE, United Kingdom

BOOK OF ABSTRACTS

magnus Group

28-29 AUGUST

BOOK OF
ABSTRACTS

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EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY

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Imperial College London, United Kingdom

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The Mifne Center for Treatment Research and Training, Israel

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University clinic of pulmonology and allergology-Skopje, Macedonia, The Former Yugoslav Republic of

Laresh N Mistry
Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, India

Speakers

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University of Birmingham, United Kingdom

Mari Darakchyan
Yerevan State Medical University, Armenia

Mariam Kapanadze
European University, Georgia

Mary Anbarasi Johnson
Christian Medical College, India

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Rym Baccouch
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Sajini Ramakrishnan
East Midland Paediatric Deanery, United Kingdom

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Kocaeli University, Turkey

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University of Michigan, United States

V Sivaprakasam
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W A S Saroja Weerakoon
University of Colombo, Sri Lanka

Walter Harvey Crompton
Yuvan Research, Inc, United States

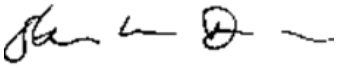
Zhenhuan LIU
Nanhai Affiliated Hospital for Women and Children Guangzhou University Chinese Medicine, China

Welcome Message

Dear Congress Attendees,

It is a great pleasure to welcome you to EPN 2023, **5th Edition of Euro-Global Conference on Pediatrics and Neonatology.** The conference organizers have assembled a world class faculty and have developed an informative and entertaining program that addresses both advances and controversies in Pediatrics and Neonatology. It is my hope that in addition to being educational, the program will also stimulate you to further your own understanding and to ask provocative questions that that may encourage your participation in medical research. Thank you for being part of the audience, whether in person or virtually.

Sincerely,



Steven M Donn

University of Michigan, United States

Welcome Message

Dear Congress Attendees,

I am honored to welcome you to the 5th Edition of the Euro Global Conference on Pediatric and Neonatology either virtually or in person. This conference will no doubt be filled with interesting and innovative research from a wide range of fields within the pediatric community. There are already many people registered for this conference from around the world which will make for great discussions during the presentations. In my keynote address I will discuss how to optimize nutrition for infant with congenital heart disease. Nutrition is an important aspect of the care we provide for all children but especially important for those with special disease and conditions like congenital heart disease. Each one of the presentations at this conference will improve your knowledge and stimulate your desire to further your understanding of a variety of different aspect in medicine. 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.

Kate Tauber, MD, MA

Albany Medical Center, United States

Welcome Message

Dear Colleagues,

It is my pleasure to welcome you to this presentation on early autism detection in Infancy. This is an important topic that touches the lives of many families and communities worldwide.

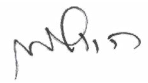
As we know, early unfancy is a critical period for brain development, learning, and socialization. Therefore, it is essential that we identify autism spectrum disorder as early as possible and provide appropriate interventions and support to infants and their families.

Throughout this presentation, we will explore the latest research, evidence-based practices, and strategies for early detection in the first year of life.

I hope that this presentation will deepen your understanding of the early possibility to detect the prodrome symptoms, in order to support families in your community.

Thank you for participating and taking care to improve the lives of young infants at high risk for autism.

Sincerely,



Hanna A. Alonim

The Mifne Center for Treatment Research and Training, Israel

Welcome Message

Dear congress visitors, it is an honor and pleasure to write this welcome note. The survival rate for extremely preterm infants has improved over the last two decades. Although the incidence of such births is about 2%, the impact of preterm birth on these infants, their families, health-care providers, and society are profound. The birth of an Extremely Low Birth Weight (ELBW) and early gestational age infant poses complex medical, social, and ethical challenges to the family and health-care professionals. Survivors have an increased risk of chronic medical problems and disability. It is difficult to make decisions while trying to provide optimal medical care to the infant and supporting the family when delivery occurs at the threshold of viability because outcome at that time is highly unpredictable. Such decisions may have lifelong consequences for those involved.

An individualized prognostic strategy appears to be the most appropriate approach. While keeping the patient's best interest as the primary objective, the goal is to reach, through a process of effective communication between the parents and physicians, a consensual decision that respects the parents' wishes and promotes physician beneficence.

Rohit Kumar

Dr Rohit Kumar

James Cook Hospital, United Kingdom

Welcome Message

On behave of the scientific committee, I have the honor to invite you to attend and participate in the forthcoming 5th Edition of Euro-Global Conference on Pediatrics and Neonatology" (hybrid event) scheduled to be held during August 28-30, 2023 in London, UK. 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.

Best regards

Prof. Dr. Gamal Al-Saied

Al-Azhar University Cairo, Egypt

Welcome Message

Dear Colleagues and Friends,

It is my great pleasure and honor to welcome you to the 5th edition of the Euro-Global Conference on Pediatrics and Neonatology to be held in London. As an invited speaker, I am thrilled to be a part of this prestigious event and share my thoughts and experiences with you all.

This conference provides an excellent opportunity for experts, researchers and practitioners in the field of pediatrics and neonatology to come together, exchange ideas and collaborate on innovative solutions to improve the health and well-being of children worldwide. With a diverse range of topics and presentations, this event promises to be a valuable platform for learning, networking and professional growth.

I look forward to meeting and interacting with each of you, sharing insights and knowledge, and contributing to the advancement of pediatric and neonatal care. Let us make this conference a resounding success and a memorable experience.

Once again, welcome to the 5th edition of the Euro-Global Conference on Pediatrics and Neonatology!

Selim Oncel

Kocaeli University, Turkey

Keynote Speakers

Steven M Donn
University of Michigan,
United States

Kate Tauber
Albany Medical Center,
United States

David J R Hutchon
Memorial Hospital Darlington,
United Kingdom

Heather Hanna
Imperial College London,
United Kingdom

Hippolite O Amadi
Imperial College London,
United Kingdom

Hanna Alonim
The Mifne Center for
Treatment Research and
Training, Israel

Zhenhuan Liu
Nanhai Affiliated Hospital
for Women and Children
Guangzhou University Chinese
Medicine, China

Gamal Al Saied
Al Azhar University,
Egypt

Thank You All...

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 conferences 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 2023

The **5th Edition of the Euro-Global Conference on Pediatrics and Neonatology (EPN 2023)** is an upcoming event scheduled to take place in **London, UK** from **August 28 to 29, 2023**. The conference will also have a virtual component, making it accessible to participants from around the world. With the theme "Paving the way for little feet through advances in Pediatrics" EPN 2023 aims to provide a platform for professionals and researchers to explore recent and cutting-edge developments in all aspects of Pediatrics and Neonatology. EPN 2023 is organized with the primary objective of promoting interaction, collaboration, and knowledge exchange among researchers, professors, patrons, and exhibitors. By facilitating ample opportunities for networking, the conference seeks to establish valuable connections within the pediatric community. This collective effort is crucial for advancing research and finding innovative solutions to the challenges faced in pediatric healthcare. The event will feature a diverse range of activities, including plenary sessions, oral and poster presentations, and a dedicated forum for young researchers. The inclusion of such formats ensures that attendees will have various avenues to learn from experts, engage in meaningful discussions, and share their own research findings. This approach contributes to a comprehensive understanding of the most recent advancements in the field.

The conference's central theme, "*Paving the way for little feet through advances in Pediatrics*," highlights the significance of progress in pediatric healthcare. The field of pediatrics is continuously evolving with the emergence of new technologies, treatments, and research findings. EPN 2023 recognizes the importance of exploring and discussing these advancements to enhance patient care and outcomes.

Overall, **EPN 2023** promises to be a valuable and enlightening event that brings together professionals, researchers, and students in the field of Pediatrics and Neonatology. By facilitating collaboration, knowledge exchange, and discussions on recent advancements, the conference has the potential to contribute significantly to the well-being of children worldwide. Attendees can look forward to an enriching experience, gaining insights from top experts and discovering ways to advance their practice and provide better patient care.

BOOK OF ABSTRACTS

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28-29 AUGUST

DAY 01

KEYNOTE FORUM

5TH EDITION OF

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PEDIATRICS AND NEONATOLOGY

Risky business or business as usual? Adrenaline autoinjector use in pediatric food allergy

The risk of fatal anaphylaxis in a food allergic child is much lower than their risk of accidental death from most other causes, yet the possibility of this very rare but devastating event is a major focus for families of pediatric patients and healthcare professionals dealing with food allergy. In this presentation we explore the care of the food allergic child, the use of adrenaline auto-injectors and strategies that can be used to maximize the child's safety and reduce unnecessary anxiety and the over-provision of medications.

Audience Take Away Notes

- An exploration of the risks of anaphylaxis in food allergic children
- A discussion on the levels of anxiety felt by the families of these children
- An understanding of the challenges of caring for a child with food allergies
- An insight into the role of Adrenaline Autoinjectors in the treatment of food allergy anaphylaxis
- Appreciation of some of the challenges in the use of these devices in a child's care

Heather Hanna

Department of Infectious Disease, Imperial College London, United Kingdom

Biography

Mrs. Heather Hanna studied 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, before her move into Medical Education, obtaining her MEd from Imperial College. She currently works as a Senior Clinical Teaching Fellow both with Undergraduates (in the Medical Ethics and Law Team) and Postgraduates (on the online Applied Paediatrics MSc course), both at Imperial College London.

Accurate measurement and documentation of the neonatal heart rate immediately after birth

All guidelines recommend that the heart rate of the neonate is determined at birth. This is particularly important in the potentially asphyxiated neonate that does not breathe regularly after birth. Auscultation is the recommended method but this is not documented in real time and requires mental arithmetic by the auscultator. This may be satisfactory for the normal birth asphyxia is rare. At high risk births ECG and oximetry may be available but are not suitable for use within the sterile field of caesarean birth. The development of a hands-free precordial doppler will be described and preliminary feasibility results presented. Hands-free is particularly helpful during resuscitation. An additional advantage is that Doppler can also be used within a sterile polythene bag at caesarean section. Currently there is no satisfactory way of determining the heart rate immediately after a caesarean birth. Fetal doppler devices are readily available during labour and the simple modification permits continued use immediately after birth to determine the neonatal heart rate.

David J R Hutchon

Emeritus Consultant, Memorial Hospital, Darlington, United Kingdom

Biography

Dr David Hutchon, a fellow of the Royal College of Obstetricitians and Gynaecologists, has 30 years' experience as a consultant obstetrician in the UK. For the past 15 years he has been researching and teaching about the harm of early cord clamping, organizing conferences on the subject, publishing over 40 papers, speaking at neonatology meetings and ran an international workshop in Edinburgh on mother side neonatal resuscitation with an intact cord. He recently co-authored the chapter on cord clamping in the second edition of Golden Hours, Care of the Very Low Birth Weight Neonate.

Bridging the gap between early detection of autism prodrome in infants and intervention

Alonim H[1, 2*], Lieberman I[3], Tayar D[1, 4], Scheingesicht G[1]

[1]The Mifne Center, for Treatment, Research and Training, Israel

[2]Bar Ilan University, School of Social Science, Israel

[3]Bar Ilan University, Department of Sociology, Anthropology, Israel

[4]Ministry of Health, Israel

The worldwide prevalence of autism points out of 2% of the population. Clinicians and researchers increasingly realize the importance of early intervention for autism. Very early intervention may minimize the severity of the phenotypic presentation of autism during infancy when neural connections are being developed. However, intervention is contingent upon a diagnosis of autism - which in most developed countries occurs above the age of 24 months - resulting in missing a critical therapeutic opportunity for early intervention. This study aimed to detect the prodromal variables at very early stages during the first year of life that may characterize significant risk for the later development of autism, in order to propose therapeutic strategies during this window of opportunities. The study examined 110 infants from various countries diagnosed with autism at age 2-3 years. Analysis was conducted of home videos recorded during the infants' first year of life. Data was collated and analyzed in terms of individual variables and combinations of variables. Eight prodromal variables were exhibited among 89% of the infants participating in this study. Cluster analysis of combinations of variables was significant. The results of this study indicate that detecting the prodrome of autism depends primarily on the ability to identify various combinations of indicative symptoms. The variables elicited by this study provide the basis for an early assessment scale for prodromal variables associated with autism.

Audience Take Away Notes

- The main goal of this presentation is to raise awareness of early detection. The audience will be exposed to the variables accompanied by videos, which provided the basis for developing the Screening Scale in Infants, which is applied clinically for infants between 5-15 months
- Effective application of this screening scale is of utility in bridging the divide between early assessment and intervention, for infants at high risk for autism during the very early neurodevelopmental stages

Biography

Dr. Hanna A. Alonim is an expert and researcher in the autism spectrum in infancy. Founder and Head of the Mifne Center Israel, for Treatment, Training, and Research, since 1987. Head of the Therapists' Training School for Autism at the Bar Ilan University. She developed the ESPASSI © screening scale for the detection of autism prodrome in the first year of life. Dr. Alonim is a committee member of the WHO ICF Core Set for ASD, Stockholm 2016.

Neonatal care empowerment at LMIC hinterlands – The Nigerian neonatal rescue scheme template

Low- and Middle-Income Countries (LMICs) in Africa, such as Nigeria have challenges of unsustainable basic infrastructure. This does not allow for competitive, independent, and progressive healthcare system. There is high dependence on unaffordable importation of needed technologies, and challenges of adverse climatic impacts on health. These have contributed to the prevailing high neonatal mortality rate in Nigeria, for example. Effective neonatal care requires sustainable and affordable technologies, which currently remain elusive to these countries. Our extensive neonatal work experience across all regions of Nigeria, spanning over a quarter century, reveals that the country is full of intelligent basic skilled nurses and doctors who could help to lower mortality if the necessary technologies were available. However, there is no evidence of decisive moves by governments to solve the high neonatal mortality problems. The technology requirements to save the neonates have remained unaffordable and insufficient in most Nigerian centers, creating no immediate hope for mortality reduction. The country's high poverty rate and 100% dependency on technology-importation has further put any sustainable solution beyond her reach. A possible solution that could alter this negative trend must be radical, affordable, and indigenously driven and self-sustaining.

This presentation highlights the components of our Neonatal Rescue Scheme (NRS) and its recent frugal devices and ideas that could revolutionise neonatal healthcare in Nigerian and other LMICs. These are radical ideas within the contexts of rural healthcare transformation, empowering local people in remote locations of the LMICs with extraordinary knowledge to push their own boundaries of neonatal survival. The rural health centres in the hinterlands of Nigeria are limited in skill and technology to handle neonatal devastating conditions such as extreme prematurity requiring incubator care, respiratory distress syndrome requiring non- invasive respiratory support machines with the use of oxygen delivery techniques, threats of hyper-bilirubinaemia and Kernicterus Syndrome Disorder (KSD) requiring early phototherapy treatment, amongst other conditions. Many neonates in the interior villages die of these conditions because they are unable to successfully journey to the centres in the cities where there could be expertise but without guarantee for survival. Therefore, many of them die without being known or counted. Our NRS is changing all these with technologies that empower the rural community.

Hippolite O. Amadi[1*], Amina L. Abubakar[2]

[1]Bioengineering Centre for LMIC frugal Technologies, Imperial College London, United Kingdom

[2]Department of Obstetrics & Gynecology, Kaduna State University, Nigeria

Biography

Hippolite's medical career began in 1987, spanning engineering-in-healthcare, orthopaedics, and neonatology research. His global prowess in neonatal innovations for LMICs has been influenced by his academic exploits, as a student and later Professor at Imperial College London, UK. His practice and research-Lab span the entire regions of Nigeria, covering >30 tertiary hospitals over the last two decades, enabling him an unprecedented access to evidence-based data on a national representative scale. He has since been a regular in the WHO and World Bank list of global thinkers on African perspective of climate-change impact on neonatal health.

We have developed low-cost, rural village compatible devices that could ensure affordability of incubators,CPAP machine application, minor assistive breathing devices and extended reach of oxygen delivery, all applying low voltages that could be harnessed from the sun. Our trialed Applications include: The Recycled Incubator Technology (RIT)[1], discovering and creating the antidote to Evening Fever Syndrome (EFS)[2], the Handy Approach (HHA) and Initial Setpoint Algorithm (HISA)[3], the politeheart CPAP machine[4], the Politeoxygen Splitter System (PSS)[5], the Polite-Light-Bank (PLB)[6], and other applications, which are currently in use at some rural centres of Nigeria. These are affordable technologies that are reliant on sunlight-harnessed and converted energy for operation, with which Nigerian centres like the Niger-State's Amina- centre in Minna has used in lowering neonatal mortality from 90% to 4% within six years of operation. The combination of these technologies and the training provided for the local practitioners have provided a strong intervention confidence which they applied to adequately catered for the needy neonates simultaneously within their rural location, hence revolutionising the once precarious situations. The Minna case shows that the LMICs can be empowered for a self-sustaining and independent healthcare, pushing their own boundaries of development and resilience.

Audience Take Away Notes

- A new approach to indigenous people collaboration in global health
- Considerations for tailored LMIC systems design
- Low-cost solutions that achieve high impacts at LMICs

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28-29 AUGUST

DAY 01

SPEAKERS

5TH EDITION OF

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Walter Harvey Crompton
Yuvan Research, Inc, United States

Gentle, inclusive pre-adult biological optimization for maximization of vigor, cognitive health, & longevity

Longevity, productivity, physique, cognitive health, & social harmony can be dramatically enhanced by optimization of innate growth, immunity & repair factors during pre-adulthood, using inexpensive, non invasive interventions:

-Refinement & assertive promotion of established, simple gestational & pediatric boosters

-Validation of appropriate adult, geriatric & veterinary medicine, for possible repurposing as pre-adult interventions

-Research reform to include pre-adult cohorts and lifespan testing, when potentially useful

This approach offers: high certainty of success; low risk & development costs; longer, broadly better peak health, healthspan, productivity, aesthetics, & mental health; reduced medical costs; & worldwide accessibility.

Biography

Walt is an active participant, leader, founder, volunteer or early investor in a number of longevity-related organizations, including The SENS Foundation, Heales, Yuvan Research, DataBETA Research Study, Austin Biotec, Oisin Biotechnologies, Repair Biotechnologies, Molecular Reality, VivaFina, the American Longevity Alliance, HEALES, and Vince Giuliano's 'Younging' project. He is the creator of the SleeProne system for prone rest, and the Ziesta face pillow, and primary author of two biomedical patents. He was in the original cohort of Dr. Greg Fahy's TRIIM (Thymus Regeneration, Immunorestoration and Insulin Mitigation) trials to regrow the thymus, and in Dr. Dobri Kiprov's TPE (Therapeutic Plasma Exchange) trials. Walt earned an MSEE, and worked more than four decades in industry, mostly as a biomedical engineer, especially focused on failure analysis, product development, quality assurance, regulatory support, manufacturing, and technical sales. He has helped rear eight foster children, in addition to his natural son, and spent decades as a humanitarian activist, bee keeper, and cultivator of unusual fruits.

Grace Branjerdporn[1*], Mike Beckmann[1], Greg Mcgahan[1], Constanze Schulz[1], Elizabeth Martin[1], Sam Adhikary[1], Alex De Young[2], Viv Kissane[3], Kathleen Goldsmith[1], Tatjana Ewais[1], Alex De Young[2], Susan Wilson[2], Kerri Gillespie[1]

[1]Catherine's House for Mothers, Babies and Families, Mater Hospital, Brisbane, QLD, Australia
[2]Children's Health Queensland, Queensland Health, Brisbane, QLD, Australia
[3]Peach Tree, Brisbane, QLD, Australia

Effectiveness and cost-effectiveness of an electronic mindfulness-based intervention to improve maternal mental health in the peripartum: A randomised controlled trial

Introduction: Women in the peripartum period are highly vulnerable to developing mental health issues, particularly with the COVID-19 pandemic exacerbating distress levels. Relaxation strategies and access to support services has been identified as a potential intervention in supporting women throughout the peripartum period. This study will investigate how the use of a mindfulness mobile app can support women's mental health during and after pregnancy.

Methodology: In this randomised control trial, participants will receive a mindfulness mobile app to use from 16 weeks gestation to 6 months postpartum. A range of quantitative questionnaires will be completed by both the trial group and participants receiving standard care to explore distress, quality of life, mother infant bonding, and satisfaction with the app. Focus group interviews to understand consumer feedback of this intervention will also be conducted. Finally, a health economic evaluation, to understand the cost and health outcomes of the mindfulness app will be undertaken.

Results: Results suggest positive outcomes across various domains. Preliminary results will be discussed in the presentation.

Discussion: It is anticipated that this mindfulness app will be effective in treating perinatal mental health, an intervention across wider health services nationally and internationally.

Audience Take Away Notes

- Use of co-design to develop a text-mediated mobile phone application supporting relaxation skills and access to perinatal mental health support services
- Understand the benefits of using digital technologies as a health promotion approach for women in the peripartum to facilitate bonding, mental health, quality of life and health economics
- Understand the practical considerations of implementing a mobile phone application intervention in the largest, public maternity hospital in Australia

Biography

Dr Grace Branjerdporn (BOccThy (Hons I), PhD) is an Adjunct Research Fellow at Mater Research Institute and an Honorary Associate Professor at Bond University. She is the Service Development and Research Team Leader at Mater Hospital Catherine's House for Mothers, Babies and Families in Australia. She was secured over $1.5 million in grant funding and has over 35 publications in peer-reviewed journals. Dr Branjerdporn has received research awards from Occupational Therapy Australia, The University of Queensland, and Mater Research / Mater Foundation.

Renee J Dufault[1,2*], Raquel A Crider[1], Richard C. Deth[3], Roseanne Schnoll[1,4], Steven G. Gilbert[1,5], Walter J Lukiw[6], Amanda L Hitt[1,7]

[1]Department of Research, Food Ingredient and Health Research Institute, Naalehu, HI, United States
[2]College of Graduate Health Studies, A.T Still University, Kirksville, MO, United States

[3]Department of Pharmaceutical Sciences, Nova Southeastern University, Fort Lauderdale, FL, United States
[4]Department of Health and Nutrition Sciences, Brooklyn College of CUNY, Brooklyn, NY, United States
[5]Department of Research, Institute of Neurotoxicology and Neurological Disorders, Seattle, WA, United States
[6]LSU Neuroscience Center, Louisiana State University Health Sciences Center, New Orleans, LA, United States
[7]Food Integrity Campaign, Government Accountability Project, District of Columbia, United States

The role dietary heavy metals play in the epigenetic inheritance of Autism and Attention Deficit/Hyperactivity Disorder (ADHD)

In 2021, the US Congress found heavy metals problematic in the American baby food supply but took no action. Heavy metal residues are pervasive in the United States (US) food supply and allowed by the Code of Federal Regulations because of food ingredient manufacturing practices. Evidence suggests prenatal dietary exposures, especially inorganic mercury and lead may impact gene behavior across generations. A nutritional epigenetics model published in 2009 and updated in 2012, 2021 and 2023 is strongly supported by clinical trial data collected all over the world. The model explains how concurrent dietary heavy metal exposures and poor diet lead to changes in key gene behaviors that create conditions for the development of Autism and Attention Deficit/Hyperactivity Disorder (ADHD). An analysis of the US Centers Disease Control data indicates autism rates are accelerating in the US. An analysis of the US Department of Education data indicates the number of children ages 6-21 in the US receiving special education services increased 10.4% between 2006-2021 even with stable student enrollment. The percentage of children receiving special education services nearly tripled for the autism category and quadrupled for the developmental delay category from 2006-2021. The transgenerational epigenetic inheritance of autism and ADHD appears to be occurring in the US as prenatal dietary heavy metal exposures continue unabated and children are born without the ability to metabolize and excrete these neurotoxic elements.

Audience Take Away Notes

- Audience will develop an awareness of the problem of heavy metal residues in the food supply and how these metals may impact gene behavior leading to the development of autism or ADHD across generations
- Audience may be inspired to learn how to avoid dietary heavy metal exposures
- Physicians will become aware of available nutritional epigenetics curriculum
- Researchers may see the value of using nutritional epigenetics education as an intervention tool when designing clinical trials to determine how processed food consumption leads to the development of different disease conditions

Biography

Dr. Dufault completed her PhD at A.T. Still University. She retired early from her position as a US Public Health Service officer at the Food and Drug Administration (FDA) to publish her findings of mercury in high fructose corn syrup. As an FDA whistleblower, she could not find employment as a researcher, so she founded the non-profit Food Ingredient and Health Research Institute where she works as a volunteer. She supplements her income working as a licensed special education teacher. Dr. D is considered a leader in the field of nutritional epigenetics with 726 citations according to Google Scholar.

Sajini Ramakrishnan[1*], Sanjiv Nichani[2]

[1]Department of Paediatrics, East Midlands Deanery of Paediatrics, United Kingdom

[2]Paediatric Intensive care, University Hospitals of Leicester, Leicester, United Kingdom

An observational study on vasopressin in a cardiac PICU

Introduction and aims: This observational study aims to find out whether vasopressin improves hemodynamic parameters of the children during ICU stay, compare 30 day survival of vasopressin cohort with the NCHDA data and the adverse effect profile.

Methods: This study was done retrospectively from the case notes of 5 years from July 2016 till July 2021.

Parameters collected are age, weight, diagnosis, systolic, mean and diastolic blood pressure before initiation of infusion and towards the end of the first 24 hours of infusion, vasoactive inotropic scores before, at the end of first 24 and 48 hours of vasopressin infusion, number of days on vasopressin, length of ICU stay, 30 day mortality and adverse effects. (Figure 1)

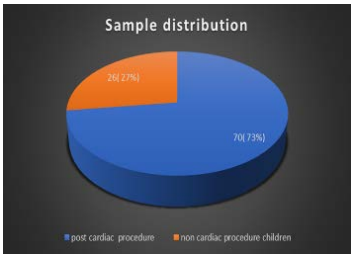

Figure 1

Results: Vasopressin caused statistically significant improvement in systolic, mean and diastolic blood pressure by the end of first 24 hours. (Figure 2,3,4). Vasoactive inotropic score showed statistically significant change by the end of 48 hours (Figure 5).

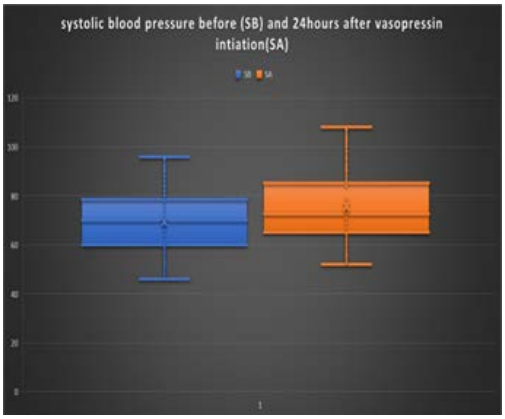

Figure 2

Figure 3

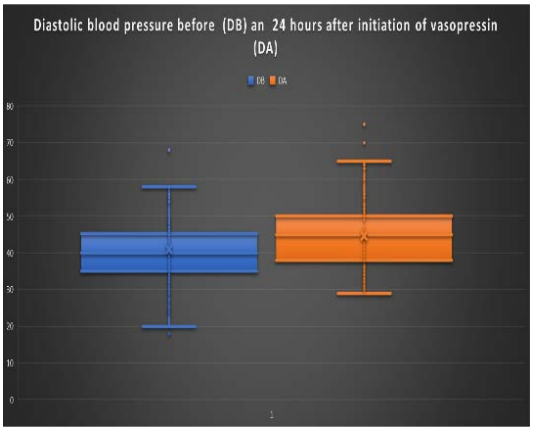

Figure 4

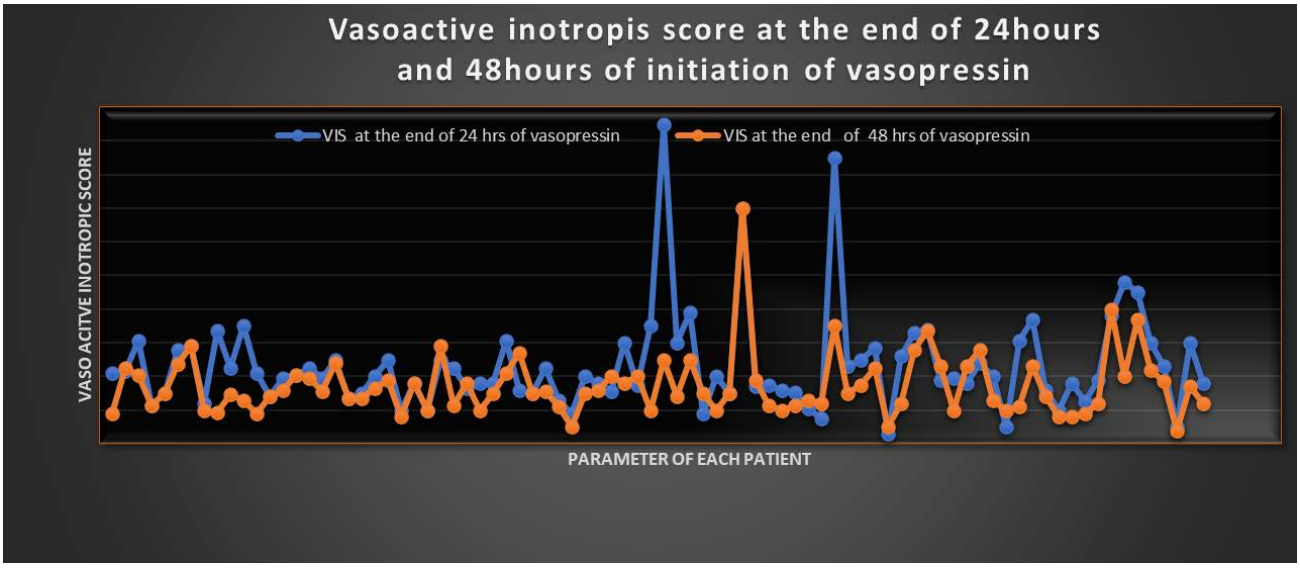

Figure 5

For each days more spent with vasopressin, there is an increase in length of stay between 3.2 and 6.7 days. 26% of the variation in the length of stay can be explained by the number of days on vasopressin infusion. *Figure* 6

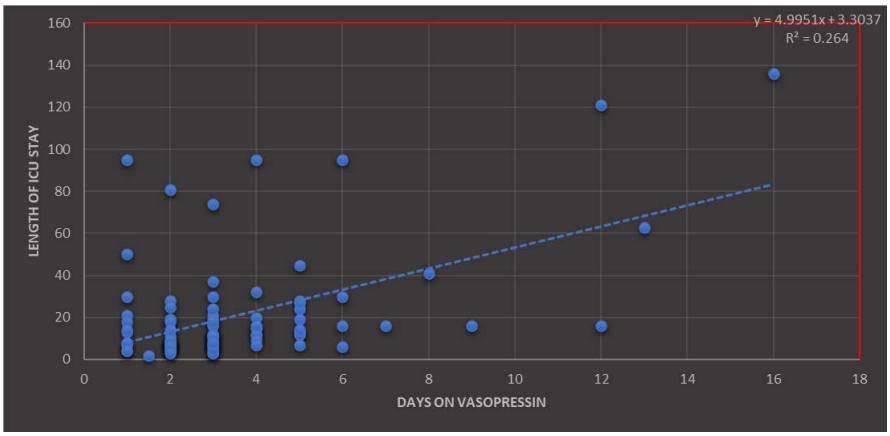

Figure 6

Comparing to NCHDA audit (October 2021) vasopressin did not worsen the mortality. More patient numbers are needed for comparing Norwood, Glenn and Rashkind atrial septostomy. *Figure* 7

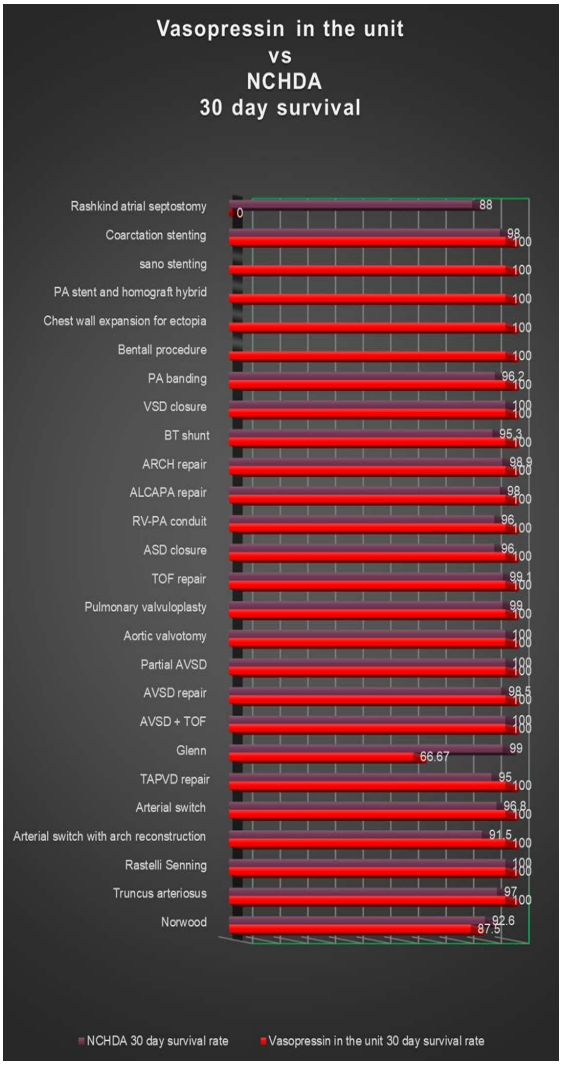

Figure 7

No incidences of necrotizing enterocolitis, hyponatremia, thrombophlebitis, skin necrosis or oliguria in vasopressin cohort.

Discussion and Conclusion: Vasopressin is a safe vasoactive agent improving hemodynamic profiles but does not reduce the length of stay in ICU.

Audience Take Away Notes

- Understand the latest trends in changing preferences in vasoactive agents in Paediatric Intensive care
- Shedding lights to the hemodynamic monitoring parameters in critically unwell children
- Knowledge about national congenital cardiac disease audit
- Excellent area to discuss about pathophysiology of shock and various preferences across departments
- Giving an indication about vasopressin as rescue therapy in neonatal intensive care settings like PPHN, MAS

Biography

Dr Sajini Ramakrishnan is currently a Paediatric Registrar in East Midland Paediatric Deanery. She has completed her Paediatric Training in India and came over to UK to get trained in Paediatric Intensive Care. She has done poster presentations in Pediatric Critical care society conferences in UK and oral presentation in a regional conference in India.

Muhammad Pradhika Mapindra*, Howard Clark, Jens Madsen
Neonatology Department, University College London, England, United Kingdom

below 6 months of age: Meta-analysis of randomised trials

Background: Given the burden on both hospital expenditures concomitant with long-term implications in developing children, RSV accounts for perinatal conundrums. The latter mostly occurs in infants below six months of age when the immune system remains underdeveloped. Hence, passive immunizations employing antenatal RSV vaccine seem worthwhile following fruition in vivo.

Objective: To assess the maternal RSV vaccine efficacy to enhance infant anti-RSV immunity.

Methods: This study was conducted following Prisma-P guidelines for Systematic Reviews and registered. From four different databases, six Randomised Clinical Trials (RCT) were shortlisted. Meta-analysis was performed to evaluate the vaccine impact on anti-RSV immunity in infants and reducing RSV-related events after birth.

Results: From either random-effects and fixed-effects meta-analysis between trial arms and control arms, the antibody (Ab) titers in infants at birth showed pooled standard mean differences (SMD [95%CI]) of each RSV A Ab (3.9 [2.81, 4.99]), RSV B Ab (1.86 [1.09, 2.62]), RSV F IgG (2.24 [1.24, 3.23]), and Palivizumab Competitive antibodies (1.65 [1.57, 1.73]). The overall reduction of RSV-related LRTIs and hospitalizations after birth were 52%($p=0.04$) and 48%($p<0.00001$), respectively.

Conclusions: Antenatal RSV Vaccination is potentially rewarding to induce rises in antibody levels in infants after birth and diminish RSV-related events below 6 months of age, compared to controls.

Biography

Muhammad Pradhika Mapindra has been qualified as a medical doctor from Indonesia whose research aims are on the scope of preterm infants developing respiratory issues. He is currently an overseas PhD student at University College London and working on his PhD project, supervised by Dr Jens Madsen and Prof Howard Clark, at the Neonatology Department, Elizabeth Garrett Anderson Institute for Women's Health, University College London (UCL). His project aims to investigate the potential of recombinant fragment of Human Surfactant Protein-A as Adjuvant Therapy against Common Pathogens of Respiratory Infection in Infants.

P Fordham[1]*, L Porter[2]*, J Idkowiak[3], W Haller[4]

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Coeliac disease screening in children with newly diagnosed type 1 diabetes mellitus

Background: Type 1 Diabetes Mellitus (T1DM) is prevalent amongst children in the UK, with 3,883 diagnosed between 2021–2022, exposing them to an increased risk of Coeliac Disease (CD). Missed diagnosis of CD can cause negative sequelae including malnutrition, growth defects and osteoporosis. NICE guidance states that at T1DM diagnosis (here defined as within three months of) all patients should be offered serological testing of CD. This screening comprises total IgA and IgA tTG, in accordance with ESPGHAN guidance.

Methods: Patients newly diagnosed with T1DM between January 2020 and December 2022, whilst under aged 18, were identified from Birmingham Children's Hospital's (BCH) database. Retrospective review of the 144 electronic records allowed analysis of the presence and type of CD screening and the date it was conducted. If CD screen was positive, further evaluation determined whether the correct referral had been completed.

Results: Total IgA levels were not measured in any patient therefore correct CD screening was not conducted. 136 patients received IgA tTG testing, 11 of which breached the 90-day diagnostic window. 8 patients received neither total IgA or IgA tTG testing. 10 patients had positive or equivocal coeliac serology. 4 of these patients received appropriate gastroenterology referral for further testing.

Discussion: BCH partially adheres to ESPGHAN guidelines regarding CD screening in newly diagnosed T1DM. We identified some gaps in adherence including infrequent measurement of total IgA. This increases the risk of false seronegativity and possible missed CD diagnosis since low total IgA, as occurs in IgA deficiency associated with CD, can mask a high IgA tTG titre. Delayed diagnosis or referral may postpone treatment, increase disease burden and prevent specialist management. BCH have now included routine total IgA requests to ensure correct CD screening within an appropriate timeframe.

Audience Take Away Notes

- The ESPGHAN guidance regarding screening for coeliac disease in children with newly diagnosed type 1 diabetes mellitus
- The importance of the procedural testing for coeliac disease in those with newly diagnosed type 1 diabetes mellitus
- The consequences of failing to adhere to this screening
- The effectiveness of coeliac disease screening in hospital today, using Birmingham Children's Hospital as an example
- Clinicians may realise potential errors in their personal practice or their local Trust's method of coeliac disease screening

- Identification of screening errors would allow the development of potential interventions, thereby providing more efficient screening and diagnosis of coeliac disease

Biography

Padma is a final year medical student at the University of Birmingham. She is passionate about paediatrics and is excited to share her research on coeliac disease screening in children with type 1 diabetes mellitus. Her other areas of interest include factors affecting child development, child nutrition and childhood obesity. She also has a significant interest in refugee medicine and has recently undertaken volunteer medical work on refugee camps in Northern Greece.

Moustafa Eldalal*, Siddhartha Paliwal

Neonatal unit, Queen Elizabeth Hospital, Lewisham & Greenwich NHS Trust, London, United Kingdom

Improving compliance with Delayed Cord Clamping (DCC) in preterm infants < 34 weeks

Background: We opted to do this quality improvement project to improve one of the main elements of the perinatal optimization care.

Aim: The primary aim was to perform DCC to all babies <34 weeks who are born in good condition. The secondary aim was to differentiate those born in poor condition and needing resuscitation from those needing support during the transition while allowing DCC.

Methods: We retrospectively audited the electronic (BadgerNet) data for babies born <34 weeks, from September-2021 to September-2022, and identified 82 babies. We subsequently implemented changes in education and practice and performed a prospective audit of 51 babies between October-2022 to July-2023. Initially, our first PDSA cycle was focused on increasing awareness of the multidisciplinary team (MDT) members by doing teaching sessions. We developed an awareness poster for display in delivery suite and obstetric theatres. We finally had monthly MDT meetings to discuss the progress. Later, we noticed that some babies born in poor condition, and does not receive DCC, cry after stimulation. Hence, we developed a novel approach encouraging neonatologists to start NLS algorithm by stimulation while the cord is intact for 30 seconds. Then, assess whether baby improved or resuscitation is required. We developed a poster illustrating it and asking the neonatologists to scrub-in in theatres to be able to assess the baby.

Results: 54 babies were born in good condition before starting, in which 74% received DCC and 26% did not. Since implementation of the initial changes in October 2022 until July 2023, we have been achieving 100% among babies born in good condition. We started the new approach for DCC for babies born in poor condition in April-2023 and it enhanced our average DCC rates among eligible babies. Our rates showed continuous improvement from 50.5% before implementing the changes to 61.8% after starting the first PDSA cycle to 77% after starting the new approach.

Discussion: Increasing awareness by teaching sessions and posters helped in achieving our primary aim.

Furthermore, assessing the baby and starting NLS algorithm with intact cord helped in differentiating babies who need resuscitation from those who improve and hence received 60 seconds of DCC. This will not only help differentiating those who will improve with stimulation, but will also allow all babies to have at least 30 seconds of DCC while starting NLS algorithm as since starting our novel approach all babies who did not receive full 60 seconds of DCC, at least had 30 seconds up to 57 seconds of DCC before the cord was clamped. Therefore, it would be beneficial to assess babies who do not cry at birth before clamping the cord. This approach will be particularly helpful in units where there is no equipment to start resuscitation during DCC.

The greater challenge is performing DCC for babies born in poor condition. We have started discussions on having a mobile resuscitaire. We are running simulations and developing a local guideline to provide clarity on how to implement it.

Audience Take Away Notes

- Implement changes in the audience daily practice which might lead to improvement in one of the key elements of the perinatal optimization care
- Our approach is feasible and practical for neonatal units to be added to their local guidance easily

Biography

Dr. Moustafa is a senior clinical fellow working in Queen Elizabeth Hospital in London, UK. He has interests in neonatal medicine and aiming to seek specialty training in neonatology. He led a quality improvement project in Queen Elizabeth Hospital regarding Delayed Cord Clamping.

Mariam Kapanadze[1*], George Kamkamidze[2]

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IL28B genetic variation association with spontaneous clearance of hepatitis C virus in children

Despite the rapid development of theoretical and clinical medicine in the twenty-first century, nevertheless, a number of unresolved and problematic diseases remain. One of the most acute and global problem for modern medicine is hepatitis C. Despite significant changes in the pathogenic landscape of the viral society of the earth, in terms of incidence, hospitalisation and disability, hepatitis C is still the leader among other diseases of public health importance. There are currently more than 170 million people infected with Hepatitis C in the World, which accounts for more than 3% of the total civilian population. Globally, an estimated 71 million people have chronic hepatitis C virus infection. Antiviral medicines can cure more than 95% of persons with hepatitis C infection, thereby reducing the risk of death from cirrhosis and liver cancer, but access to diagnosis and treatment is low. Georgia belongs to high prevalence countries of HCV. According to the latest epidemiological research conducted in the country, 7.7% of the country's population is positive for hepatitis C antibodies.

In industrialized countries, in children, HCV is the most common cause of chronic liver disease. The HCV is transmitted from mother to infant in 1 from 6 cases. Infections can occur through vertical transmission both during vaginal delivery and cesarean section. Most infected newborns, 8-9 cases from 10, has persistent form of virus, which is accompanied by an entire set of health problems. The number of new cases of HCV infection in Georgian among children increases annually. More than 200 cases of HCV have been reported in children annually, according to the data by the National Center for Diseases Control and Public Health of Georgia (NCDC).

The majority (70%–80%) of HCV infections persist and about 30% of HCV infected patients can clear the virus spontaneously after acute infection and avoid the progression to chronic hepatitis C, which can develop into cirrhosis and hepatocellular carcinoma. Several epidemiological, viral and host factors have been associated with the differences in HCV clearance or persistence and studies have demonstrated that a strong host immune response against HCV favors viral clearance.

Host genetics is assumed to influence the outcomes of HCV infection, in both the abilities to achieve

Sustained Viral Response (SVR) after antiviral treatment and spontaneous clearance. SVR was more frequently observed in patients of European ancestry than those of African ancestry. This ethnic difference was also found in spontaneous clearance of HCV, even across individuals infected by the same strain of HCV.

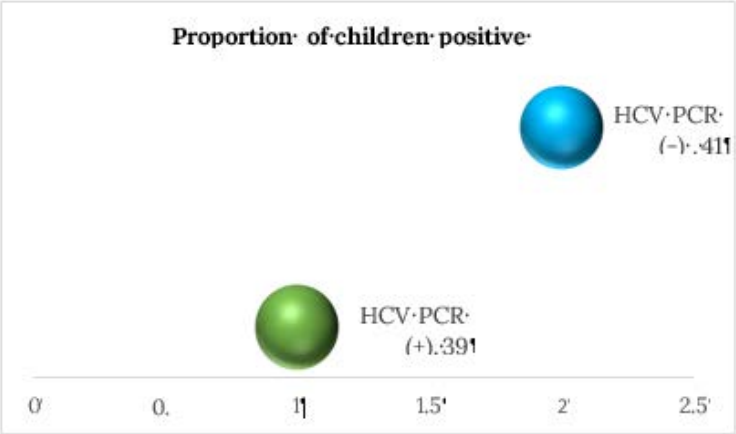
Accumulating studies have assured that two Single Nucleotide Poly-morphisms (SNPs) around interleukin-28B (IL28B) locus, rs12979860C/T and rs8099917T/G, have the strongest association with the spontaneous clearance of HCV infection. Analysis performed in Caucasian populations indicated that rs12979860CC and rs8099917TT contributed to HCV spontaneous clearance. Patients who were homozygous for the C allele at rs12979860 locus were nearly four times more likely to clear HCV spontaneously. This effect was

negatively correlated with male proportion and age, female gender was a protective factor for HCV viral control. Young age (<40 years) was reported to be one of the protective factors of HCV viral control. The mechanism explaining the association of IL28B gene and spontaneous HCV clearance remains unclear.

Material and Methods: The Analysis of anti-HCV antibodies and HCV RNA have been performed to determine which form of HCV infection we were dealing with - spontaneously cured form or chronic infection. A special questionnaire has been developed to evaluate co-variates corresponding to the well-defined risk- factors.

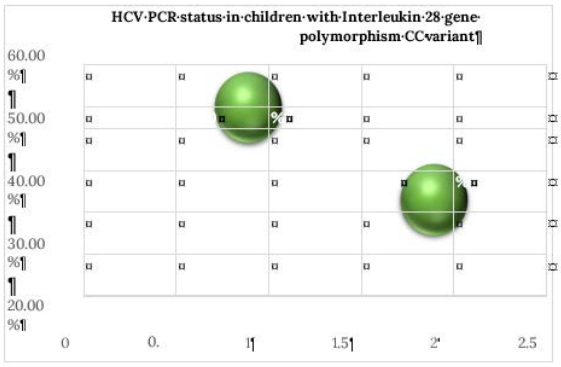
Study subjects were recruited from the retrospective case-control study of HCV infection in pediatric populations and the risk factors affecting the clinical course of HCV infection. The study involved children from different pediatric clinics and from different regions of Georgia. The blood samples were collected at clinical settings or alternatively at their household places. The screening data on hepatitis C antibodies status were available from the HCV elimination state program databases of Georgia. Data entry, verification, management and statistical analysis of the data obtained through the questionnaire were carried out by statistical package SPSS version 20. The $\chi 2$ (Chi-square) test or the Fisher`s exact test was used to determine the statistical significance of the associations between qualitative factors. Prior to the study, the informed consent forms approved by the Institutional Review Board of the relevant institutions were obtained from the study subjects or from the parent / guardian. We studied the polymorphism of the interleukin 28 (IL28) gene (namely rs12979860 gene locus) by real-time polymerase chain reaction (SACACE Biotechnologies IL28B rs17 / rs0 Real-TM PCR Kit, Como, Italy). This real-tome PCR test allowed us to distinguish the following genetic variants: homozygous CC, TT, and heterozygous CT. At the data analysis stage, two groups of CC and non-CC were formed to group the functional variants, since the variant of protection against infection is predominantly the non-CC variant and it was important to compare it together with all other variants.

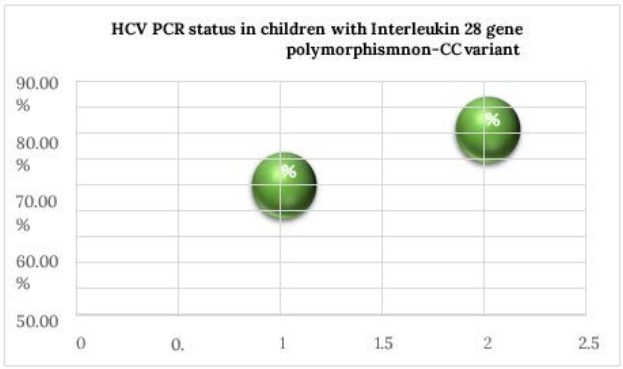
Results and their discussion: In our study the total number of children positive for HCV antibodies were 86. It was found that 39 of them (45.30%) had positive HCV PCR test result, while the remaining 41 (54.70%) had negative HCV PCR test result.



Of the HCV PCR (+) children, the CC variant of the IL 28 gene was identified in 19 (48.70%); Of the HCV PCR (-) children, the CC variant of the interleukin 28 gene was identified in 13 (27.70%).

Bivariate analysis showed that p = 0.04, the 95% confidence interval was [1,01; 6,17] and the mean odds ratio (OR) was 2.46.





Conclusion: Based on the study, for the first time in Georgia, the immunogenetic factor of clearance and chronicity of hepatitis C infection in children population were studied and the importance of interleukin IL 28B polymorphism in the clinical course and outcome of HCV infection was documented.

Keywords: Hepatitis C, Interleukin-28B, Spontaneous clearance, Georgia (Republic).

Acknowledgements: The study was supported by the Shota Rustaveli National Science Foundation of Georgia (SRNSFG) grants # PHDF-19-431 and # FR17_371.

Audience Take Away Notes

- Children who have the non-CC variant of interleukin 28 B-gene have a higher chance of self- healing from HCV infection
- This variant of interleukin 28 B-gene existence should be taken into consideration while planning the treatment of Hepatitis C virus in children
- Studies on the distribution of the interleukin 28 gene and its variants with maximum population content should be continued and expanded
- The results of these studies should be taken into account in the process of prevention, treatment and management of blood-borne infectious diseases in general and HCV in particular; It is desirable to develop and publish information-educational material, which will gather information available to nurses about the risk factors associated with the increased risk of HCV infection and their prevention, as well as the factors that affect the process of self- healing from this infection

Biography

Dr. Mariam studied medicine in Tbilisi state medical university in Georgia and graduated as MD in 2011. Then I started to work in two different clinics as a doctor. In 2014 I started my residency in general pediatry and got license in 2017. Then in 2019 I got my second license as a pediatric cardio-rheumatologist at the same institution. I received my PhD degree in 2022. From 2016 I started also my academic activity in Tbilisi state medical university. Nowadays I am working as an associated Prof. In European University in Tbilisi and also I am a head of clinical skills department in Georgian Technical University.

Dr Amen Samuel Melaku[1]*, Ms Fiker Tadesse Bekele[2], Dr. Yilkal Muchie Dires[3], Dr Laurence Wicks[4]

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[2]Mckinsey and company management consulting, Addis Ababa, Ethiopia
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College of Health Sciences, Addis Ababa University Addis Ababa, Ethiopia
[4]CURE Ethiopia Children's Hospital, Addis Ababa, Ethiopia

Novel bilateral symmetrical congenital transverse upper and lower limb deficiencies in siblings in Ethiopia

Background: Transverse congenital limb deficiency is a common limb deficiency where there is normal limb development until a certain point beyond which no anatomical structure exists. Typically, this presents as an isolated and spontaneous abnormality as a result of arrest during limb bud development. Transverse bilateral deficiency in both upper and lower limbs is not well described.

Case presentation: This report presents 6 years and a 5 month old two female siblings from Ethiopia with similar transverse bilateral upper and lower limb deficiencies. The sisters were born from the same parents and have similar phenotypic presentations. Both of them do not have other syndromic features or systemic manifestations. The siblings are currently on follow-up and they are receiving assistance from specialist orthotists, who are working to improve walking and also providing adaptive equipment to facilitate self-care and feeding. These sisters are the only children born to these parents. However, the couple recently conceived a third child, who was terminated at 18 weeks and 4 days after intrauterine ultrasound indicated the presence of similar abnormalities. In addition, the father has two sons from a previous marriage, both of whom do not have any known abnormalities. The parents are unaware of any other family members affected in the same way.

Conclusion: These sisters with the same biological parents present with the absence of hands and feet without any systemic manifestations. Even though our initial diagnosis for these patients was archeiropodia, their phenotypic manifestations are significantly different than all other patients with the condition. This suggests that the genetic cause of their condition could also be different. Therefore, we suspect that this could be a very rare genetic disorder that has not yet been described in the world. Thus, it is important to conduct further research on this family to identify the genetic cause of the disease, which can also enhance our knowledge of limb development genes.

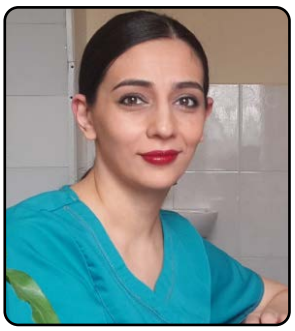
Audience Take Away Notes

- Archeiropoda (Gr. a = absence; cheir, cheiros = hand; pous, podos = foot) is a rare disorder that describes the absence of the distal extremities. Most individuals with the condition have bilateral deficiency beyond the distal epiphysis of the humerus and distal portion of the tibial diaphysis. Archeiropodia has an autosomal recessive inheritance pattern. It was first described in 1929 in Brazil, with half of a family of twelve children affected (Freire-Maia 1975; Kruger et al. 1994). Studies estimate that the prevalence of this condition in Brazil is approximately 1 in 250,000 births. Genetic analysis of five families with archeiropodia revealed a common mutation in C7orf2, the human orthologue of mouse Lmbr1 gene (Ianakiev et al. 2001). This mutation was observed both at genomic DNA and mRNA level (Ianakiev et al. 2001). This mutation leads to a premature stop codon, producing a transcript lacking exon 4. In heterozygotes, this mutation doesn't result in phenotypic manifestations of limb disorder. This condition has only been described in families originating from South America, with cases outside Brazil reported in Argentina and Puerto Rico. (Kruger and Kumar 1994)

- The sisters described in this case have different phenotypial presentations than described in literature. In addition, these siblings do not have associated systemic disorders and are meeting proper developmental milestones. As such a disorder is novel, it's important to conduct further investigations to identify which genes are involved as it can enhance our understanding of the molecular mechanism of limb development in humans. Further genetic analysis of the family might elucidate how this condition emerged in the continent of Africa

Biography

Dr. Amen Samuel is a medical doctor who graduated from Hayat Medical College on January 6, 2019. After graduating, she joined the AHRI Research Institute as an intern, and was awarded a Certificate of Completion. She then joined ALERT Hospital, one of the largest comprehensive hospitals in the country, and worked as a general practitioner in the pediatric department for more than three years. During this time, she published two case reports and was also involved in clinical practice. Dr. Amen Samuel is also the vice-president of a Toastmasters club, working on projects related to blood donation, leadership, and effective communication. She is also actively involved in civic engagement activities and has partnered with others to generate projects that can alleviate societal problems, such as building accommodation for children mentioned in her case reports. Dr. Samuel is an exemplary medical doctor who is dedicated to serving her community and improving the lives of others.



Mari A. Darakchyan

Department of pediatrics N 1, Yerevan State Medical University after M. Heratsi, Yerevan, Republic of Armenia

Covid Multisystem Inflammatory Syndrome in Children (MIS-C)- experience from resource-limited country

Multisystem inflammatory syndrome in children MIS-C is a Covid-19 postinfectious syndrome with the mainly severe presentation of multiple organ involvement, mainly the cardiovascular system. The MIS-C contributed to PICU admission due to cardiovascular instability. We treated 22 children with MIS-C on the pediatric floor of the university children's hospital, with only one short-term PICU admission due to hemodynamic instability and electrolyte disturbances. Because of illness severity and patient instability, the treatment of this group became important all around the world, and the guidelines were developed for the treatment of MIS-C, and the start point was the Kawasaki disease treatment guideline where the start treatment included only IVIG. In our department, we started combined treatment with steroids and IVIG, which brought good results to our group of children. Also, we added antibiotics due to steroid therapy and the inability to organize good separation of patients. Our experience was highly valued for our country, as treatment was organized in the pediatric department with a lower cost per patient, combined therapy helps us get good outcomes for children, and follow-up revealed no cardiovascular problems in these children. Unfortunately, we included antibiotics in treatment due to our local issues, which will be discussed during the presentation, but with no clostridia infection in this group, and we discharged mainly children home on oral steroids, as at the point of discharge we didn't get the full stop of steroids. Aspirin prescription was also continued at home until the second and sometimes third cardiologist and lab follow-up.

Audience Take Away Notes

- Treatment of MIS-C in a resource-limited setting with zero mortality
- Guidelines and real-life differences during the treatment course of new disease
- Organization of treatment mainly on the pediatric floor, with a lack of monitors and some lab tests as an example which can be adopted for other same-class settings before the upgrade of the facility

Biography

Dr. Mari Darakchyan graduated from Yerevan State Medical University after M. Heratsi, faculty general medicine, and did a residency program in pediatrics and a fellowship in neonatology. Afterward, she started a Ph.D. research program at the same university supervised by Professor Pavel Mazmanyan. During her career, she fulfilled the position of neonatologist at NICU, then became head of NICU in one of Yerevan's maternity hospitals. For more than 3 years, she is the head of the pediatric clinic in the university children's hospital, where each year treated more than 4000 children with different pathologies. Also, she is an assistant in the pediatric department at Yerevan State Medical University. She is the author of 6 articles and 10 abstracts.

Gulsen Meral
Biruni University, Turkey

Is vitamin D deficiency genetic or epigenetic?

Since vitamin D is known to be associated with cancers, autoimmune diseases, diabetes, cardiovascular disease, allergies, depression, as well as bone mineral density, vitamin D deficiency emerges as a serious health problem. Considering the mechanisms involved in the immune modulation of vitamin D, the role of coactivators containing Histone AcetylTransferases (HATs), which express acetylation of histones on ligand binding to the 1,25-D VDR/RXR complex, is important. When looking at the causes of such important vitamin D deficiency, aggregate evidence from various studies has shown that the variability of vitamin D status is due to a number of environmental and genetic factors. Non-genetic determinants of vitamin D status include gender, age, skin pigmentation, exposure to sunlight, sunscreen use, season, latitude, altitude, air pollution, dietary habits, supplemental vitamin D intake, obesity, and physical exercise. However, the investigation of the genetic background of vitamin D metabolism has highlighted the importance of several genes such as CG, DHCR1, CYP2R1, CYP24A1 and VDR. When the effect of nutrition on vitamin D metabolism is examined, CYP2R1 and CYP27A1(25-27A1) which play a role in vitamin D metabolism in high-fat diet and glutathione deficiency. hydroxylase) Gene-specific hypermethylation of CYP27B1 1-□-hydroxylase VDR Hypomethylation of CYP24A1 has been observed. When we look at the microbiota and vitamin D mechanism in such intertwined mechanisms, vitamin D and VDR interactions protect the intestinal microbiota by regulating the expression of AntiMicrobial Peptides (AMPs) and preserving the barrier functions of the intestinal mucosa. Considering whether the microbiota has an effect on the blood level of vitamin D, studies have shown that it can regulate both commensal and pathogenic intestinal microbiota, VDR expression and localization. Probiotic treatment can increase VDR expression and activity in the host, thereby inhibiting intestinal inflammation. Observed an increase in VDR expression in human epithelial colonic cells treated with probiotics lactobacillus rhamnosus strain gg and lactobacillus plantarum.l. reuteri ncimb 30242 can increase serum 25(oh)d by expanding intraluminal lactic acid production or by increasing 7-dehydrocholesterol (7-dhc) synthesis. In a study we conducted, we showed that the use of vitamin D and probiotics increased the level of vitamin D more than the use of a single vitamin D or a single probiotic. Both nutrigenetic and epigenetic mechanisms are involved in vitamin D mechanisms. I believe that both aspects should be considered in the treatment of vitamin D.

Biography

Associate Professor Gülsen Meral born in 1971, graduated from Istanbul University Cerrahpaşa Faculty of Medicine in 1994 Gülsen Meral 1997 – 2001 Şişli Etfal Training and Research Hospital Pediatrics assistant. 2006 Hamidiye Şişli Etfal Training and Research Hospital assistant chief physician 2007 -2008 Sarıyer İsmail Akgün State Hospital chief physician, 2008- 2012 Kağıthane State Hospital Chief Physician, 2012-2017 Kağıthane State Hospital Manager, 2017-2019 Acıbadem Taksim Hospital Pediatrics Specialist. She received Acupuncture training from Yeditepe University and still works as an Acupuncture instructor at Yeditepe University. She worked as a Nutrigenetics graduate course and lecturer at Gelişim University in 2019-2020. Undergraduate and Postgraduate courses at Biruni University and Gelişim University. She gave undergraduate and graduate courses on child development. 2019-2021 Northern Cyprus ITU Rector's Advisor He has national and international publications, as well as foreign editorships and numerous referees.He completed his Master's Degree in Hospital Management at Bilkent University. Turkish language literature undergraduate education. He attended Acıbadem University Medical Biotechnology doctorate program for 2 years. He continues his PhD program in Molecular Biology and Medical Genetics at Biruni University.

Patricia Abigail B. Miranda* MD, Imelda A. Luna MD

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

Clinical outcomes of neonates born to COVID-19 positive mothers in a tertiary level private hospital

Introduction: COVID-19 infection is a novel viral illness which began as a local epidemic in December 2019 at Wuhan, China which quickly emerged into a pandemic by February 2020. The virus causes a spectrum of signs and symptoms, ranging from mild upper respiratory symptoms to acute respiratory distress syndrome which may lead to death. Among children and neonates, those afflicted with the disease may present asymptomatically or with mild symptoms. To date, there has been limited local data that describes the outcomes of the growing number of COVID-19 cases, specifically in neonates.

Methods: A retrospective cross-sectional study was conducted to determine the outcomes of neonates born to COVID-19 Positive Mothers from March 2020 until June 2022. The prevalence of COVID-19 among these neonates was also determined.

Results: COVID positive prevalence after 24 hours of life is at 8% while prevalence after 48 hours among those who still underwent testing was at 13.51%. Moreover, among those COVID-19 negative neonates who had symptoms, they mostly presented with tachypnea (5.7%). Prevalence of complications among COVID-19 negative neonates delivered to COVID-19 positive mothers is 22.7%.

Conclusion: Neonates born to COVID-19 positive mothers who yielded positive COVID-19 results are generally asymptomatic. Moreover, there are no associated mortalities among those who yielded positive results.

Keywords: COVID-19, Neonates, Outcomes, Clinical Profile.

Audience Take Away Notes

- In Southeast Asia, the Philippines have become one of the epicenters of COVID-19 since 2020. Our institution has experienced deliveries from COVID-19 positive mothers, and we have witnessed closely how these patient evolve
- This research can provide healthcare workers insights with what to expect from a delivery of a COVID-19 positive mother as well as provide a glimpse of the COVID-19 situation in the Philippines during the pandemic

Biography

Dr. Miranda graduated from the University of Santo Tomas as BS in Microbiology in 2010. She then pursued to study Doctor of Medicine at the St. Luke's Medical Center – College of Medicine. She underwent pediatric residency at the St. Luke's Medical Center – Quezon City. This will be her first presentation if granted the opportunity.

Kemelbekov Kanatzhan
South Kazakhstan Medical Academy, Kazakhstan

Myth or reality? Progress in neonatal surgery: Thoracoscopic clipping of patent ductus arteriosus in premature infants

Background: The emergence of minimally invasive technologies in surgery allows us to avoid problems with Patent Ductus Arteriosus (PDA) in premature infants, as evidenced by the experience of many authors. In this regard, it is important to search for new methods of treating PDA with minimal injuries and evaluate their effectiveness.

Methods: For the period from 1 January 2015 to 31 December 2021 in the Zhambyl Regional perinatal center in 97 operations clipping of PDA in patients body weight which at the time of operation was less than 2500 g. Depending on gestational age, weight and severity of the condition were divided into 2 groups. The aim of the study was to determine the results of surgical treatment of PDA in premature babies.

Results: The results showed that long-term functioning of the PDA directly affects the duration of ventilation, and, as a consequence, leads to the development of BPD (12.7% in the General group) and high mortality. With the ineffectiveness of drug therapy, such children need to perform immediate surgery, despite the severity of the initial state - prematurity, low weight, - as well as the complexity associated with the transportation of such patients in a specialized cardiac hospital.

Conclusions: Surgical intervention in a premature newborn with PDA is accompanied by a small number of complications and low postoperative mortality.

Keywords: Patent ductus arteriosus, Premature infants, Surgical treatment.

Biography

Kemelbekov Kanatzhan Saukhanbekovich graduated with honors from the Pediatric Faculty of the South Kazakhstan State Medical Academy in 2007, followed by an internship in pediatric surgery from 2007 to 2008. In 2008-2010, he completed residency training in the specialty "Pediatrics" on the basis of the South Kazakhstan State Pharmaceutical Academy. After completing his residency in the period from 2010 to 2013, he worked as an assistant at the Department of Children's Diseases at the educational and clinical base of the International Kazakh–Turkish University named after H.A.Yasawi. 2017 - currently works at the South Kazakhstan Medical Academy, the position is Dean of internship and employment of graduates. In 2013 - 2016, he studied for a PhD. 26 publications have been published on the topic of the dissertation, including 6 articles in journals recommended by the Committee for Quality Assurance in Education and Science of the Republic of Kazakhstan, 14 collections of foreign and international scientific and practical conferences (Austria, Russia and Kazakhstan), 3rd edition (Journal of Cardiovascular Pharmacology 2021 (quartile - Q2, percentile-82); Current Pediatric Research 2021 (percentile-30); Systematic Reviews in Pharmacy 2020(quartile - Q2, percentile-68)) in foreign journals included in the Scopus database. According to the results of the dissertation work, 1 textbook was published (2019) and 1 notification of a positive result of the formal examination of the patent for the invention and obtained 2 copyright.

BOOK OF ABSTRACTS

magnus Group

28-29 AUGUST

DAY 01

POSTERS

5TH EDITION OF

EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY

Ben Achor Angelica Ijeoma
Astrakhan State Medical University, Astrakhan, Russian federation

Neonatal diseases and disorders

Neonatal diseases are a group of diseases that disturb the normal state of the body, organs and functions of a newborn. These disorders are categorically unique due to the normal physiology of a developing neonate. Birth trauma, Neonatal jaundice, meningitis, Anaemia, blood disorders, congenital malformations, congenital heart diseases, respiratory dysfunction, Achondroplasia, Marfan syndrome, Werner Syndrome and haemolytic disorders of newborns are some examples of neonatal disorders. These disorders can be classified as neonatal disorders if present from birth till 28 days of life.

These disorders are commonly caused by Genetic mutations, premature births, neonatal infections and lack of antenatal care. Preventive measures like Regular antenatal care, balanced diet during pregnancy, iron and vitamin supplements, proper treatment of any gynaecological condition, prevention of narcotic drugs during pregnancy and proper birth management to prevent birth trauma can highly reduce the possibility of neonatal disorders.

Proper genetic counselling and early abortion can aid in cases of congenital diseases and genetic mutations. Immunisation of the mother and counselling of HIV mothers can drastically minimise risks of Neonatal diseases, proper management of abnormal vaginal discharge during infections can also reduce cases of neonatal infections. Blood tests to confirm Blood group and genotype must also be conducted to prevent blood incompatibility.

Obstetricians and Neonatologists play a major role in the prevention, diagnosis and treatment of neonatal diseases. Negative Abgar score, complete blood test,chemical blood tests, oximetry, ultrasound, CT scan, MRI and even physical examination are used as diagnostic methods to identify neonatal diseases. Treatments are usually specific to the kind of disorder.

Audience Take Away Notes

- Understand the major causes of neonatal disorders
- To understand the specific preventive measures in order to totally avoid these disorders
- To enable the audience to view the benefits of antenatal care and specific test to perform during antenatal checkups that can minimise neonatal diseases
- To also provide knowledge on specific diagnostic methods to help identify neonatal diseases and give follow up treatments

Biography

Ben-Achor Angelica Ijeoma is a 4th year medical student of Astrakhan state medical university, Astrakhan, Russia. She is a citizen of Nigeria and currently is 20 years old.

Pei-Chen Tsao[1*], Hsiao-Jan Chen[2], Ying-Hsuan Chung[2], Hsuan-Chieh Liao[2], Shu-Min Kao[2], Yu-Sheng Lee[1], Mei-Jy Jeng[1], Kwang-Jen Hsiao[3]

[1]Department of Pediatrics, Taipei Veterans General Hospital, Taiwan
[2]The Chinese Foundation of Health, Taiwan
[3]Preventive Medicine Foundation, Taiwan

Implementation and outcomes of a newborn screening protocol for congenital cytomegalovirus infection via saliva samples testing in a tertiary medical center

Statement of the Problem: Congenital CytomegaloVirus (cCMV) infection is the most common cause of non-genetic hearing loss in childhood, which might be underestimated due to the recognition of most infected newborns lacking clinical manifestations at birth. We conducted a prospective study of newborn screening for cCMV infection via testing CMV PCR in saliva.

Methodology & Theoretical Orientation: Neonates who admitted to our hospital in the period spanning from Mar 2018 to Dec 2019 were enrolled in this study. Dried saliva swabs were collected and investigated for CMV-DNA. Newborns with any of positive screening-results are referred to confirm the diagnosis using urine PCR or cultures. Newborns with confirmed cCMV infection were suggested for scheduled follow-up of auditory function and neurodevelopment evaluation for 2 years.

Findings: Of the 1684 newborns in northern Taiwan during study period, nine has positive results of saliva samples. Of positive cases, seven newborns were confirmed cCMV infection and one refused to further study. In 4 cases with discordant findings the discrepancy was due to false-negative (n = 3) or false-positive (n = 1) PCR results in saliva. PCR in saliva showed a positive predictive value of 77.8% compared to urine. The 3 false-negative cases had a significantly lower level of viral load in urine than the 7 cases with concordantly positive results had ($p < 0.0001$; Mann-Whitney test). The incidence of cCMV infection is 0.65%. Two cases with cCMV infection failed the hearing screening and had diagnosis of mild hearing impairment at 1-month-old. These cases with confirmed cCMV infection had auditory and neurodevelopmental evaluation at age of 12 and 24 months. All of these cases had reports of normal neurodevelopmental performance, except one of them had mild hearing impairment.

Conclusion & Significance: Saliva qPCR is a feasible approach for screening of congenital CMV infection. Newborn screening for asymptomatic cCMV infection might contribute to late-onset auditory and neurological sequelae monitoring and early intervention.

Audience Take Away Notes

- To implement a universal cCMV newborn screening using saliva samples and follow-up protocol
- The diagnosis of cCMV infection using saliva samples is a non-invasive and efficient method
- From the perspective of public health, this study provided information about the epidemiology and long-term outcomes of asymptomatic cCMV

Biography

As an academic neonatologist and pediatric intensive care physician, Dr. Tsao work in neonatal and pediatric intensive care, congenital airway anomalies, newborn screening. Dr. Tsao's current research interests include i) universal newborn screening program of critical congenital heart disease, congenital CMV infection, and congenital toxoplamosis, ii) diagnosis and therapeutic intervention of airway anomalies via flexible bronchoscopy, iii) underlying mechanism and management of pediatric ARDS and HIE, and iv) long-term outcomes of high-risk infants.

BOOK OF ABSTRACTS

magnus Group

28-29 AUGUST

DAY 01

WORKSHOP

5TH EDITION OF

EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY

Heather Hanna*, Fiorenza Shepherd*, Adonna Francis*

Imperial College London,
United Kingdom

The only way is ethics?

Pediatric Practice often presents us with ethical dilemmas which may be very nuanced. As practitioners we need to have an excellent understanding of ethics and ethical frameworks and an appreciation of how these considerations may color our decision-making process as we practice personalized family-centered care. We may see some of the ethical concepts in very different terms, colored by our previous experience, level of knowledge and education, cultural, religious and societal contexts and we must appreciate that other members of the multi-disciplinary team, parents and care-takers, legal representatives and society may differ in their approach for the same cases. This requires us to have some methodology that takes all of these aspects into account, together with legal considerations, when we make ethical decisions with our young patients and their families. This workshop will therefore explore these areas, giving participants practical and useful tools to help to guide and inform discussions to enable us to provide the best possible outcomes for our patients, under very challenging circumstances indeed.

Audience Take Away Notes

- An exploration of the range of understanding and approaches to ethical terms
- An understanding of the challenges of ethical decision making, via the mechanism of a case study
- An insight into the use of ethical decision-making tools and practice in the use of one of these
- A discussion on the multidisciplinary approaches to ethical decision making

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.

Dr Fiorenza Shepherd is a speciality doctor in Psychiatry with a keen interest in teaching as well as Ethics and Law and professional values.

Dr Adonna Francis is a General Practioner with an interest in Children's Wellbeing and Medical Education. She completed her iBsc in International Health in 2010 and subsequently, after GP training, went on to complete an MA in Medical Ethics and Law at the Dickson Poon School of Law (2020). In addition to her clinical work, Adonna currently works as a GP tutor for Imperial Medical School, teaching on topics related to professional values, medical ethics, and communication skills. She is particularly passionate about using the arts to inspire students to think creatively and engage with differing perspectives and experiences.

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28-29 AUGUST

DAY 02

KEYNOTE FORUM

5TH EDITION OF

EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY

Neuroimaging by evaluation nerve repair and remodeling of acupuncture in children with cerebral palsy

Objective: To investigate the effect of and Acupuncture on brain plasticity and motor development in children with cerebral palsy. Investigate effect on mechanism of apoptosis of brain nerve cells, regulating the expression of neurotrophic factors, promoting the remodeling of nerve synaptic structure and motor development in young rats with cerebral palsy. Two: To evaluate the effect and mechanism of acupuncture on cerebral palsy. Three: The nerve repair effect of acupuncture on cerebral palsy.

Methods: In this study, 146 cases of brain injury and 1078 cases of cerebral palsy were included by randomized controlled study with ICF Gross motor function measure, Peabody fine motor function, Gesell, muscle tension, joint activity, activity of daily living transcranial doppler, skull B ultrasound, Brain Nuclear Magnetic Resonance Imaging MRI, Positron Emission Tomography SPECT, Diffusion tensor tractography evaluation method.

Results: the recovery rate of extracellular space (92.3%) was significantly higher than that of the control group (70.8%) ($P < 0.05$), Transcranial Doppler, TCD total efficiency (79.3%) was significantly higher than that in the control group (51.8%) ($P < 0.05$). Acupuncture to promoting the development of neurological and cognitive movement under 6 months children, effectively reduce the neurological sequelae. The total effective rate of the children with cerebral palsy was 87% in the acupuncture group, which was significantly higher than that of the control group ($P < 0.01$). The total effective rate of Brain MRI was 59.55% in the acupuncture group and 13.25% higher than that in the control group ($P < 0.01$). The total effective rate was 91.3% in the 1 year follow-up group, which was significantly higher than that in the control group ($P < 0.01$). The FA value of white matter fiber bundle was significantly higher than that of acupuncture at 60 times ($P < 0.05$). The recovery rate of ultrasonous brain injury (86.7%) in acupuncture group was significantly higher than that in control group (64.4%) ($P < 0.05$). The recovery rate of brain SPECT in acupuncture group was 96.4%, which was significantly higher than that in the control group ($P < 0.01$).

Conclusion: Acupuncture rehabilitation not only promote the development of white matter and gray matter in children with cerebral palsy, but also promote the brain function of children with cerebral palsy remodeling and compensation, and promote social adaptation, language and other cognitive function development, children with cerebral palsy movement and Fine motor function development and recovery, improve the children's self-care ability.

Keywords: Cerebral palsy, Acupuncture, Nerve repair, Remodeling, Motor function.

Zhenhuan Liu

Nanhai Maternity and Children Hospital Affiliated to Guangzhou University of Chinese Medicine, China

Biography

Zhenhuan LIU professor of pediatrics, Pediatric acupuncturist Ph.D. tutor. He has been engaged in pediatric clinical and child rehabilitation for 40 years. Led the rehabilitation team to treat more than 40,000 cases of children with intellectual disability, cerebral palsy and autism from China and more than 20 countries, More than 26800 children's deformity returned to school and society and became self-sufficient. The rehabilitation effect ranks the international advanced level. Vice-chairman of Rehabilitation professional committee children with cerebral palsy, World Federation of Chinese Medicine Societies. Visiting Professor of Chinese University of Hong Kong in recent 10 years. He is most famous pediatric neurological and rehabilitation specialists in integrated traditional Chinese and Western medicine in China. He has edited 10 books. He has published 268 papers in international and Chinese medical journals.

Testicular tumors in infants: Two cases report and review of literature

Gamal Al Saied

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

Testicular tumors in children are very rare. They account for 1-2% of all pediatric tumors. They have two peaks (bimodal age distribution); one peak occurs in the first 2 years of life, and the second occurs in young adulthood. Pediatric testicular tumors are classified as benign or malignant on the basis of their clinical behavior and histologically are divided into germ cell and nongerm cell tumors. Childhood testicular tumors are dramatically different from adult. Here in; we present two infants with testicular tumors and review of literature.

Keywords: Testicular tumors, Infants.

Biography

Professor Gamal Al Saied had been graduated in December 1986 from Al-Azhar University with Bachelor Degree in medicine and surgery with general grade very good with honor. His rank was the 9th in top 10 graduate list of Faculty of Medicine Al-Azhar University Cairo, Egypt. He had got the Master Degree (MSc) in pediatric surgery, in November 1991. Then, he was appointed as a demonstrator of pediatric surgery in 1992, then, assistant lecturer of pediatric surgery in 1993 in the Pediatric Surgery Department. He had got a Medical Doctorate degree (MD) in November1998. Then, he was promoted to a lecturer of pediatric surgery in the Pediatric Surgery Department. In May-2004, he was promoted to an assistant professor of pediatric surgery in Pediatric Surgical department, AlAzhar University Hospitals. In 2008, he had got a Fellowship of European Board in Pediatric Surgery, Glasgow, Scotland. In June 2009 he was promoted to be a full professor of pediatric surgery in Pediatric Surgical department, Al-Azhar University Hospitals. He had 2 published theses (MSc and MD) and he supervised 2 thesis of Master Degree. Also, he has published 35 international researches in international journals of pediatric surgery and chapter in international text book (CURRENT CONCEPTS OF URETHROPLASTY) Edited by Donkov I. 2011, pp 35-42. He has invited as an international speaker and chairperson in many international conferences of pediatric surgery. Currently, He is an Editor in Chief for 2 international pediatric surgery journals and editor for 13 international pediatric surgery journals. He is also reviewers for many international pediatric surgery journals. In 2003, he was the founder and head of pediatric surgery unit at King Abdul Aziz Specialist Hospital Taif, Saudi Arabia. He has a great and long-term experience in neonatal and pediatric surgery field (open and laparoscopic). Recently, in era of COVID 19, he has invited as an international speaker in many international pediatric surgery webinars. Research interest: Neonatal and pediatric laparoscopic surgery and Hypospadiology.

Bronchopulmonary dysplasia and pulmonary hypertension: To treat or not to treat?

Bronchopulmonary Dysplasia (BPD) is the most common chronic respiratory disorder affecting infants born prematurely. Roughly 20% of significant cases are accompanied by Pulmonary Hypertension (PAH). Little is known about the long-term outcomes of affected infants, and the present day management paradigms are seldom based on evidence, but are a distillate of individual or institutional preferences and show tremendous variability in practice. This presentation will describe the relationship of PAH to BPD; the pathogenesis of PAH in BPD; explain what is currently known about the natural history of PAH in infants with BPD; describe current management practices; help to determine if infants with BPD and PAH actually require pharmacologic intervention; review available treatment options, side effects, and complications of treatment; and will examine the evidence base; and conclude with a summary of the current knowledge gaps.

Audience Take Away Notes

- Understand the relationship of PAH to BPD
- Realize the limited evidence base for determining treatment
- Review available treatment options
- Comprehend the present knowledge gaps and need for more research

Steven M. Donn, MD, FAAP, FAARC

Department of Pediatrics, Division of Neonatal-Perinatal Medicine, C.S. Mott Children's Hospital, Michigan Medicine, Ann Arbor, Michigan, United States

Biography

Dr. Steven Donn attended the University of Michigan (B.A., 1971), Tulane University School of Medicine (M.D., 1974), University of Vermont College of Medicine (Pediatric Residency, 1978), and the University of Michigan (Neonatology Fellowship, 1980). He has been an academic neonatologist at the University of Michigan for 43 years and is a Professor Emeritus in the School of Medicine. His career has focused primarily on neonatal respiratory failure and brain injury. He is a member of numerous professional societies, has published more than 250 medical articles, 38 books and sub-specialty journals, and 260 chapters.

Optimizing nutrition for infants with congenital heart disease

Congenital heart disease is one of the more common congenital anomalies with an incidence of approximately 4 per 1000 live births. Although many of these infants are born at term with birthweights well within the normal range, they often can develop growth failure due to inadequate nutrition. Providing optimal nutrition for these infants is imperative for improving both short and long term outcomes. However, clinicians have been reluctant to provide enteral feedings to these infants due to potential risks including necrotizing enterocolitis. Although the literature is sparse, some recent publications have suggested that several important management strategies can help to promote optimal growth in these infants both pre and postoperatively including a standardized feeding protocol and feeding these infants an Exclusive Human Milk (EHM) diet. A recent RCT compared a postoperative feeding regimen of EHM versus feeds consisting of formula in infants who had recently undergone surgical palliation. The results suggested that infants fed an EHM diet had improved growth velocity and no increased risk for NEC. Determining how best to feed these infants is an important factor in their overall management and long term outcomes.

Kate Tauber

Albany Medical Center, United States

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 NeuroNICU. 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.

BOOK OF ABSTRACTS

magnus Group

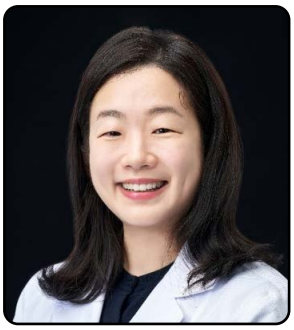
28-29 AUGUST

DAY 02

SPEAKERS

5TH EDITION OF
EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY



Eun Jung Koo

Keimyung University School of Medicine, Dongsan Medical Center, Pediatric Surgery Daegu, South Korea

Fournier's Gangrene in a female infant: A case report

Introduction: Fournier's gangrene is a very rare disease in infants and presents a diagnostic and therapeutic challenge for pediatric surgeons.

Case Presentation: We report on a very rare case of Fournier's gangrene in a female infant. A 1-month-old girl visited the emergency room with a fever (39.2°C) and skin discoloration in the suprapubic area. The skin color change spread rapidly from the genitalia and inguinal area to the abdominal wall and flank. Ultrasonography and computed tomography demonstrated air bubbles in the subcutaneous layer of the suprapubic and inguinal areas, which strongly indicated Fournier's gangrene. An emergency operation was performed; a low transverse incision was made in the suprapubic area to open subcutaneous tissue from skin to fascia. Risk factors for Fournier's gangrene in children include low birth weight, premature birth, trauma, burns, and immunocompromising conditions, and sepsis can also be a cause. The patient had been born prematurely and was in a septic condition, which was presumed to be the cause of Fournier's gangrene. The baby is in good condition and is growing well after discharge from the hospital.

Conclusion: This report would be helpful to clinicians in diagnosing and treating infant patients with Fournier's gangrene.

Keywords: Fournier's Gangrene, Necrotizing fasciitis, Female infant.

Biography

Dr. Eun-jung Koo, a pediatric surgeon, completed a Bachelor of Medicine degree from Jeju Nat'nl Univ. College of Medicine in 2009. She received her PhD degree in at Pusan National University Graduate School in 2021 with research of congenital anomaly and fine particulate matter. Her career began with an internship in 2009 and she served as a Surgery Resident at Donga Univ. Hospital until 2014. She completed her clinical fellowship of pediatric surgery at Keimyung Univ. Dongsan Medical Center and Yonsei Univ. Severance Children's Hospital from 2016 to 2018. Currently, she works as an Assistant Professor in the Div.of Pediatric Surgery at Keimyung Univ. Hospital. She has published more than 15 research articles in SCI(E).

Harold-Barry A[1*], Dempsey E[2]

[1]Department of Medicine, Cork University Hospital, Ireland
[2]Professor of Neonatology, Cork University Maternity Hospital, Ireland

Outcome at the extreme of viability: A single centre experience

Background: There is limited recent Irish data describing the survival and neurodevelopmental outcomes of extremely preterm infants delivered at less than or equal to 25 weeks gestation. The objective is to examine survival and outcome of infants born under 26weeks' gestation in an Irish tertiary maternity hospital from 2007-2016.

Method: The population is 132 infants born at 23, 24, 25 weeks in CUMH from 2007 to 2016. Ethical approval was granted by the Cork Clinical Research Ethics Committee. Patient details were obtained from the Vermont Oxford and Badger Networks. Survival rates and Bayleys scores were calculated to assess neurodevelopmental outcomes. Statistical analysis with SPSS included frequencies, distributions and comparisons between data from 2007-2011 and 2012-2016.

Results: Overall survival rate was 63%. Of the surviving babies 61% had Bayleys scores calculated. Survival stood at 39% for delivery at 23 weeks, 50% at 24 weeks and 83% at 25 weeks. The 2012 to 2016 cohort has shown further increases in survival with 50% of babies at 23 weeks, 58% of 24 weeks and 89% of 25 weeks. Corresponding figures for 2007-2011 are 20%, 39% and 75%. Gestational age and incidence of periventricular leukomalacia was statistically significant with a p-value of 0.022. Gestational age and delivery room deaths had a p-value of 0.025 as did gestational age and birth weight. Comparison of the 2 cohorts (2007-2011 and 2012-2016) with administration of antenatal steroids showed a statistically significant p-value of 0.044.

Conclusion: There is less morbidity and mortality of the infants born at 25 than at 23 or 24 weeks. Survival of extremely premature infants has increased significantly over the past 10 years. Survival rates with normal neurodevelopmental outcomes are comparable with international standards, and reflect positive changes in attitude and practices in neonatal intensive care. This study will inform parents on the potential outcomes of extreme prematurity and policy regarding management of extreme prematurity.

Audience Take Away Notes

- There is limited Irish data on overall short term and long term outcomes with current guidelines coming from international data which means provision of data to parents is limited. The purpose is to address this here in our centre. Collecting and analysing the data from this study in CUMH allows physicians to see how this centre compares nationally and internationally to other centres
- This study will help reduce worries of parents and ensure they have less concerns prior to delivery. Parents with high risk pregnancies can be made aware of potential outcomes in advance which will allow time for adequate planning and for important decisions regarding their baby's care to be made in advance. Having extra time will also allow physicians to make advance decisions in partnership with informed parents when there is lots of time to discuss and alleviate any worries and fears the parents may have

Biography

Dr Antonia Harold-Barry is a Senior House Officer working in Cork University Hospital, Cork, Ireland. She graduated with an MB BCh BAO from University College Cork in 2020 and has an interest in Paediatrics and in teaching with a recent PG Cert in Health Professions Education from University College Cork.

Dr Chandrika Devarakonda
Associate Professor, University of Chester, Chester, United Kingdom

Meeting the medical needs of diverse children and families - A professional conundrum

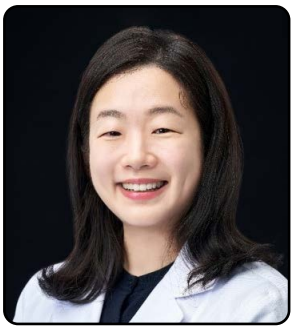
The diversity in the population is visible and is prevalent globally. The movement of young people and their families with young children for a wide range of personal reasons – economic, for safety from war zones, political asylum, and for better job prospects in Multi-National Companies (MNCs). This presentation will aim to highlight the importance of raised awareness of medical professionals about the diversity of children and families in the cotemporary community. Professionals' may not emphasise on the need to develop an understanding of the socio- cultural issues associated with health and illness as well as disabilities. Further, the families relating to the key intersections of several categories such as gender, race, abilities associated to the children and influence the access or lack of access of the health services available around them for several reasons. The misunderstanding of expectations between professionals and families would result in poor health of children and their families. On the other hand, an understanding of the heterogenous nature of diversity especially families belong to a specific category, might help the professionals to develop a better understanding of the holistic nature of the context of the medical condition that may have been overlooked by the medical professionals. It might help professionals not to make any assumptions by including the child and their parents. This will empower the families and encourage positive engagement leading to better access to health provision.

Audience Take Away Notes:

- The professional will gain an understanding of the wider and holistic context of the family and its impact
- Thinking laterally and not stereotyping or making assumptions related to the child, and treatment options
- An audit of the general observations related to diagnosis and treatments provided and any issues that might have been considered a complicated

Biography

Dr Chandrika Devarakonda, SFHEA is an Associate Professor in the Faculty of Education and Children's Services. She also the disability link tutor for the faculty, link tutor for the partner colleges. Before arriving at the University of Chester, she worked in an FE college as a main grade lecturer in Child Studies during for 10 years. She was responsible for developing short courses and teaching on mainstream courses in the college and in the wider community. She obtained PhD degree from the University of Manchester. Her research explored perceptions of parents and teachers about appropriate educational provision for children with Down's syndrome. She have taught on a wide range of programmes at undergraduate and post - graduate level. The modules focussed on wide range of issues such as inclusion and diversity, international perspectives of early childhood, leadership and management, changing face of childhood. Work based learning, parent partnerships. She have collaborated with colleagues from University of North Florida, Jacksonville, Florida and Susquehanna University in Pennsylvania in USA to organise placements for their international experience in early childhood module. I have been invited to give key note speeches by several organisations such Equaliteach, Belfast Childcare partnership, Laicester Early years in the UK and universities in USA, Spain, Netherlands and India. She have been invited to give talks at Autonomous University of Barcelona, Millersville University, HU institute of Applied Sciences, keynote speeches at Amity University, Pondicherry University in India, Constanz University, Germany, Pearson. She have supervised dissertations of EdD students successfully. She have supervised dissertations on a wide range of topics she have supervised a Commonwealth Scholar Dr Krishna Duhan.



Eun Jung Koo

Keimyung University School of Medicine, Dongsan Medical Center, Pediatric Surgery Daegu, South Korea

Does social distancing during the coronavirus disease pandemic affect incidence of intussusception in children in South Korea?

Background: Intussusception is the invagination of one part of the intestine into the other; 20% patients with intussusception experience viral infections prior to symptom onset. Infectious diseases have decreased because of social distancing during the coronavirus disease (COVID-19) pandemic. This study investigated whether a decrease in the incidence of infectious diseases influenced the incidence of intussusception.

Study Design: Patients aged 0–18 years diagnosed with intussusception between January 2016 and December 2021 were identified. Two cohorts, nationwide and Daegu, were formed. The monthly incidence of intussusception per 100,000 people before and after COVID-19 was compared using IBM SPSS Statistics 27 and an independent sample t-test.

Results: The mean monthly incidence nationwide was 4.54±0.84 and 2.13±0.45 before and after COVID-19, and 36±0.56 and 0.94±0.30 patients received treatment for intussusception before and after COVID-19, respectively ($p<0.001$). In Daegu, 3.97±1.23 and 1.77±0.75 patients were diagnosed with intussusception before and after COVID-19, and 2.19±0.95 and 0.76±0.45 patients received treatment before and after COVID-19, respectively ($p<0.001$). There was a statistically significant decrease in the incidence of intussusception in both cohorts.

Conclusion: A decrease in the incidence of intussusception nationwide and in Daegu occurred after social distancing was implemented; hence, a causal relationship between the two can be inferred. There was a decrease in the spread of infectious diseases because of social distancing, which led to a subsequent decrease in the incidence of intussusception. The association between social distancing and intussusception can be further elucidated by conducting large-scale studies investigating trends if COVID-19 becomes endemic.

Keywords: Intussusception, Children, Coronavirus disease, Social distancing, Incidence.

Biography

Dr. Eun-jung Koo, a pediatric surgeon, completed a Bachelor of Medicine degree from Jeju Nat'nl Univ. College of Medicine in 2009. She received her PhD degree in at Pusan National University Graduate School in 2021 with research of congenital anomaly and fine particulate matter. Her career began with an internship in 2009 and she served as a Surgery Resident at Donga Univ. Hospital until 2014. She completed her clinical fellowship of pediatric surgery at Keimyung Univ. Dongsan Medical Center and Yonsei Univ. Severance Children's Hospital from 2016 to 2018. Currently, she works as an Assistant Professor in the Div.of Pediatric Surgery at Keimyung Univ. Hospital. She has published more than 15 research articles in SCI(E).

Mary Anbarasi Johnson

Professor and Head, Pediatric Nursing Department, College of Nursing, CMC Vellore, India

Girl child abuse - A nurse role

Girl child abuse is very common especially in India, when a parent or caregiver, whether through action or failing to act, causes injury, death, emotional harm or risk of serious harm to a child. Any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. ▫An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. There are many forms of child maltreatment, including neglect, physical abuse, sexual abuse, exploitation, and emotional abuse. Adults can experience a range of psychological, emotional and social problems related to childhood abuse. I Child sexual abuse is becoming an increasingly trending problem across the globe including India. The Indian government is trying its best to prevent through various measures and there needs to be awareness created to the community through various means. Health care professionals play a vital role especially nurses need to be self-aware of the crying needs of the children and be proactive in preventing and minimizing the damages that can occur due to child sexual abuse. This article strives to explain about the dismal status of girl child in developing countries like India.

Biography

I am Mary Anbarasi Johnson working as a professor and Head in pediatric nursing department, CMC Vellore. I worked as Clinical Nurse Specialist in PICU for a year and as Assit Professor in USA for two years. I also worked in administration (Assistant Director of Nursing) in nursing, in Saudi Arabia Defense Sector. I am very much interested in reviewing articles. I have published in 70 national, international journals and presented in around 30 national and international conferences. I have also contributed for 5 book chapters and published a book. I have served in CMC Vellore as addl. Deputy Nursing Superintendent for staff training and quality assurance as well in CMC Institutional research board as a member for a term of 4 years. CMC gave me opportunity to be part of national projects like GFATM, ICMR Infection control project, IMNCI, CSA, OSCE by DrMGR Medical University, Diabetic Nurse Specialist programme either as trainer or Master trainer. I am reviewer or editorial member or advisory member in more than 50 international journals. CMC Vellore also gave me an opportunity to be papersetter or examiner for six universities in India and for CMAI Board, Bangalore as well inspector for BSc N programme under Dr.MGR Medical University. I give all thanks to **Lord Jesus Christ who sustains me every moment.** I am indepted to my family, teachers in CON CMC and friends for their encouragement and support. I thank my mother institution CMC Vellore, St. Joseph Regional Medical Center & St.Michaes Hospital, Milwaukee CON, also TPC, RIHospital Kamismushayt Defense Hospital Saudi for their friendship and guidance who play a special role in mentoring and nurturing me till date. I am thankful to College of Nursing CMC Vellore teachers who mentored me and gave excellent education and enabled me to obtain president's Gold Medal for standing first in the university for BSN programme.

Muhammad Ali[1], Quratulain Aslam[2*], Saadia Ali[3]

[1]Consultant neonatologist, University Hospitals of Leicester NHS Trust, United Kingdom

[2]Senior Clinical Fellow in Neonatology, University Hospitals of Leicester NHS Trust, United Kingdom

[3]Staff Bank Doctor, General and Breast Surgery Department, University Hospitals of Leicester NHS Trust, United Kingdom

An usual case of vomiting in a premature baby

Background: We are reporting a case of pyloric stenosis in an extremely preterm male baby of 27 weeks gestation, discovered in the 7th week of life. To our knowledge, pyloric stenosis has not been reported previously in a preterm baby of 27 weeks gestation or less.

The presentation of pyloric stenosis in preterm babies is atypical and the diagnosis is often delayed.

Case Presentation: A male baby was born breech via normal vaginal delivery at an estimated gestation of 27 weeks following a concealed pregnancy. He had a smooth neonatal journey requiring respiratory support. His feeds were commenced and built up with preterm formula according to local guidelines and reached full feeds on day 10 of life. On day 13 he showed signs of feed intolerance with vomiting and distended abdomen. He was treated for suspected sepsis with septic ileus. On day 44 of life (33+1 CGA) he began to have persistent vomiting. Several management strategies were ried including replacement of nasogastric tube, gravity feeding and decreasing feed volume. He continued to be otherwise clinically well with a normal abdominal examination. On day 45 despite still examining well, he was placed NBM and treated for possible NEC. His blood gas at the time showed pH 7.4, CO2 8.7, HCO3 36.6, BE 16.3,Na 138 , K 3.2, Cl 92

Investigations: He had a plain abdominal film on D45 which showed non-specific bowel gas pattern with dilated stomach bubble but no signs of NEC (Figure 1) and an abdominal ultrasound which showed appearances in keeping with pyloric stenosis. The pyloric muscle was thickened with pyloric length of 1.9 cm muscle thickness of 4 mm (Figure 2).

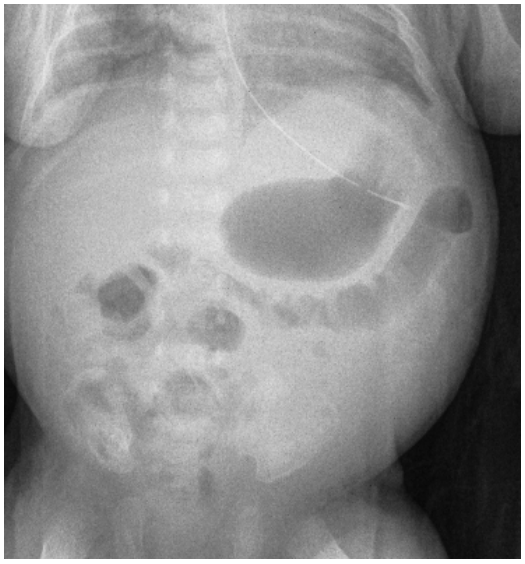


Figure 1

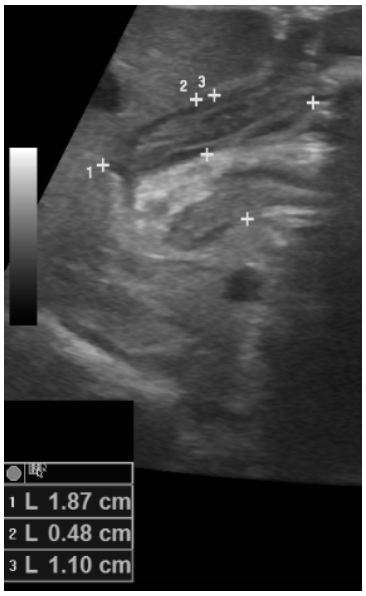


Figure 2

Treatment: He was taken to theatre for a pyloromyotomy and made a full recovery.

Audience Take Away Notes

- The blood gas did show the textbook hypokalaemic hypochloraemic metabolic alkalosis although more subtly than usually described
- Pyloric stenosis should remain a differential diagnosis in preterm neonates with persistent vomiting and feed intolerance
- A contrast study may be needed in order to confirm the diagnosis if the ultrasound findings remain inconclusive

Biography

Dr. Quratulain Aslam studied Medicine at Pakistan and graduated in 2009. She then completed her postgraduate Training programme in Pakistan and did membership exams for UK. Currently, she is working as a senior clinical Fellow in neonatology in a tertiary neonatal unit of United Kingdom. she is actively involved in different research projects in her department.

Dr Rohit Kumar
NICU, James Cook Hospital, Cleveland, England

Seeking clarity were none exists

The survival rate for extremely preterm infants has improved over the last two decades. Although the incidence of such births is about 2%, the impact of preterm birth on these infants, their families, health-care providers, and society are profound. The birth of an Extremely Low Birth Weight (ELBW) and early gestational age infant poses complex medical, social, and ethical challenges to the family and health-care professionals. Survivors have an increased risk of chronic medical problems and disability. It is difficult to make decisions while trying to provide optimal medical care to the infant and supporting the family when delivery occurs at the threshold of viability because outcome at that time is highly unpredictable. Such decisions may have lifelong consequences for those involved. An individualized prognostic strategy appears to be the most appropriate approach. While keeping the patient's best interest as the primary objective, the goal is to reach, through a process of effective communication between the parents and physicians, a consensual decision that respects the parents' wishes and promotes physician beneficence.

Audience Take Away Notes

- Objectives of session: How to address Ethical dilemmas in decision making at limits of neonatal viability

Biography

Dr Rohit Kumar is a Consultant Neonatologist and Clinical lead for Infectious disease. I'm also the neonatal representative for Regional transfusion medicine committee & Intrapartum Care group. I have previously presented in various international conferences and published in reputed peer reviewed journals e.g. archives of diseases in childhood.

V Sivaprakasam

Indian Academy of Pediatrics, Natraja Children's Hospital and Child development center Chidambaram, India

Identification of children with dyslexia in Bhuvanigiri block- cuddalore district by using a new tool- Tamil Nadu dyslexia screening check list-tndc

Background and Aims: Specific Learning Disability (SLD), dyslexia is a neuro-developmental and biological disorder. Incidence is 5-15 %. An Intelligent child with normal or above normal IQ, child who fails in a class, reads slowly - word by word, skips words, sentences, hates reading is considered to have dyslexia. Writing slowly, poor handwriting, reversal tendency, lots of spelling and grammar mistakes have dyscalculia. Paediatricians need to diagnose in his office practice. Available Tools were not comfortable for a Paediatrician to use in his office Practice. So far, no Tool is designed to be used by the Pediatricians. This Tool contains 35 Questions, used in NRHM Tamil Nadu to screen the Ch.

Methodology: 70 Elementary schools Teachers in Bhuvanagiri Block in cuddalore District, selected from 70 Schools were Trained on identification of Children with Dyslexia on 9th July 2019 After the Training the Teachers were able to pick up the Children with Learning Disability We conducted the camp for 6 Days from December 10th to 15th Totally 120 children came for the camp and all of them were screened out of which 71 children have SLD.

Results: Totally 120 children identified by the Teachers Screening done using the TnDC Tool fallowed by IQ assessment by Clinical Psychologist 71 children had Specific Learning Disability. 10 children are slow learners 16 children had ADHD along with SLD.

Conclusion: This TnDC Tool can be used by any MBBS Doctor working in PHC, RBSK scheme, and Paediatricians. It will be very simple and easy way to pick up SLD in busy office setting.

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 center 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 Pediartician 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 an Immunization and Developmental card to assess Development in routine Pediatric office practice.

Dr.Deepa Awasthi*, Dr.Harshal Dixit
Co-Founder and Consultant OT, Mumbai, Maharashtra, India

Neurocognitive functioning in paediatric cancer: A scoping review

Paediatric cancer not only affects physical health but also influences various aspects of neurocognitive functioning, which are pivotal for a child's overall development. This scoping review aims to provide an overview of existing research in this domain, highlighting key themes and gaps in the literature. Methodology comprises of the review systematically surveyed a wide range of sources, including peer-reviewed articles, conference proceedings to comprehensively capture the breadth of knowledge on neurocognitive functioning in paediatric cancer. By utilizing a scoping review methodology (based on the Prisma Guidelines for Scoping Reviews), a search strategy was formulated, where all search terms were transformed into a free term formulation. The study sought to map the existing evidence from their time of inception until July 2023 and elucidate potential avenues for future research and intervention.

Key findings reveal that neurocognitive functions, including attention, memory, executive functioning, and processing speed, are significantly impacted in paediatric cancer survivors. The etiology of these impairments is complex and multifaceted, stemming from a combination of disease-related factors, treatment modalities (such as chemotherapy, radiation, and surgery), and psychosocial variables. Moreover, the review uncovers variations in cognitive outcomes based on cancer type, age at diagnosis, and time since treatment completion.

The scoping review identifies a notable gap in consistent assessment protocols and a lack of standardized tools for evaluating neurocognitive functioning in paediatric cancer patients. This gap poses challenges in comparing findings across studies and limits the ability to develop targeted interventions.

In conclusion, this scoping review underscores the critical importance of addressing neurocognitive functioning in the context of paediatric cancer. It calls for further research endeavours that delve into the mechanisms underlying these impairments, the long-term trajectories of cognitive functioning, and the development of evidence-based interventions aimed at enhancing the quality of life and cognitive outcomes for this vulnerable population.

Audience Take Away Notes

- The audience will gain insights into the complexity of neurocognitive challenges faced by pediatric cancer patients, the multifactorial nature of these challenges, and the gaps in research and practice that need to be addressed
- This review serves as a comprehensive overview of the current state of knowledge in this field, guiding healthcare practitioners, researchers, policymakers, and others toward a better understanding of the cognitive implications of pediatric cancer and the potential avenues for further exploration and intervention

Biography

Dr. Deepa Awasthi is a Co-Founder and Consultant OT at SS Splint-O-Tist, a Custom Splinting Consultancy in India. In 2023, she secured Rank-1 position at her Postgraduation Examination in Developmental Disabilities (held by MUHS). 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 several Paper Publications in International Peer-reviewed Journals.

Dr Anjoo Bhatnagar

Pediatrician, Saran Ashram Hospital, Dayalbagh Faculty of Integrated Medicine, DEI, Agra282005, U.P, India

Optimizing early childhood growth, development and education in holistic nurturing care environment -A six years follow up study

Global efforts are in progress to effectively promote healthy child development through interventions in health, education, and other sectors. The WHO, UNICEF and World Bank's Nurturing Care Framework has five key domains; however, substantial inequities exist and the pandemic and other major disruptions to child health and development make the challenge of progressing towards the SDG 4.2.1 vision of enabling all children to reach their developmental potential immense. There is need to address gender inequalities, food insecurity, and safety concerns. Comprehensive and sustained efforts are continuing towards nurturing the nurturing care environment, and accelerating promotion of ECD through Systems thinking (ECDAN 2022). The holistic Dayalbagh 'Way of Life' which is being practiced for last 108 years, becomes more relevant in present context, as it provides a blend of both Eastern simplicity, culture and beliefs with Western scientific temper and educational excellence. Pursuing golden mean path of 'Better Worldliness" the environment is conducive for evolving children with Superhuman qualities, through its Sant Su (perman) Evolutionary Scheme under Intuitive Mentorship. Launched in January 2017 by Revered Prof. P.S Satsangi, Father of 'Systems Movement 'in India, former Dean of IIT Delhi, and Managing Director, Foundation For Innovation and Technology- Transfer, the scheme enrolls infants and children at very early age of 3weeks for free without discrimination of caste, creed, color or gender and reaches from cream of the society to the last and the lowest. Nurturing children in lap of Mother Nature along with selfless community participation at the agroecology cum precision farming fields, enriched with yogic exercises, chanting of mantras and meditational vibes, developing their full potential where the whole is greater than sum of its parts. The continuum of childhood care and education seamlessly merges into the highest levels of education at DEI. The paper presents comparison of experimental and control group on their six dimensional potential: Anthropometry, cognition, social quotient, emotional quotient, fluid intelligence and pure thought (Intuition) based on 6 years longitudinal follow up.

Biography

Dr Anjoo Bhatnagar has 35 years of experience of clinical practice, research, teaching and counseling, in the field of Pediatrics. Previously she was H.O.D Pediatrics and Neonatology at Fortis Escorts Hospital and Research Center Faridabad Haryana. After working for 29 years she joined Saran Ashram Hospital Dayalbagh at Agra in 2013 as honorary Pediatrician cum Neonatologist and is continuing. She is chief consultant Pediatrician Superman Evolutionary Scheme of Dayalbagh since its inception in 2017.

Qualifications and Assignments:

Dr. Anjoo Bhatnagar did her MBBS from Jiwaji University Gwalior, received President's Medal for standing first in order of merit and did her post-graduation (M.D.) in Pediatrics in 1984. She is Life member, Indian Academy of Pediatrics, Intensive care chapter of Pediatrics and National Neonatology Forum and Founder President of NNF Faridabad. She is national trainer in NRP (Neonatal Resuscitation Prgramme) and was nodal person Govt. of India and UNICEF for SCNU (Special Care Neonatal Unit) project development of NRHM (National Rural Health Mission) and trainer of Accredited Social Health Activist (ASHA). She did diploma in Theology (Better Worldliness) from Center of Consciousness studies Dayalbagh Educational Institute Deemed University in 2014 and is presently involved in fetal, neonatal and childhood consciousness research work at Quantum Nano center Dayalbagh. In collaboration with Michigan State University she is doing Pioneering research work on Infant Fingerprint Recognition.

W.A.S. S. Weerakoon[1]*, T.P. Hendavitharana[2]

[1]Senior Lecturer, Department of Ayurveda Gynecology Obstetrics and Pediatrics, Institute of Indigenous Medicine, University of Colombo, Sri Lanka
[2]Ayurvedic Medical officer, Department of Ayurveda, Drug Preparation Unit, Colombo Municipal Council, Sri Lanka

Ayurvedic approach towards mental disorders in children

Mental Health is the most important factor in a human living being, and it is balancing our overall health state. Child mental health is the ability to learn healthy social skills and can be well-functioning in school, at home, and in their communities. Mentally healthy children are controlling their own emotions and can cope with their problems. Behavioral problems in children are becoming common and around 6 million children globally are affected. According to the Ayurvedic concepts, identified main etiologies of behavioral problems in children can be categorized as *Garbha purva nidana* (preconception causes), *Garba kaeena nidana* (prenatal causes), *Prasava kaleena nidana* (perinatal causes) and *Prsavoththara nidana* (postnatal causes). Ayurveda can prove beneficial in the prevention and management of child mental disorders. Some interventions have been advised such as *Sadvritta* (Code of conduct) *Acharya Rasayana* (ethical principles) *Satvavajaya Chikitsa* (mind control therapy) *Yoga* and meditation and other *Shodhana* treatments (*Panchakarma* measures) and *Medhya*, the drug which can be applied in the prevention of psychological disorders including behavioral problems associated with children. Ayurveda plays a fundamental role in not only its prevention but also in management, with improvement in quality of life. The procedures altered for parenting help in the prevention and cure of behavioral ailments at the initial stage which require a change in lifestyle of parents and children with the inculcation of morals and good behaviors.

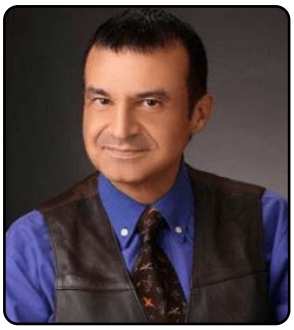
Keywords: Ayurveda, Children, Therapeutic management.

Audience Take Away Notes

- The audience will update their knowledge on available Ayurvedic concepts and management on Pediatrics Mental Disorders

Biography

Dr. W.A.S. Saroja Weerakoon, Grade I Senior Lecturer in Ayurveda Pediatrics, Institute of Indigenous Medicine (IIM), University of Colombo, Sri Lanka and Ayurvedic Consultant Pediatrician in National Ayurveda Teaching Hospital, Colombo, Sri Lanka. She has completed her Master Degree in Ayurveda Pediatrics, University of Colombo and PhD Degree in Faculty of Medical Sciences, University of Sri Jayewardenepura, 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.



Karakoc[1], Tuncay Muge Alvur[1], Selim Oncel[2*]

[1]Department of Family Medicine, Kocaeli University Faculty of Medicine, Izmit, Kocaeli, Turkey

[2]Division of Paediatric Infectious Diseases, Department of Pediatrics and Child Health, Kocaeli University Faculty of Medicine, Izmit, Kocaeli, Turkey

Physicians approaches to rabies-risky contact in Kocaeli Turkey

Objective: Rabies is a preventable fatal disease as well as a public health problem that still maintains its importance in the world and in Turkey. The inadequacy of known treatment methods and the high fatality rate further increase the importance of prophylaxis after rabies risky contact. The aim of this study was to assess the knowledge and attitudes of physicians in Kocaeli province and the compliance of their immunization approaches with local guidelines.

Materials and methods: Our study was a cross-sectional questionnaire survey including 26 questions about physicians' basic rabies knowledge and their clinical approach to rabies risky contact. Our questionnaire was administered face-to-face to physicians working in family health centres in Kocaeli between April 1, 2018 and December 31, 2018, and was delivered to physicians who were members of Kocaeli Medical Chamber via e-mail or a web page. Percentage, mean, and standard deviation were used to analyse all data using SPSS for Windows 20.0 software.

Results: A total of 321 physicians (46.1% female and 58.1% male) responded to our questionnaire. The mean age of the physicians was 40.12±9.3 years and the mean medical experience was 14.8±9.3 years. Physicians received one point for each correct answer to the knowledge questions. Questions 5, 9, 10, 16 and 19 contained more than one correct answer; therefore, the total points that could be obtained from each of these questions were greater than 1. The lowest total score that could be obtained from the questionnaire was 0 and the highest score was 46. The mean knowledge score of the physicians was 29.14±4.97. It was found that 66% of the physicians did not know the rabies incubation period, 95% did not know the rabies immunization schedule, which is the most important step after wound care in rabies risky contact, and 50% did not know the rabies immunoglobulin dose. In addition, 79% of the physicians did not know the schedule of pre-contact rabies prophylaxis recommended for risk groups. Only 25% of the physicians correctly answered the first choice of antibiotic after rabies risky contact.

Conclusion: Considering the results of our study, physicians should update their knowledge on rabies management. The practices of physicians regarding rabies prophylaxis management should be checked more frequently and regularly by the authorities.

Audience Take Away Notes

- Participants will be able to use the results of the study to improve their knowledge and clinical approach to rabies prophylaxis management. This will help them provide better care to patients exposed to rabies, which can ultimately save lives
- The research can also be used by other faculty to expand their research or teaching on rabies management
- The study provides a practical solution to the problem of inadequate knowledge and compliance with local guidelines among physicians, which can make their work easier and more efficient. It will improve the accuracy of rabies management and provide new information to support decision making
- The benefits of the study include improved public health, reduced mortality from rabies, and improved compliance with local guidelines among physicians

Biography

As a medical student, Selim Oncel completed an internship at Odense Hospital, Denmark. He received his M.D. and Specialist in Medicine degrees in Pediatrics and Child Health and Family Medicine in 1991, 1997 and 1999, respectively. He has worked as a pediatrician in various public and private health care institutions and in his own private practice. He has also taught seminars in pediatrics and child health. After completing his fellowship in Pediatric Infectious Diseases at Ankara University, he joined Kocaeli University as Assistant Professor of Pediatrics and Child Health and became Associate Professor of Pediatric Infectious Diseases in 2013.

Dr. Harpreet Kaur
Associate Professor, Obstetrics, Gynecology, AIIMS, Bilaspur (H.P.), India

Fetal and neonatal concerns in IVF pregnancies: How it is different from natural conception

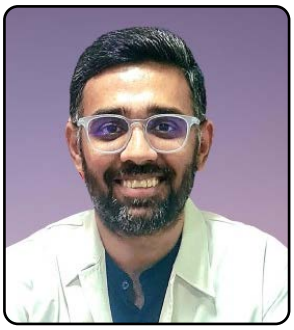
With increasing use of ART, the number of children conceived through IVF is on the rise. Every pregnancy is unique. Many studies have suggested increased risk of multiple pregnancy, preterm labour, FGR, PIH and its associated risks to mother and baby. The risk of congenital anomalies in IVF/ICSI versus natural conceptions is a matter of debate. There is some literature evidence of IVF conception and risk of neurodevelopment disorders and metabolic disorders in the children. Though the infertility itself and underlying cause may itself be a risk factor and IVF and the drugs used might be responsible too.

Audience Take Away Notes

- Discussion will be regarding IVF conceptions vs natural pregnancies, risks to fetal and neonatal life and long -term childhood risks in IVF pregnancies. This will help audience do more focused research on this topic

Biography

Dr. Harpreet Kaur, MD, DNB, FNB (Rep. Med.) MRCOG (U.K.), Associate Professor, Deptt of Obstetrics & Gynecology, All India Institute of Medical Sciences (AIIMS), Bilaspur (H.P.) - India. Over 17 year experience in Obst. & Gynae and more than 14 year experience in Reproductive Medicine. Dr Harpreet is an active academician and researcher with over 30 publications in national & international indexed journals and chapters in many books. She is actively involved in undergraduate & post-graduate teaching programmes and is invited faculty at many national & international conferences related to Reproductive Medicine. She is on editorial board of IJIFM, IJOGR and IJAP and reviewer to five national/ international gynae journals.



Laresh N. Mistry

Department of Pediatric and Preventive Dentistry, Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Navi Mumbai, Maharashtra, India

Contemporary Concepts in Pediatric Dental Care

Dental problems are an important health concern posing different challenges in delivery of care. These problems include developmental disorders, acquired defects such as dental caries and periodontal diseases, infective lesions which may have a systemic link and drug induced dental conditions. The manifestations of dental problems are insidious and the accentuation of these problems is quite rapid. Also the response to these findings in the child patient from the parents is quite tepid. An urgent understanding of these oro-dental problems, awareness about newer methods of diagnoses, accessibility to different treatment options and their impact on quality of life is the need of the hour across specialities. The domain of pediatric dentistry is ever expanding with availability of better diagnostic tools and presence of evidence based guidelines for optimal and effective care. The combined efforts by pediatric dentists and paediatricians are important tools in catering to the burden of disease and its effective care. Dental caries is the most prevalent non communicable disease affecting almost 50 percent of global population and thus, the understanding of pathophysiology and awareness of contemporary treatment options is an urgency which cannot be ignored. The dental care especially caries treatment and prevention, thus, requires concatenation of multidisciplinary efforts to rid the ever increasing burden of care in pediatric patients. This paper will thus aim to give brief insights into identifying, diagnosing, and caring for children with dental problems of varying severity and their age appropriate treatment methods based on contemporary standards of global dental care.

Audience Take Away Notes

- Identification of various presentations of dental problems
- Diagnosis of dental diseases and their treatment options
- Improved patient engagement and understanding to optimise available level of evidence based dental care

Biography

Dr. Laresh Mistry is an astute clinician adept at all clinical paediatric dental procedures, maintains academic interest in teaching postgraduate students and inclined to research interest in systematic reviews and clinical topics in paediatric dentistry. He has multiple international and national papers to his credit. He has published scientific papers in PubMed and Scopus indexed journals. Presently, he is a full time postgraduate teacher and researcher associated with Bharati Vidyapeeth dental College and Hospital, Navi Mumbai, India. He maintains his consulting pediatric practice in Navi Mumbai and Thane in Maharashtra, India. He has a fellowship from Orthodontic World institute Barcelona and has certificate training in Dental Leadership from UK. His areas of interest include Pediatric restorative Dentistry and Endodontics and Orofacial Development and therapy.

Sri Indah Pujiastuti

Early Childhood Teacher Education, Faculty of Educational Sciences, Universitas Negeri Jakarta, Indonesia

Self-independent in preschoolers at home

This study aims to develop self-independence in preschoolers at home. During the pandemic, children played and learned at home accompanied by parents or other adults. However, there were some parents who were busy working, so they could not accompany children intensively. Besides, they did not have adequate facilities, sufficient time, lack of knowledge about child development and how to educate children according to their age needs, and parents' lack of ability to use technology. Furthermore, children become lazy to learn, were unable to operationalize technology, are always dependent on parents in carrying out tasks assigned by teachers, and were unable to improve socio-emotional development optimally. Therefore, we have a research question how to develop self-independence in preschoolers at home. We designed a model for developing independence in preschoolers during activities at home with a sample of 56 children at KSPA Kindergarten, Universitas Negeri Jakarta (Kampung Bandan, Kebon Baru and Rawamangun). We used research and development method with stages of 1) Investigation, 2) Preparation of theory, 3) Empirical tests, and 4) Process and results of documentation, analysis and reflection. The results showed that 90% of parents were able to develop a model of independence in preschoolers after 4 cycles according to the activities specified in this study, such as being a model, facilitator, motivator and giver of freedom. On the other hand, 85% of children are able to carry out independent activities (self-care and self-reliant) such as getting up early, bathing, brushing teeth, urinating and defecating, getting dressed, combing hair, shoes, eating alone, doing homework, tidying up toys/books and stationery, dispose of trash in its place, etc. We implied that parents can practice children's independence through self-care activities. Parental assistance can be done when children ask for help directly.

Keywords: Self-independence, Self-care, Self-reliant, Preschoolers, and Activities at home.

Audience Take Away Notes

- The audience can learn about the independence of preschool children in Indonesia during the pandemic
- Teachers can simplify child development tasks when they teach online
- Parents should have time to accompany children
- Academics are able to expand this research and can be applied in other areas

Biography

Dr (Phil). Sri Indah Pujiastuti, M.Pd studied Doctoral Program in Educational Psychology at University of Muenster, Germany and graduated Magister of Education at Universitas Negeri Jakarta in 2006. She wrote some articles, and books in early childhood education areas. She also often followed international conferences and joined a professional organization related to early childhood education in Indonesia.

Rym Baccouch

Laboratory Education, Motricity, Sports and Health', (EM2S, LR19JS01), High Institute of Sport and Physical Education, Sfax University, Sfax, Tunisia

Postural balance in 5-6-year-old children: Effects of swimming versus tennis training

Background and Purpose: For child development, postural balance plays a substantial role in achieving new postures and more complex motor skills and preventing fall-related-injury risks in early life (Rinaldi et al. 2009). Importantly, the age range between 5- and 6-year old has been identified as one of the critical stages of postural development (Riach and Starkes 1993). Moreover, physical and sports activities are efficient in developing sensorimotor adaptabilities involved in postural balance control, depending on the respective sport and the training process (Nardello et al. 2021). However, these effects remained still insufficiently examined at this critical age. Thus, we aimed in the present study to evaluate the postural balance of young tennis players (land-based sport) and young swimming practitioners (aquatic sport) in static and dynamic conditions.

Methods: Thirty-six children (5–6 years old) participated in 3 groups: 12 tennis players, 12 swimming practitioners and 12 controls. Static and dynamic [in Medial Lateral (ML) and Anterior Posterior (AP) planes] postural balances were assessed by the center of pressure sways using a stabilometric force platform in the Eyes Opened (EO) and Eyes Closed (EC) conditions.

Results: In the EO condition, swimming practitioners and tennis players had a significantly lower ($p<0.05$) Center of Pressure Mean Velocity (CoPVm) compared to controls in both static and Dynamic Medial-Lateral (D-ML) postures. In the D-ML posture, swimming practitioners showed lower CoPVm compared to tennis players. However, in the EC condition, only the swimming practitioners showed better static and D-ML postural balance ($p<0.05$) compared to their counterparts. In the static posture, the Romberg index value was significantly higher ($p<0.05$) in tennis players compared to the two other groups.

Conclusion: Tennis players developed a higher reliance on vision to maintain balance, whereas swimming practitioners were more stable in challenging postural conditions. Clinicians should consider incorporating swimming training rather than tennis as an appropriate balance training in fall-prevention programs at this age range.

Keywords: Children, Postural balance, Swimming, tennis, Sensory manipulation.

Biography

Scientific Researcher, focused on a multidisciplinary approach related to sport science, health care, biomechanics, physical and cognitive functions in children. Member of the Research Laboratory: Education, Motricity, Sports and Health, (EM2S,UR15JS01), High Institute of Sport and Physical Education, University of Sfax, Tunisia. Part time university teacher of multiple subjects related to sport science field in the High Institute of Sport and Physical Education, University of Sfax, Tunisia.

Kristina Dimitrijevic[1*], Nadica Mitreska[2]

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Radiologic evaluation of round pulmonary lesions in children

Pediatric radiology means application of diagnostic methods in the prevention, diagnosis, treatment and follow -up of the diseases during the period of infancy and childhood. Interpretation of the child's chest radiograph is probably the most difficult plain film problem presented to the radiologists with a predominantly adult practice. The aim of the study is radiological assessment of the round pulmonary lesions in the childhood in 149 patients from 0-18 years old using the classical and modern "imaging" methods. The analysis include: Gender, localization and dimension of the lesion and clinical symptoms. For that purpose and for appropriate statistical analysis, the total pathology is systematized into three groups: inflammations, parasitic diseases and tumors of mediastinum. The major number of patients is with parasitic etiology followed by inflammatory diseases of non-specific and specific etiology and on third place are tumors and tumor like lesions. Parasitic lesions are localized mainly in lower parts of the lungs because of characteristic of pulmonary circulation. It is obvious that inflammatory round lesions are more often localized in both middle and lower lung lobes, which is explained with anatomic characteristics of airway pathways. Lung tumors are rare in children. Tumor like lesions are predominant localized in anterior part of mediastinum as a result of including hyperplasia of thymus in this study. The plain chest x-ray is the most common radiologic method for evaluation of round pulmonary lesions. Modern imaging methods have bigger sensitivity in evaluation of radiologic characteristics of these lesions. From the general statistical analysis it is clear that most of the patients with round pulmonary lesions in the childhood are boys and have parasitic etiology of the lesion I period of life from 6-15 years old. This study and lecture will make the audience more familiar with round pulmonary lesions which in Balkan region are mainly from Echinococcus granulosus etiology followed by round pneumonia and tuberculomas and mediastinal tumor- like lesions as bronchogenic cysts, enterogenous cyst, esophageal diverticulum etc. If the radiologists and pediatricians 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.

Enow Vivian Ayamba Eta, PhD

Department of Nursing, Faculty of Health Sciences, University of Buea, BP63 Buea, Cameroon

Healthcare issues in children with developmental disabilities (Autism)

Developmental Disabilities (DDs) refer to a group of conditions that influence the early development of children and cause changes in their normal developmental pattern affecting their physical, language and mental abilities or behavior. Children with DDs just like normally developing children have health issues that need to be addressed. This special group of children especially those having autism frequently suffer from associated conditions such as gastrointestinal disorders, eating and feeding challenges, seizures, sleep disturbances, attention deficit and hyperactivity disorder, and anxiety among others. These health problems affect the health of these children in different ways and extent. Thus, children with DDs need to access healthcare services and receive quality medical care just like their normally developing peers. However, the health needs of children with DDs particularly autism are not being met as required even though this special population are more likely to seek medical care due to their disabilities and associated conditions. Children with autism and other DDs experience disparities in health and healthcare service utilization. Autism is linked to many health conditions such as epilepsy, gastrointestinal problems and other mental disorders. These health problems affect each individual with autism in a unique way negatively affecting his/her existing social interaction and communication impairments. Again, health facilities and medical equipment are not disability-friendly making it difficult for this special group to effectively have access to quality care. In addition, most healthcare providers do not possess adequate knowledge and skills required to make critical decisions regarding this very special group of persons. Furthermore, due to cultural differences certain diagnosis and treatment regarding autism and other developmental disabilities may not be welcomed. The public health sector of all nations has the duty to promote health and prevent diseases for all including persons with disabilities.

Keywords: Developmental disabilities; Children with autism; Health conditions; Disparities in health; Disparities in healthcare service utilization.

Audience Take Away Notes

- Children with autism and other DDs experience disparities in health and healthcare service utilization
- Children with DDs particularly autism have health issues that need to be addressed
- This special group of children especially those having autism frequently suffer from associated conditions such as gastrointestinal disorders, eating and feeding challenges, seizures, sleep disturbances, attention deficit and hyperactivity disorder, and anxiety among others
- Just like normally developing children, children with DDs need to access healthcare services and receive quality medical and individualized nursing care
- Most healthcare providers do not possess adequate knowledge and skills required to make critical decisions regarding this very special group of persons
- They will create awareness to nurses and motivate them to seek knowledge and skills in this area
- They will be able to apply knowledge gain in their day to day practice

- Yes, it could help other faculty to conduct a further research in this area and educators could use the findings of this research to emphasise the need for nurses to properly and adequately render quality care to all
- Yes, it could help in revising and designing of nursing programmes especially at the undergraduate level
- Will it improve the accuracy of a design, or provide new information to assist in a design problem?
- Yes, it will help in both
- Other benefits:
- It will help to train ideal nurses who will effectively carry out their roles and responsibilities in general, and specifically with respect to caring for this special group of individuals
- It will help in the training of nurses who will provide high quality and safe care to the pediatric patient including those with disabilities
- It will help to train nurses who will advocate for disease prevention and health maintenance in the general pediatric population

Biography

Dr. Eta née Enow Vivian Ayamba has a Bachelor of Nursing Science Degree, a Master's Degree in Nursing Education and PhD in Special Education. She has worked in the hospital for over thirteen years as a Senior Principal Nurse, while teaching on a part time basis. Currently she is a Senior Lecturer of Nursing, Faculty of Health Sciences, University of Buea, Cameroon and the Coordinator for Data Science Center for the Study of Surgery, Injury, and Equity in Africa (D-SINE-Africa). She has supervised and examined many research projects and theses, participated in national and international conferences and also serves as a reviewer for many international journals. She is an author and has published many articles in peer review journals.

Iris Manor Binyamini
Department of medical social work, Tel- Hay College, Israel

Exposing the secret: listening to bedouin men who have experienced sexual violence as children and recommendations for doctors

Few Indigenous men's have spoken up about voices regarding Sexual Violence (SV) against them, particularly when it comes to Bedouin men who experience SV as children. Therefore, this study examined how Bedouin men who experienced SV as children describe, perceive and interpret their experiences in their cultural context and determined what these men's recommendations are for doctors, as doctors are the first to meet SV children in the community.

Seventeen Bedouin men, specifically residents of unrecognized Bedouin settlements in Negev, Israel, participated in this research. Phenomenological semi-structured interviews were recorded, transcribed verbatim and then translated into English. Themes were generated using thematic analysis. Three main themes were found: descriptions of the incidents, reactions to the experiences and the need to keep incidents of SV secret due to the stigma involved. This stigma stems from patriarchal, political (i.e. tribal hierarchy) and private (i.e. family loyalty) norms and the matrix of multiple and often conflicting roles and

identities that Bedouin men must assume despite their experiences. The incidence rate of SV against men in the Bedouin community is alarming and must be acknowledged by the research community and doctors, who are the first professional experts to see and treat victims. I will conclude this presentation by providing

recommendations to doctors given by the male participants. Specifically, these recommendations pertain to how to help children who have experienced sexual abuse in the community and who were referred to doctors for primary care.

Biography

Iris Manor Binyamini is an associate professor (Visiting) at the Faculty of Medicine, Technion, and associate professor at the Department of Medical Social Work, Tel-Hay College, Israel. Her research sits at the intersection between culture and disability/illness, studying both Western and non-Western cultural contexts. Her main academic interests are Interprofessional collaboration. Coping & Psycho-sociocultural aspects of illness/disabilities/violence

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[3]Government Bilingual High School Tiko, P.M.B. 00 Tiko, Cameroon

Impact of health education on parents knowledge and attitudes regarding vaccination at Mouanko, Edea health district, Cameroon

Background: Vaccination is known to prevent 2.5 million deaths per year worldwide. However, vaccination coverage in Sub-Saharan Africa including Cameroon is still low due to poor knowledge on vaccination.

Objective: We aimed at investigating the impact of health education on parents' knowledge and attitudes regarding vaccination.

Methods: This was a cross sectional interventional study which investigated the impact of health education on parents' knowledge and attitudes regarding vaccination in the Mouanko Health Area. Participants were selected using the cluster sampling technique and were randomly assigned either to an intervention or a control group. The intervention was health education on vaccination that was administered only to the intervention group after administering a pretest. Data on knowledge and attitudes was collected using a semi-structured questionnaire. Each correct response to questions on the questionnaire was given a point. The knowledge section was scored on 13 and parents who scored seven points and above were termed knowledgeable while participants who scored four points and above on seven were said to have positive attitudes. Data was collected from May 13 to June 15, 2019 and analyzed using SPSS version 25.0.

Results: Out of the 270 parents who participated in the study females were the most represented (88.9%). Their mean age was 25.4 (SD = 3.9) years and ranged from 40 years (11.1%). More than half (53.7%) of the participants' children were in the aged range 0 – 6 months. Most of the participants (66.7 %) were married, 74.0% had first school and 72.2% had an average monthly income of less than 37, 000frs CFA. More than half (61.1%) of the participants lived about 5km and more from the vaccination center. Up to 70.0% of the participants had heard about vaccination, but only 25.0% knew its benefits. Less than half (40.7%) had positive feelings about vaccination. After the intervention, there was a significant increase in the proportion of participants who had knowledge on vaccination from 35.0% to 57.6% and from 31.0% to 41.9% for positive attitudes. The p-values were at 0.001 and 0.012 for knowledge and attitudes respectively (CI = 95%).

Conclusion: The positive change in the intervention group after the intervention indicated the cost-effectiveness of the health education.

Keywords: Effects, Vaccination, Health education, Parents, Knowledge, Attitudes.

Audience Take Away Notes

- Adequate health education is mandatory in enhancing vaccination attendance for children under five years
- Parents should be given accurate information on the importance of vaccination and vaccination schedules
- Nurses should clarify the myths and misconception about childhood vaccination

- All children needs to be vaccinated against infectious diseases including children with disabilities
- Vaccination services should be made accessible and affordable as well as disability friendly to all parents
- It be a reminder to nurses of their role in health education on disease prevention and health maintenance
- They will be able to apply knowledge gain in their day to day practice
- Yes, it could help other faculty to conduct a further research in this area and educators could use the findings of this research to emphasise the need for nurses to always educate their patients properly and adequately
- Yes, it could help in revising and designing of nursing programmes
- Yes, it will help in both
- Other benefits
    - It will help to train ideal nurses who will effectively carry out their roles and responsibilities in general, and specifically with respect to caring for the pediatric client
    - It will help in the training of nurses who will provide high quality and safe care to the pediatric patient
    - It will help to train nurses who will advocate for disease prevention and health maintenance in the pediatric population

Biography

Dr. Eta nee Enow Vivian Ayamba has a Bachelor of Nursing Science Degree, a Master's Degree in Nursing Education and PhD in Special Education. She has worked in the hospital for over thirteen years as a Senior Principal Nurse, while teaching on a part time basis. Currently she is a Senior Lecturer of Nursing, Faculty of Health Sciences, University of Buea, Cameroon and the Coordinator for Data Science Center for the Study of Surgery, Injury, and Equity in Africa **(D-SINE-Africa)**. She has supervised and examined many research projects and theses, participated in national and international conferences and also serves as a reviewer for many international journals. She is an author and has published many articles in peer review journals.

Paraskevi Theofilou

SCG Lab of Experimental and Applied Psychology, SCG – Scientific College of Greece, Athens, Greece

Quality of life and stress in families with diabetic children

Chronic diseases, such as childhood Diabetes Mellitus (DM), are a complex and continuous struggle as well as a great challenge both for the children who face the disease and for their parents. DM is characterized by the complex management of therapeutic treatments, thus causing physical and psychological complications in family members. There are many families who, upon hearing the diagnosis of their child with DM, stand still in front of these new facts as their lives change. All these unprecedented conditions cause parents intense stress and discomfort, leading them to a mental burden, as the only thing that concerns them upon diagnosis is how the family will survive in the face of the current conditions they are experiencing as well as the future of the sick child. The purpose of this brief literature review is to present the research findings related to the psychological burden of families with children with DM, focusing on the quality of life and stress.

Biography

Post Doc Researcher (2016-2018, University of Peloponnese, Department of Nursing, Sparta, Greece) Ph.D. in Health Psychology (Panteion University of Social and Political Sciences, Department of Psychology, Athens, Greece) Ph.D. in Personnel Management (University of Peloponnese, Department of Nursing, Tripoli, Greece) M.Sc. Health Services Management (Frederick University, School of Health Sciences and School of Law and Business Administration, Cyprus) M.Sc. Social exclusion, minorities and gender (Panteion University of Social and Political Sciences, Department of Sociology, Athens, Greece) Social Administration - Management of Health Services (National School of Public Administration, Athens, Greece) B.Sc. in Psychology (Panteion University of Social and Political Sciences, Department of Psychology, Athens, Greece) B.Sc. in Social Work (Technological Educational Institute of Athens, Athens, Greece).

Dimitrios Angelis MD

Division of Neonatal-Perinatal Medicine, Department of Pediatrics, The University of Texas Southwestern Medical Center, Dallas, TX, United States

The role of Src kinase in neonatal brain hypoxia ischemia

In this talk, we will discuss the pathophysiology of hypoxia ischemia with emphasis on the modulation of Src Kinase, a key group of enzymes that are critical in the regulation and well-being of the cells. In addition, we will explain key laboratory data and potential future research in the field of Src kinase that might have relevance to brain hypoxia ischemia in newborns.

Audience Take Away Notes

- Pathophysiologic mechanisms that lead to neuronal cell loss after brain hypoxia
- Inflammatory cell death (pyroptosis)
- Functions and regulation of Src Kinase
- Effects of Src kinase inhibition after brain hypoxia in different key apoptotic metabolites
- Effects of Src kinase inhibition in Caspase-1 pathway in a piglet animal model (association with caspase-8)

Biography

Dimitrios Angelis, MD, is an Assistant Professor of Pediatrics, with specialization in Neonatal-Perinatal Medicine, at the University of Texas, Southwestern Medical Center (UTSW). He is a graduate from the University of Athens in Greece. He completed his fellowship in Neonatal-Perinatal medicine at St. Christopher's Hospital for Children, Philadelphia (Drexel University College of Medicine) in 2014. His research involved the effect of Src Kinase as a modulator of Hypoxia-Ischemia in a neonatal swine model. He joined UTSW in 2019. His current research interests include understanding the pathophysiology of brain after hypoxia-ischemia related to nitric oxide. Other research interests include: (a) Effects of acetaminophen in the neonatal brain, (b) Prevention of intraventricular hemorrhage in extremely preterm newborns and (c) Vein of Galen arteriovenous malformation, management of early heart failure.

Rita Vilar Queiros[1*], Maria Ines Neto[1], Catarina Lacerda[1], Patricia Pais[1], Pedro Garcia[2], Jose Vilchez[3]

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[2]Neonatal Intensive Care Unit, Hospital Dona Estefânia, Lisbon, Portugal
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Intussusception in a newborn - A rare outcome

Background: Intussusception can be defined as the telescoping of a proximal section of the intestine to a distal one. Although it is a major cause of bowel obstruction in children, its incidence during the perinatal period is infrequent. Prompt recognition and immediate treatment are crucial to prevent severe and potentially lethal outcomes. In extremely rare cases spontaneous elimination with auto-anastomosis can occur.

Case presentation: An 8-hour-old male newborn, born by non-instrumental vaginal delivery in a District Hospital after an uneventful supervised pregnancy, presented with abdominal discomfort and distention. Following abdominal massage and stimulation, a tubular structure grossly resembling an intestine, measuring about 50 mm in length, was expelled through the rectum. No bloody stool was identified. Subsequently, the newborn displayed polypnea and hypoxemia (SpO2 84-95%), with peripheral venous blood gas analysis revealing mild respiratory acidosis, and laboratory tests showing no signs of infection. Oxygen therapy and feeding pause were initiated, abdominal ultrasound and radiography were performed, showing aerocolia with significant distension of the descending colon, rectal ampulla and rectum. After discussion with a Pediatric Surgeon, the newborn was transferred to a Neonatal Intensive Care Unit. During the hospitalization the patient maintained regular bowel movements with no other complications. Enteral feeding was initiated on the 3rd day and well tolerated and oxygen was discontinued on the 8th day. The pathology report of the specimen confirmed the clinical impression of an intestinal segment with absolute coagulative necrosis, suggesting the diagnosis of intussusception with auto-anastomosis. About 7 months after the event, the infant remains clinically stable, with appropriate development and without further complications.

Conclusion: Intussusception is a common disease and should be considered in newborns, a population in which a higher suspicion index is crucial. This case represents an extremely rare but favorable outcome.

Audience Take Away Notes:

- I would like to raise awareness about the possibility of intussusception in newborns. Since newborns often display minimal symptoms, it is important to consider intussusception even when the main symptom is abdominal discomfort. An abdominal ultrasound should be promptly requested in such cases
- Learn about the importance of multidisciplinarity in medicine and the constant need for collaboration. In this case, without the pathological analysis of the segment, the diagnosis would never have been considered
- Learn about a rare but benign outcome of a condition that, in most cases, if left untreated, is fatal

Biography

Rita Vilar Queirós graduated from the Faculty of Medicine at the University of Coimbra, Portugal, in 2019. During her studies she had an Erasmus experience in Bologna, Italy and completed two internships in Rio de Janeiro, Brazil. She then pursued a residency in Pediatrics at Centro Hospitalar Barreiro Montijo, Portugal, where she is currently in her third year. On the 2nd year of residency, she gained invaluable experience working in São Tomé e Príncipe. She has collaborated on and presented more than 20 posters and oral communications, and, additionally, participated in over 50 courses and congresses.

BOOK OF ABSTRACTS

magnus Group

28-29 AUGUST

DAY 02

POSTERS

5TH EDITION OF
EURO-GLOBAL CONFERENCE ON

PEDIATRICS AND NEONATOLOGY

Muhammad Ali[1], Quratulain Aslam[2*], Dr Kamini Yadav[3]

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Nectar project: An initiative to maintain normothermia for the preterm infant in a tertiary care centre in United Kingdom

Background: Normothermia (36.5°C to 37.5°C) is vital in neonatal resuscitation. Admission temperatures in preemies inversely correlate with mortality, every 1°C drop below the range increases mortality by 28%1. It also increases the risk of sepsis, intraventricular hemorrhage, necrotising enterocolitis, hypoglycemia, and death.2

Aim & Objectives: To improve normothermia rates in preterm admissions <32 weeks promoting better outcomes.

Methods: The project commenced in 2019 with planned 6 monthly cycles coinciding with the rotation of junior doctors. Focusing on pre-birth, birth, and post-birth areas, interventions were put in place to optimise preterm stabilisation.

Results: Audit cycles demonstrated inconsistencies in using thermoregulation procedures, variations in the timing of temperature checks from the delivery suite to the neonatal unit, and suboptimal delivery room temperatures. A thermoregulation flowchart was devised and an education initiative with bedside training was rolled out. The timing of temperature check was standardised and steps to establish normothermia before mobilising the baby to the neonatal unit were put in place.

To achieve the best results, a multidisciplinary approach was adopted in subsequent cycles. The training was more robust with posters, and e-learning packages including videos. Representatives from midwifery, neonatal medical, and nursing were appointed to tackle issues from prebirth, during birth, and post-birth angles. Debrief forms were used to recognise and solve the hurdles in real time.

Significant improvements were reflected in various areas of this project. Regular meetings between the multidisciplinary champions ensured that progress was maintained. We introduced continuous temperature monitoring probes with teaching packages to further optimise thermoregulation rates.

Conclusion: The project showed significant improvement in the overall normothermia rates in preterm stabilisation reflecting the importance of a multi-disciplinary approach and robust interventions.

Audience Take Away Notes

- Maintaining Normothermia is a key aspect of neonatal resuscitation and avoids unfavourable outcomes in preterm infants. These thermoregulation steps can be employed in the local neonatal units to standardise the current practices and improve outcomes in preterm neonates
- It can be used as a framework by the neonatal medical team, nursing team and the midwives to manage temperature issues in preterm neonates
- The participants can take an initiative to do a quality improvement project in their neonatal units using the following standards:

- <32 weeks (36.5C-37.5C)
- Temperature recorded within an hour of birth
- Normothermia within 1 hour

Biography

Dr. Quratulain Aslam studied medicine at Pakistan and graduated in 2009. She did her postgraduate degree in Paediatrics and then gave membership exams (MRCPCH) for UK. She then joined the NHS workforce and is currently working in one of the biggest tertiary neonatal units of the UK as a senior clinical Fellow.

Emily Gabriela Aguirre Herrera[1*], Ekaterina Sanchez Romero[1], Jorge Garcia Campos[3], Sandra Espinoza Esquerra[2]

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Incontinentia pigmenti associated with vitamin B 12 deficiency in infant: A case report as a diagnostic challenge

Vitamin B12 deficiency is an important cause of neurodevelopmental delay and progression. Skin manifestations include hyperpigmentation predominantly in the extremities, especially in the hands and feet, glossitis, nail changes and early graying. We present the case of an infant with dermatological, neurological and hematological involvement.

We report the case of a 7-month-old female, presenting generalized pallor, hypotonia and hyperpigmented lesions on hands and feet. Maternal medical history with anemia during pregnancy, denies any type of diet, is obtained by euthyroid delivery, weighing 3195 grams, without complications during delivery. She is maintained with exclusive breast feeding. At one month of life, she starts with diaper rash complicated with candidiasis without remission, frequent gastrointestinal and respiratory infections without requiring hospitalization. At 6 months of age, she started with psychomotor retardation with lack of head support, sitting and hypoactivity without repercussions on height and weight. On admission she presented fever 38°C, lack of milestones: social smile, gaze fixation, sitting with support. On examination she presented hyperpigmented lesions on the dorsum of hands and feet without previous inflammatory phenomena, dermatosis in the inguinal region affecting folds with satellite papules and diffuse erythema. For important antecedents, myeloproliferative syndrome and immunodeficiency were ruled out as the main differential. During her stay she presented neurological regression, lack of sucking and focal seizures. When dermatological, neurological, oncological and infectious diagnoses were ruled out as the primary cause, a nutritional factor was evaluated and a therapeutic trial was started with the administration of vitamin B12, levels were taken after 2 weeks of management, which reported a decrease in cobalamin, so 3 doses of intramuscular vitamin B12 at 1mg/kg were administered with oral supplementation.

Admission labs show hypochromic macrocytic anemia, lymphopenia, neutropenia and plateletopenia Hb 9.3 (10.5-12.5 g/dl), MCV: 86.8 (70-78 fl), HCM: 30.7 (30-33 g/dl), Hto: 26. 3 (33-36%), leukocytes: 4.16 (6-17.5), neutrophils 0.39 (1-8.5%), lymphocytes: 3.69 (4-13.5%), monocytes: 70, eosinophils 0, basophils 0, platelets: 38000 (150-350 000 103/ml),Blood smear: 13% neutrophils, 81% lymphocytes, decreased white series with anisocytosis, poikilocytosis, dacryocytes and schistocytes, Normal blood chemistry. DHL: 1078 (309-1222 U/L), elevated ferritin: 1254 (8-182 ng/ml), folic acid levels 9.4 (>5.9 ng/ml), Cobalamin 212 pg/ml (259-1576) decreased values. A simple cranial CAT scan was performed reporting cortical atrophy. After management, the patient presented resolution of pancytopenia and clinical manifestations without neurological repercussions.

We present an infant with hyperpigmentation of the hands as an atypical manifestation, with neurological involvement. Hyperpigmentation due to vitamin B 12 deficiency is characterized by affecting photoexposed sites in acral areas. A biopsy was performed with histopathological report of pigmentary incontinence, which is a hereditary, X-linked genodermatosis, with dominant character and 100% penetrance, which is a consequence of a mutation in the IKBKG gene; It has been reported in the literature that in megaloblastic

anemia there is a defect in the transport or incorporation of melanin into the keratinocytes which secondary to vitamin B 12 deficiency can develop pigment incontinence, classified as stage 3 for having hyperpigmented lesions. Currently the management consists of intravenous supplementation until clinical improvement, which when administered in this case describes the remission of clinical manifestations.

Audience Take Away Notes

- The importance of thinking about nutritional deficits in patients presenting with characteristic dermatologic lesions and progressive neurologic deterioration
- The importance of nutrition in pregnancy as a risk factor
- Identify elemental lesions associated with nutritional deficits
- Early approach for complications that may affect the patient's condition

Biography

Dr. Emily Gabriela Aguirre Herrera studied medicine at the Universidad Noreste, Tampico and graduated as a general practitioner. Later she started her pediatric residency at the issste monterrey regional hospital. During her residency she has presented 4 posters in different congresses in her home country.

Participants List

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