General Pediatrics 2017

14th World Congress on

GENERAL PEDIATRICS & ADOLESCENT MEDICINE

September 25-27, 2017 Chicago, USA

Scientific Tracks & Abstracts

Day 1

Virginia Baez Socorro, Ped Health Res 2017, 2:3
DOI: 10.21767/2574-2817-C1-002

Celiac disease: Silent disease

Virginia Baez Socorro
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Celiac disease is a genetic autoimmune disorder where the ingestion of wheat gliadin and related prolamines leads to damage of the small Bowel. Celiac Disease (CD) affects approximately 1% (1/100) people worldwide and 1.5 million Americans are undiagnosed. If first-degree relative with celiac, there is 1:10 risk of developing the disease. Celiac disease can be difficult to be diagnosed because there is a variety of symptoms and also more than 40% of people with celiac could be asymptomatic. Some of the symptoms in children would be abdominal pain, chronic diarrhea, constipation, weight loss, failure to thrive, fatigue, short stature, delay puberty, etc. Celiac disease can be screen with blood test like Tissue tranglutaminase IgA but the definite diagnosis can be done with upper endoscopy. Treatment nowadays is still a gluten free diet.

Biography

Virginia Baez Socorro has studied her Medicine at the Luis Razetti School of Medicine in the Universidad Central de Venezuela. She has worked as a General Physician in Venezuela before completing her Pediatric Residency at Albert Einstein Medical Center in Philadelphia, PA, USA. She then completed a Fellowship in Pediatric Gastroenterology at UH Rainbow Babies and Children's Hospital, Case Western Reserve School of Medicine in Cleveland, OH, USA. She is an Assistant Professor of Pediatrics and the Co-Director of the Eosinophilic Esophagitis program at UH Rainbow Babies and Children's Hospital. In addition to Eosinophilic Esophagitis, her interests include inflammatory bowel disease and celiac disease.

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Notes:

Petra Kaniokova Vesela et al., Ped Health Res 2017, 2:3
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Serum leptin level as a marker of bone metabolism in pre-term babies

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Many hormonal changes can be observed in hormonal enviroment after birth. These changes lead to an increase in endosteal bone resorption. The adapation process in preterm infants is different, and depends on the maturity. Thus, two mainstream hypotheses for the role of leptin on bone have emerged: (i) direct regulation through increased osteoblast proliferation and differentiation and (ii) indirect suppression of bone formation through a hypothalamic relay. At the present time, it remains unclear whether these effects are relevant in only extreme circumstances (i.e. models with complete deficiency) or play an important homeostatic role in the regulation of peak bone acquisition and skeletal remodeling. The leptin acts primarily through peripheral pathways and increases osteoblast numbers and activity. Leptin plays an important role in the regulation of bone metabolism. It directly influences osteoblast proliferation and differentiation. Indirectly, leptin affects bone formation through a hypothalamic relay. The leptin level in the cord blood of preterm newborns is significantly lower than the leptin level in the cord blood of term delivered newborns. However, leptin levels in the cord blood in newborns delivered between 32+0 and 36+6 weeks of gestation do not significantly influence the lumbar spine BMD at 2 years of age.

Biography

Petra Kaniokova Vesela has completed her medical studies from Charles University and is working at Pediatric Department. She is a PhD student at Charles University. She has published 4 papers in reputed journals.

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Notes:

Yan Lan Fang et al., Ped Health Res 2017, 2:3
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GCK mutations in Chinese MODY2 patients: A family pedigree report and review of Chinese literature

Yan Lan Fang, Yu Ping Xiao, Xiao Hua Xu, LiQiong Jiang, Chun Chen, Li Liang and **Chun Lin Wang**
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Background: Maturity-onset diabetes of the young type 2 (MODY2) is caused by mutations in the glucokinase (GCK) gene and is rare in the Chinese population. We report three Chinese families with MODY2 and the sequencing of the GCK gene.

Methods: Three unrelated Chinese families with MODY2 and their pedigrees were investigated. In Family 1, the proband was a seven year old girl with impaired fasting glucose (IFG) and impaired glucose tolerance (IGT). Her mother and maternal grandfather had IFG. In Family 2, the proband was a boy who had diabetes mellitus at 11 years. His sister had IFG. His father and grandmother had diabetes mellitus at 22 and 25 years, respectively. In Family 3, the proband was a boy who had IFG and IGT at 12 years. His sister had diabetes mellitus at 8 years. His father and grandfather had IFG and/or IGT. The GCK gene was directly sequenced.

Results: Diabetes mellitus or IFG/IGT was found among three consecutive generations in three families. One novel nonsense heterozygous mutation in exon 5 (c.556 C>T, p.Arg 186 stop) was detected in Family 1. Another novel frameshift mutation in exon 4 (c.367-374dupTTCGACTA, p.Ile 126 fs) was found in Family 2. A previously reported, a missense heterozygous mutation in exon 5 (c.571 C>T, p.Arg 191Trp) was detected in Family 3.

Biography

Yan Lan Fang is the Associate Professor and Associated Chief Physician of Dept., of Pediatrics in the First Affiliated Hospital Zhejiang University. She is the Member of the Ethics and Doctor-Patient Communication Professional Committee of Chinese Medical Doctor Association of Neonatologist branch. She was awarded Second Prize in Zhejiang Provincial Science and Technology Award. She is engaged in clinical, teaching and scientific research work more than 10 years. Her research interest is in molecular and genetic mechanism of pediatric endocrinology and metabolic diseases, such as thyroid binding globulin deficiency, children obesity, diabetes mellitus and disorder of sex differentiation, supported by grants from The Medical Science and Technology Program of Zhejiang province. She has published 2 SCI indexed papers in international journal as the first or corresponding author.

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Mohammed Naeem et al., Ped Health Res 2017, 2:3
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Non-suicidal self-strangulation among adolescents in Saudi Arabia: Case series of the choking game

Mohammed Naeem, Fadia AlBuhairan, Alanoud AlMutairi and **Majid Al Eissa**
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Adolescence is known to be a time of exploration and initiation of risky behaviors. Much attention has been given to risk behaviors such as smoking, violence, and sexual promiscuity; other serious behaviors such as self-strangulation or the choking game, which is carried out by adolescents in response to peer pressures or to gain a transient sense of euphoria, have received little attention, with the available literature coming from the developed world. This is the first report of cases of non-suicidal self-strangulation from the Arab World. In this case series, we report 5 cases of non-suicidal self-strangulation that presented to the Emergency Department of a tertiary care hospital in Riyadh, Saudi Arabia during 2010–2012. All the 5 cases were young male adolescents aged 10–13 years. This activity resulted in the death of 2 boys; one boy sustained hypoxic ischemic insult to the brain with clinical deficits; and the remaining 2 were fortunate to be discharged home in healthy condition. None of the cases had underlying mental health problems, and multidisciplinary involvement ruled out suicide and homicide activities. Non-suicidal self-strangulation is a fatal behavior that adolescents are engaged. Increased efforts are needed to address this serious and preventable public health issue. Awareness and education of adolescents and their parents is crucial. Awareness of healthcare providers is also necessary to avoid misdiagnosis of such cases.

Biography

Mohammed Naeem has vast interests and experience in care and development of children and adolescents. His passion gears towards constructing and implementing scientific models to improve systems targeting primary, secondary and tertiary care. His ideology takes a positive direction through his in-depth analyses and vision and further to explore multiple ways that would help understand the complex pathological phenomenon and planning to design and implement strategies to overcome these. His interest and expertise involves population of children and adolescents requiring intensive care. He has been utilizing his vast experience of research, clinical care, patient safety and strategic planning to ambitiously achieve his goals. Through multiple levels of participation in care and strategic planning relevant to diverse patient population, he had been very successful to make his contributions and judgments being heard and taken in considerations.

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Notes:

Joseph M Bodi et al., Ped Health Res 2017, 2:3
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High IgG1 malaria antibodies level in children is a possible risk factor of black water fever: Case-control study

Joseph M Bodi, Célestin N Nsibu, Roland L Longenge, Michel N Aloni, Pierre Z Akilimali, Pierre M Tshibassu, Patrick K Kayembe, Ahmeddin H Omar, Kenji Hirayama, Jan Verhaegen, Aimé Lumaka and **Prosper T Lukusa**
Kinshasa University, Democratic Republic of Congo

Background: Pathogenesis of acute massive intravascular hemolysis in blackwater fever is very complex. Mostly, malaria immunity deficiency in expatriates, Quinine and Plasmodium are incriminated. The role of malaria IgG1 antibodies in BWF in older children supposed to have malaria protective immunity is not well elucidated. This study aimed to determine the profile of malaria IgG1 for malaria crude antigen in children developing blackwater fever compared to patients with uncomplicated malaria

Methodology: This is a case-control study conducted in 4 medical institutions across Kinshasa. Cases were patients with blackwater fever (BWF) whereas controls had uncomplicated Plasmodium falciparum malaria (UM). For each case, 2 controls were recruited and were matched for age, sex and the area of residence. Malaria IgG1 were assessed by standard ELISA and absorbance measured in an automated plate reader.

Results: The level of antibodies in BWF children were very high compared to uncomplicated malaria [1.95mg/l (IC95%:1.55–2.44) versus [1.19 mg/l (IC95%: 0.98–1.43)] and p=0,002. The majority of BWF cases (81,4%) were above 5 years old while only 18,6% were under 5 years old: OR: 1.33 (0.53–3.32). Quinine was used by 95.3% of the BWF cases [OR: 50.19 (10.75–234.42)] p<0.001) versus uncomplicated malaria. There was no linear correlation between age of patients and the logarithm of antibodies. R2 is totally null (p=0.335).

Conclusion: Malaria IgG1 antibodies is high in children with BWF, and should be involved in the pathogenesis of the disease, probably by activating complement system via classical pathway and leading to acute massive hemolysis. No correlation was observed between increasing of antibodies and age of patients.

Biography

Joseph M Bodi is a researcher at the Kinshasa University in Democratic Republic of Congo.

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Special Session

Day 1

Grace S Kao et al., Ped Health Res 2017, 2:3
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Grace S Kao
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Evelyn Caro Monico
Baylor College of Medicine, USA

The birth of an interdisciplinary pediatric pain clinic: Challenges and considerations

The creation of any new program can be an involved and arduous task, as many factors (e.g. staffing, financial) play a substantial role in the program's success. For healthcare programs, these factors must also be considered in conjunction with clinical care needs. In the world of pediatric chronic pain treatment, navigating these considerations well is crucial for the advancement of the field, as interdisciplinary care has become the standard of practice (APS, 2012), and the need for creation of new interdisciplinary care clinics is on the rise. Through this presentation, we aim to advocate for an interdisciplinary pediatric chronic pain treatment model and offer practical considerations and challenges for teams and institutions seeking to create such a clinic program. Roles and staffing, clinic models, financial considerations, and patient outcomes data are covered.

Biography

Grace S Kao is an Assistant Professor at Baylor College of Medicine and licensed Pediatric Pain Psychologist at Texas Children's Hospital. She has completed her Professional Psychology Internship at Boston Children's Hospital/Harvard Medical School, and Pain Psychology Fellowship at Stanford Children's Health/Stanford School of Medicine. She is a Co-founder of the Pediatric Pain Medicine Clinic at Texas Children's Hospital.

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Evelyn Caro Monico, MD is an Assistant Professor at Baylor College of Medicine and a Pediatric Pain Physician at Texas Children's Hospital. She completed pain medicine fellowships at Stanford Children's Health/Stanford School of Medicine and Seattle Children's Hospital. She is a Co-founder of the Pediatric Pain Medicine Clinic at Texas Children's Hospital.

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Scientific Tracks & Abstracts

Day 2

Sara Lobo, Ped Health Res 2017, 2:3
DOI: 10.21767/2574-2817-C1-002

Regression of large infantile multifocal hepatic hemangioma after Propranolol

Sara Lobo
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Recent literature describes several cases of successful response of infantile liver hemangioma to propranolol treatment. Some multifocal hepatic hemangioma can involve a massive area of the liver in children and carry a high risk of development of cardiovascular compromise, requiring a fast approach and monitoring. This case report describes a 3-months infant with a very large multifocal hepatic hemangioma for whom was proposed to start propranolol. Treatment was completed in a 20 months period with no report to side effects and a surprisingly fast response. The authors present this case to highlight the efficacy and safety of blocker-β propranolol treatment in young children even for very large liver hemangiomas.

Biography

Sara Lobo has completed her MD at Faculty of Medicine, University of Lisbon and later started the specialization in Pediatric Surgery. Besides congenital malformations, another of her areas of interest are the vascular tumors, their behaviour and their challenging treatment. In the department, where she practices, there is already a large experience in treating this conditions and a great team effort to give their patients the best, according to the standards of care.

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Notes:

Dani Yardeni, Ped Health Res 2017, 2:3
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Single daily dosing of Ceftriaxone and Metronidazole is as safe and effective as Ampicillin, Gentamicin and Metronidazole for non-operative management of complicated appendicitis in children

Dani Yardeni
Tel-Aviv University, Israel

Introduction: Perforated appendicitis very common abdominal emergency in children and nonoperative management with Ampicillin Gentamicin and Metronidazole (AGM) has shown good results. Recent data show that single daily dosing of Ceftriaxone and Metronidazole (CM) is as safe and effective as ampicillin gentamicin and clindamycin for treatment of perforated appendicitis after surgery in children. Treatment of complicated appendicitis in children with once daily CM can decrease the risk of in drug administration's mistake, require the patient to be connected to the IV line for short time only once a day, may cause less IV-line infection and may cost less. The aim of this study was to compare the effectiveness, and safety of CM with the traditional triple antibiotic for conservative treatment of complicated appendicitis children.

Methods: A prospective, open, randomized study conducted from July 1st, 2008 to June 30th, 2009. Included were children younger than 14 years with complicated appendicitis who were randomly assigned to therapy with either CM as a single daily dose or AGM. The outcome variables compared were maximum daily temperature, duration of fever, time return to oral diet, length of antibiotic therapy, results of repeat WBC counts, need for abdominal abscess drainage, length of hospitalization and complication.

Results: Overall 22 and 21 children were assigned to CM and AGM regimens respectively. There were no any significant differences in all clinical outcomes parameters between the two groups.

Conclusions: Single daily dosing of CM is as safe and effective as the triple antibiotic regimen and has significant advantages for the conservative therapy of complicated appendicitis in children..

Biography

Dani Yardeni has completed his MD in 1989 at the Faculty of health scince Ben Gurion University in Israel and did his residency in Pediatrics Surgery at Afula hospital. In the year 1998 worked at the Red Cross children hospital in Cape Town, S.A. Did fellowship in Ann Arbor Michigan in 2001-2002. In the year 2006 was sent by the Israeli Goverment to work in Ron hospital in Nauru. Since 2016 workes as a Pediatric Surgeon in Haddasa medical center in Jeerusalem.

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Olumide Olatokunbo Jarrett, Ped Health Res 2017, 2:3
DOI: 10.21767/2574-2817-C1-002

Country-based reference values and international comparisons of clitoral size in healthy Nigerian newborn infants

Olumide Olatokunbo Jarrett
University of Ibadan, Nigeria

Clitoral size references are useful for diagnosing genital abnormalities. Despite the fact that examining the genitalia is an important aspect of newborn evaluation, few studies have been carried out to determine normal clitoral size in newborn infants. The aim of this study was to establish reference values for clitoral size in Nigerian newborn girls and to compare them with references from other ethnic populations. A total of 244 healthy newborn girls delivered at 28–43 weeks gestation were enrolled in the study, and clitoral lengths and widths were measured at <72 hours. The mean clitoral length was 7.7 mm with a standard deviation of -1.37 mm, while the mean clitoral width was 4.40 - 0.89 mm. The clitoral length was significantly longer than those reported for Caucasian (4.00 - 1.24 mm), Korean (3.82 - 1.47), Turkish (4.93 - 1.61) and Japanese (4.30 - 1.10) babies. The present results make it possible to evaluate clitoral size in Nigerian newborn baby girls in an objective way, to identify genital abnormalities and endocrine disorders. Based on this study, a clitoral length of more than 10 mm would be considered clitoromegaly in a newborn girl in Nigeria.

Biography

Olumide Olatokunbo Jarrett had her undergraduate training in Medicine and Surgery: University of Ibadan, 1994. She had Post-graduate training in Paediatrics in 1994-2004, obtained the fellowship of the National Postgraduate College, Faculty of Paediatrics in 2007 and sub-specialty training by ESPE in Paediatric Endocrinology 2008-2010. She is a Consultant Paediatric Endocrinologist at the University College Hospital, Ibadan since 2009 and a Lecturer in the Department of Paediatrics, College of Medicine, University of Ibadan since 2012. She currently oversees the Paediatric Endocrine unit of the hospital. She has published more than 19 papers in reputed journals and has presented papers at over 15 local and international conferences in the last seven years.

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Heather Hudson et al., Ped Health Res 2017, 2:3
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The impact of bedside ultrasound on parent satisfaction in the paediatric emergency department

Heather Hudson[1], **Bailey Zhao**[2], **Jamie Baydoun**[1, 2, 3], **Tony Zitek**[1, 2, 3] and **Jay Fisher**[1]
[1]University Medical Center of Southern Nevada, USA
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Studies suggest the use of bedside ultrasound in the adult emergency department leads to higher patient satisfaction scores, but it is unknown if the same result occurs in the pediatric emergency department (PED). The primary objective of this study was to determine whether the use of bedside ultrasound results in higher parent satisfaction scores in the PED. This was a prospective cohort study, enrolling a convenience PED sample. Trained research assistants identified PED patients presenting with abdominal trauma, motor vehicle accidents, atraumatic abdominal pain, skin/soft tissue infection, or vomiting (n=279). After physician disposition, verbal assent was obtained from the patient's parent, or legal guardian, to confirm voluntary participation. Prior to leaving, the assented parent was provided a survey characterizing their satisfaction with the care their child received in the PED. The research assistants also determined which patients had a bedside ultrasound performed (n=52). This analysis only includes cases when an emergency medicine resident was involved in the patient's care. To minimize performance bias, providers who performed the ultrasounds were unaware of the nature of the study. In contrast with bedside ultrasound studies in the adult ED, our study found no difference in satisfaction scores of parents whose children received a bedside ultrasound compared to those whose children did not: mean score 9.48 out of 10 (95% CI 9.16 to 9.80) vs 9.55 out of 10 (95% CI 9.41 to 9.69), respectively. These results may indicate the high quality of care received by patients in this PED.

Biography

Heather Hudson is a former practicing attorney and completed her JD at the University of Michigan Law School. She is a Chief Research Assistant in the Emergency Department at University Medical Center of Southern Nevada in Las Vegas. She will apply to medical school next year.

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Notes:

Byanicha Aurora, Ped Health Res 2017, 2:3
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Association of BMI and waist to hip ratio with the ratio of LDL to HDL and total cholesterol to HDL in urban adolescents without cardiovascular risk factor in Jambi city, Indonesia

Byanicha Aurora
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Incidence of cardiovascular disease in adulthood could not be separated from the continuous interaction from infancy through adolescence. Some risk factors for cardiovascular disease occurred since his teens. High level of low-density lipoprotein and cholesterol is often indicative of increased risk for cardiovascular disease. The ratio of LDL to HDL and total cholesterol to HDL can be used to reveal the risk of it. This research is to estimate the influence of 12 potential factors and to find association of BMI and waist to hip ratio with the level of LDL to HDL and total cholesterol to HDL ratio. A correlation ratio (ETA) design study using primary data which are gathered prospectively among random adolescents in Jambi whose BMI is underweight, normal, overweight and obese that could participate on the day of the survey. Data on 12 potential factors including daily intake, physical activity, and family history were collected three days. We administered a questionnaire and measured BMI and waist to hip ratio to assess statistical relation with the level of LDL to HDL and total cholesterol to HDL ratio. Category of LDL to HDL and total cholesterol to HDL ratio was stratified from high risk and low risk. Examinations of lipid profiles were done at the clinical laboratory of Abdul Manap Regional Public Hospital in Jambi. Duration of research was about 3 months. The study included 50 people with age span of 16 to 20 years old with all of them had low level of LDL to HDL and total cholesterol to HDL ratio. Most of samples were underweight (42%) resulting low risk for cardiovascular disease as well as normal (24%), overweight (26%) and obese (8%) people. BMI was likely to influence the low level of LDL to HDL ($\eta 2=0.705$) and total cholesterol to HDL ratio ($\eta 2=0.765$), confirmed statistically significant. 94% samples with low risk category of waist to hip ratio were likely to have low risk for cardiovascular disease. Waist to hip ratio influenced the low level of LDL to HDL ($\eta 2 =0.003$) and total cholesterol to HDL ratio ($\eta 2 =0.021$). Other factors that associated with the level of LDL to HDL and total cholesterol to HDL ratio were frequency of daily intake including fruit, vegetables, and snacking consumption, physical activity, and family history of uncommunicable disease. The strongest association was a relation of the level of LDL to HDL and total cholesterol to HDL ratio with Body Mass Index. By knowing the risk factors, cardiovascular disease can be prevented at earlier age.

Biography

Byanicha Aurora has completed his Medical studies in 2012 and graduated from Sriwijaya University, South Sumatera, Indonesia. He has worked as an Internship Doctor in 2013-2014 at one of the regional hospitals and community health centers in Jambi City. After finishing his internship program, he started working as a General Practitioner in rural area of Indonesia that called PTT doctor for almost three years, and currently, he is a government employee working in the same area.

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Workshop

Day 2

Mohammed Naeem, Ped Health Res 2017, 2:3
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Mohammed Naeem

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Continuum of comprehensive care from pediatrician's office to critical care unit-strategies to conceptualize the hints to critical clinical course

The aim of this workshop was to prepare pediatric health care providers to effectively identify the high-risk patients at the point of care who are at high risk to require intensive care settings. Over the last decade, strategic planning in pediatric comprehensive managed care and medico-legal implications has resulted into increasing collaboration between the pediatrician's office and the critical care units. Guidelines from professional and regulatory societies emphasize upon golden hour and early intensive management. There is a stronger emphasis that the health care providers should be vigilant to identify the pediatric patients with high risk of rapid progression of the disease process. The envisioned workshop provides an overview of simple clinical presentations that may potentially lead to a need for critical care setting. This workshop will target typical respiratory, gastrointestinal, cardiovascular, genitourinary disorders as well as inborn errors of metabolism, infections, high risk behaviors and non-traumatic injuries.

Biography

Mohammed Naeem MD, FAAP, FCCP has vast interests and experience in care and development of children and adolescents. His passion gears towards constructing and implementing scientific models to improve systems targeting primary, secondary and tertiary care. His ideology takes a positive direction through his in-depth analyses and vision and further to explore multiple ways that would help understand the complex pathological phenomenon and planning to design and implement strategies to overcome these. His particular interest and expertise involves population of children and adolescents requiring intensive care. He had been utilizing his vast experience of research, clinical care, patient safety and strategic planning to ambitiously achieve his goals. Through multiple levels of participation in care and strategic planning relevant to diverse patient population, he had been very successful to make his contributions and judgments being heard and taken in considerations.

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