

DAY 1

Scientific Tracks & Abstracts

EuroSciCon



EuroSciCon Conference on

PEDIATRICS 2017

November 13-14, 2017 | London, UK

DAY 1

November 13, 2017

Sessions

**Pediatrics | Pediatric Neurology | Pediatric
Neurological Disorders | Pediatric Nursing**

Session Chair
Lorry Frankel

Stanford University School of Medicine, USA

Session Chair
Sabrina Schuck

University of California, Irvine, USA

Session Introduction

Title: How to improve the patient and family experience in the pediatric critical care environment

Lorry Frankel, Stanford University School of Medicine, USA

Title: Mediterranean diet survey results in a population of children with ADHD

Sabrina Schuck, University of California, Irvine, USA

Title: Optimal management of pediatric cerebral arteriovenous malformations

Guillaume Saliou, Lausanne University Hospital, Switzerland

Title: Challenges and innovations: a routine for rural child healthcare provider in developing countries

Kush Jhunjunwala, University of Nagpur, India

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Pediatrics 2017

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Lorry R Frankel, J Pediatr Care 2017, 3:4(Suppl)
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HOW TO IMPROVE THE PATIENT AND FAMILY EXPERIENCE IN THE PEDIATRIC CRITICAL CARE ENVIRONMENT

Lorry R Frankel^{1,2}

¹Stanford University School of Medicine, USA

²California Pacific Medical Center - Sutter Health, USA

Improving the Patient and family experience in the Pediatric Critical Care Environment. Unlike adults, critically ill children usually do not have an advanced directives, and thus their parents act as surrogate decision makers. Care collaboration between the care providers and the surrogate decision makers make the Critical Care Unit a challenging environment with many unfamiliar personnel and environment. The care team must stabilize the patient, which introduces a number of invasive interventions: intubation of the airway, the passage of tubes into the stomach, placement of vascular access devices, and the use of other complex devices. We propose strategies designed to improve the patient/family's experience. Communication between the parents and the critical care team includes: visible presence on daily rounds, periodic multi-disciplinary care conferences, the use the palliative care team and the institutional Ethics Committee. Daily rounds provide the opportunity for the family to be part of the ICU care team and better understand their child's care plan. When the patient's ICU stay is prolonged, the family and the care team benefit from a multi-disciplinary care conferences that include the medical and surgical consultants, the bedside personnel, and ancillary staff. This may identify additional support needed. If the patient's stay is extended, a Palliative Care consult may be helpful for both the family and staff in readdressing various goals of care. They may assist in the very difficult discussions regarding Code status, limiting further unnecessary interventions, reducing support, providing comfort care for the child and the family, and possibly creating a more dignified environment for the ongoing care needs. If the care is not perceived to be in sync with the medical providers and the family, an Ethics Consult may assist in getting the everyone to move in the same direction regarding the child's continued medical support. In summary, the PICU can be a very difficult environment for all those involved in the care of the critically ill pediatric patient. The PICU should be provide a comprehensive coordinated care plan for the patient that insures respect for patient and family autonomy, is supportive of the staff caring for the child, and utilizes numerous resources available.

Biography

Lorry Frankel, completed his MD in 1978 from the University of Antwerp, Belgium. He then trained in Pediatrics and Pediatric Critical Care Medicine finishing his training in 1983. He was then hired by Stanford University in the School of Medicine (Department of Pediatrics) to develop the Pediatric ICU. He was promoted to professor and retired from Stanford in 2010 to assume the current role as the Chair of the Department of Pediatrics at the California Pacific Medical Center in San Francisco, a Sutter Health Care Affiliate. During his career he has published more than 40 Peer reviewed papers, numerous chapters and co-authored a book on Ethical Dilemmas in Pediatrics published in 2006

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MEDITERRANEAN DIET SURVEY RESULTS IN A POPULATION OF CHILDREN WITH ADHD

Sabrina E B Schuck

University of California, Irvine, USA

Attention Deficit/Hyperactivity Disorder (ADHD) is characterized by persistent over-activity, inattention, and impulsivity, with a worldwide prevalence of approximately 5%. Psychoactive medications have proven efficacious in many cases, but are neither uniformly effective nor devoid of side effects. Thus, many families seek complementary and alternative treatments. It is now estimated that about 60% of all children with ADHD have tried elimination diets and/or dietary supplements before medication. A Mediterranean Diet (MedDi) is characterized by eating practices traditionally found in countries that border the Mediterranean Sea. MedDi has been linked to central nervous system benefits including increased brain-derived neurotrophic factor, reduced oxidative stress, and enhanced brain- blood barrier integrity. Serra-Majem and colleagues (2004) reported findings from a MedDi compliance survey of 3850 Spanish children in which 53.4% of participants had diets that were "Poor/In Need of Improvement" and 46.6% had "Good" diets. Using the Serra-Majem criteria, the current study provides results from a group of 55 children with ADHD and their mothers at two time points. Over the course of nine months, participants were provided information regarding healthy eating and behavioral intervention. Initially, mothers reported 65% had "Poor/ In Need of Improvement" diets and 35% had "Good" diets. By self-report, 78% of the children reported "Poor/In Need of Improvement" diets and only 22% rated their diets as "Good." Contrasting the latter percentage with results from the Spanish survey, the disparity is highly significant (22% vs. 46.6%; $z=3.60$; $p=.001$). Post-intervention parent ratings did not change significantly, but there was a significant change in the children's self- ratings ($p=.046$) with more children reporting their own diets as "Good" compared to pre- intervention. This paper discusses the relations among changes in dietary practices, child versus parent perceptions of health, and measures of behavior change.

Biography

Sabrina Schuck completed her Ph.D. at the University of California, Riverside and a post- doctoral fellowship in child neuropsychology at the University of California, Irvine Child Development Centre. She is an Assistant Professor of Paediatrics, Psychology & Social Behaviour, and Education. Dr. Schuck has served as the Executive Director, Child Development Centre School at UC Irvine since 2012. Dr. Schuck's research examines innovative ways to improve executive functioning skills and build resilience in children with neurodevelopmental disorders including Attention Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASD). At UCI she teaches courses in psychology and child development, and supervises residents, fellows and undergraduate researchers. She has published 15 papers in peer-reviewed scholarly journals, 3 book chapters, and serves as an editorial board member for the Journal of Applied Developmental Psychology.

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OPTIMAL MANAGEMENT OF PEDIATRIC CEREBRAL ARTERIOVENOUS MALFORMATIONS

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¹Lausanne University Hospital, Switzerland

²Bicêtre Hospital, France

Three types of brain arteriovenous vascular malformations have been described in children and are classified according to their anatomical location. Vein of Galen malformations located in the choroidal tissue of the roof of the third ventricle are the most frequent type. The remaining two are pial arteriovenous malformations located under the pia matter and dural arteriovenous malformations located in the dura. Sometimes, they remain asymptomatic, but often they can be associated with a wide range of symptoms related either to their angio-architecture or to their hemodynamic changes on the brain. Clinical presentations range from heart failure in high-flow arteriovenous malformations or hydrocephalus to subacute or chronic brain lesions related to local or regional venous hypertension. Additionally, venous reflux can expose the patients to brain haemorrhage. Some paediatric arteriovenous vascular malformations have been associated with various genetic mutations: Rendu-Osler-Weber disease or CM-AVM1 (RASA1 mutation) and CM-AVM2 (EPHB4 mutation), each of which are related to a specific phenotype. The treatment options for these vascular malformations are primarily endovascular with transarterial or transvenous embolization, depending on the angio-architecture and the type of lesion. A specific treatment strategy and schedule will be determined according to the type of malformation and its potential local or general effects on the brain. Ignoring the therapeutic window may lead to severe brain damages. The aim of this presentation is to provide an overview of the management of these arteriovenous malformations including the genetic findings, therapeutic strategies and timing of treatment in these particularly weak patients.

Biography

Guillaume Saliou is currently the Head of the Interventional Neuroradiology Unit at Lausanne University Hospital, Switzerland. He is the former Head of the Paediatric and Adult Interventional Neuroradiology Unit in Bicêtre Hospital in France. He has completed his Postdoctoral qualification at Paris-XI University School of Medicine. He has published several papers in reputed journals and has been serving as an Editorial Board Member in the field of pre- and post-natal management of cerebrovascular diseases.

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CHALLENGES AND INNOVATIONS: A ROUTINE FOR RURAL CHILD HEALTHCARE PROVIDER IN DEVELOPING COUNTRIES

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¹University of Nagpur, India

²University of Mumbai, India

The obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas. Economic factors, cultural and social differences, educational shortcomings, not easy access to a physician and other healthcare specialists being some of them. With more than seventy percent population living in rural areas, the problem worsens. The challenges healthcare workers experiences in rural areas because of limited resources leads to successful innovations, which in turn helps to save lives. According to the current studies, Diarrhea is one of the commonest cause of hospital admission and mortality in children. It's a proven fact, consideration of the amount of the fluid in and out of the patient's body is one of the most important factors for clinical decisions. Successful measurement of fluid losses in a case of severe diarrhea was recorded by placing indwelling rectal catheter, hence improving chances of survival. Again, giving dextrose through rectal route in cases of neonatal hypoglycemia, establishing intravenous line is always a big challenge as at times access to the skilled healthcare worker is minimal to none, increases blood sugar by twenty units within twenty-five minutes and thus providing enough time for patient to be transferred to a bigger facility. Similarly many more innovations like an innovative air-oxygen blender using inexpensive fish aquarium pump for continuous positive pressure support for neonates in resource poor locations, modifying nutrition mix with locally available ingredients has improved malnutrition status in tribal areas, training local people (Aarogya Doot-health messengers) to educate others and pick up early signs of diseases like pneumonia in tribal areas to initiate early treatment to decrease overall mortality and intelligently use smartphones to deliver vital information to mothers regarding neonatal and infant health issues like lactation, weaning diet, immunization and diseases has been successfully implemented.

Biography

Kush Jhunjunwala, MD is registered with the Maharashtra Medical Council, the regional body affiliated to the Medical Council of India (MCI), New Delhi. He is presently working as Paediatric Consultant having 10 bedded own hospital with 4 bedded levels II NICU in Gandhi Bagh area of Nagpur city. He is also working as Hon. Paediatrician to Nagpur Police for 8 years. He is currently a Member of both Life Member of the Indian Medical Association (IMA) and Life Member of the Indian Academy of Paediatrics (IAP).

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Video

PRESENTATION

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Khajik Sirob Yaqob, J Pediatr Care 2017, 3:4(Suppl)
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THE POSITIVE CLINICAL CONSEQUENCE OF EARLY INTERVENTION OF COMBINED THERAPY (OMEGA 3 FATTY ACIDS AND B12 VITAMIN) IN CHILDREN UNDER 5 WITH VARIABLE FORMS OF CEREBRAL PALSY

Khajik Sirob Yaqob

Affiliation : Zakho University, Iraq

Background: Cerebral palsy is a common pediatric problem encountered in about 1:3 per 1000 born children and causing variable mental, motor and behavioral dilemmas. Newly introduced trials of neurogenesis with different agents are now extensively evaluated.

Objective: Our study was conducted to evaluate the neurotrophic response to B12 vitamin and omega-3 fatty acids in children diagnosed early with variable forms of cerebral palsy. The response was monitored both clinically and with C.T Scan as being a highly predictive tool for assessing cerebral palsy.

Design: The study was carried out on 40 cerebral palsy patients; 26 (65%) out of them were girls, and 14 of them were boys, aged from 0 to 5 years old; from outpatient clinic at Zakho/Duhok General Hospital in Kurdistan Region-Iraq. Patients were treated and followed up 6 months to one year. They were represented and adjusted by full history taking and clinical examination. Brain CT scans were done for every patient to assess the degree of brain atrophy before starting this combined therapy, and every month for six months to one year. There was an improvement in general health of children after interventional therapy.

Results: The study revealed that early intervention of both omega 3 and B12 vitamin in children under 5 with cerebral palsy (CP) shows great response based on clinical examination and CT scan findings. Almost, after combined therapy, 80% of children with delayed speech delay have very good response and improvement, 77% of children with delayed milestone and hypertonia, and 87% with delayed walking have positive clinical outcomes. Both sexes have equal response to combined therapy. Such findings were obtained as a result of early treatment and diagnosis of children with (CP). In addition, among the treated children with CP, improvement in CT scan results was obtained. 84% of treated children have great improvement in their neuroimaging results from moderate/severe forms of brain atrophy to A mild form of brain atrophy after being treated and followed up for 6 months-1 year.

Conclusions: The damaged brain sites based on CT scan results, showed progressive improvement in response to B12 and omega-3 fatty acids upon daily supplement throughout 6 months to one year. However, combining these 2 drugs showed preservative synergistic consequences. B12 vitamin and omega- 3 fatty acids are valuable therapy for children with various forms of

cerebral palsy particularly when being linked. The greatest improvement in speech and motor development was significantly observed in about 32 patients (80%) of treated children with B12 vitamin and omega- 3 fatty acids. Others have less response to combine therapy as being presented and diagnosed beyond 1 year of age (16%).

Biography

Dr. Khajik earned his MBChB in Medicine and Surgery at Mosul University-Iraq, and went on to earn his MA in child's nutrition and growth from Oxford Brookes University in the UK. He completed his Masters degree in Childhood Studies (MA Childhood Studies) at Oxford Brookes University in 2013 including the department of a child's education and psychiatry in the UK. He had and learned an intensive English language course at Kaplan International College in Oxford for six months. Currently, he is professional in a child's nutrition and growth and he has great interest in pediatric neurology. Dr Yaqob is the head of the nutrition and growth department at Zakho General Hospital in Iraq-Kurdistan.

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DAY 2

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DAY 2

November 14, 2017

Sessions

**Pediatric Psychiatry | Pediatric Endocrinology |
Child and Adolescent Obesity**

Session Chair
Dennis Ougrin
King's College London, UK

Session Chair
Francheska Perepletchikova
Weill Cornell Medical College, USA

Session Introduction

Title: Treatment of severe mood dysregulation and corresponding behavioural discontrol in a paediatric population

Francheska Perepletchikova, Weill Cornell Medical College, USA

Title: Resignation syndrome in refugee children in Sweden

Elisabeth Hultcrantz, University of Linköping, Sweden

Title: Early laparotomy: in the management of necrotizing enterocolitis

Yasen Alalayet, King Saud Medical City, KSA

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TREATMENT OF SEVERE MOOD DYSREGULATION AND CORRESPONDING BEHAVIOURAL DISCONTROL IN A PAEDIATRIC POPULATION

Francheska Perepletkhikova

Weill Cornell Medical College, USA

Severe emotional and behavioral difficulties in pre-adolescent children can manifest in multiple ways, including verbal and physical aggression, suicidality, non-suicidal self-injury, and irritable/angry mood. Consistent with a biosocial theory, these children may have an inborn sensitivity to emotions and may be raised in an invalidating environment. Dialectical Behavior Therapy adapted for pre-adolescent children (DBT-C) aims to improve functioning in affected children by teaching adaptive coping skills and helping parents create a validating and a change-ready environment. DBT-C has been examined in two Randomized Clinical Trials and the results indicated feasibility and efficacy of this intervention for children with severe emotional and behavioral dysregulation. DBT-C retains the theoretical model, principles and therapeutic strategies of standard DBT, and incorporates almost all of the adult DBT skills and didactics into the curriculum. However, the presentation and packaging of the information are considerably different to accommodate for the developmental and cognitive levels of a pediatric population. Further, an extensive parent training component has been added to the model. One of the major departures from adult and adolescent DBT is the treatment target hierarchy, which has been greatly expanded from four to ten main targets, to incorporate DBT-C's emphasis on the parental role in attaining child's treatment goals. DBT-C views parental emotion regulation, creation of a validating environment and practice of skills with children as the main mechanisms of change.

Learning Objectives:

Upon completion of this training, participants will be able to:

1. Characterize the population to be targeted by DBT for children
2. Describe adaptations to the DBT model when delivered with children
3. Understand the basic structure and procedures of DBT for children
4. Understand the treatment target hierarchy
5. Describe the parent training component of DBT for children
6. Describe the skills training component of the DBT-C

Biography

Francheska Perepletkhikova, Ph.D., DBT-Linehan Board of Certification Board Certified Clinician is an Assistant Professor of Psychology, Department of Psychiatry, Weill Cornell Medical College. Dr. Perepletkhikova received her B.A. degree at St. John's University and graduated with gold medal for the highest academic average. Dr. Perepletkhikova received graduate training in two disciplines, developmental and clinical psychology. She obtained M.A. in Developmental Psychology from Teachers College, Columbia University in 1996 and received Ph.D. in Clinical Psychology from Yale University Department of Psychology in 2007 with James B. Grossman Best Dissertation Prize. During her internship and post-doctoral training at Yale University School of Medicine, Dr. Perepletkhikova gained expertise in Dialectical Behavior Therapy (DBT). She obtained intensive and advanced intensive trainings in DBT with Dr. Linehan. Further, Dr. Perepletkhikova have been established as able to deliver DBT with adherence and calibrated as a reliable DBT adherence rater by Behavioral Research and Therapy Clinics at the University of Washington. In 2015, she became a BTech trainer. In 2016 Dr. Perepletkhikova became a DBT-Linehan Board of Certification Board Certified Clinician.

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RESIGNATION SYNDROME IN REFUGEE CHILDREN IN SWEDEN

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¹University of Linköping, Sweden

²University of Uppsala, Sweden

In Sweden hundreds of psychologically traumatized refugee children have been affected by a longstanding disorder: "resignation syndrome" during the last two decades. The onset can be acute in connection with a negative decision in their asylum process or as a result of a progressive depression during the long waiting time for a decision. The first symptom is the child's resistance to eat and drink and at the same time he/she becomes mute. Within days the general mobility is lost and so also the sensibility for cold and pain. The children usually come to hospital in this state with no formal or emotional contact. Later, hydration tube-feeding in the home is initiated. The authors have now explored about 50 of these children and followed their disease and the recovery. After bringing security into the family, usually with a residency permit, the children slowly start to recover after 1-3 months and are back in school after 6 months to one year. Depressive symptoms are common long after "recovery". Most children come from ethnic minorities in the former Soviet union or Balkan. The reason for leaving their country has been trauma occurring to family members, which the later sick child has witnessed. All children have such a previous trauma from their home country and many have developed PTSD. The acute threat of deportation back to the place of the trauma re-activates their unbearable fear and stress and causes the catatonia like condition. The presentation will describe the syndrome and discuss why most of the cases are seen in Sweden.

Biography

Elisabeth Hultcrantz completed her MD/PhD in 1978 from Uppsala University and Postdoctoral studies from Kresge Hearing Research Institute, Ann Arbor, MI, USA in 1981. She has been Professor and Head of ENT at Linköping's University, and Senior Professor since 2010. She has published about 100 papers in reputed journals and has been serving as an Editorial Board Member. Since 2008, she has been working for Doctors of the World, Sweden with special interest in children with resignation syndrome (RS). She is conducting ongoing research with Child Psychiatrist, Prof. Anne-Liis von Knorring about aetiology and recovery from RS.

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EARLY LAPAROTOMY: IN THE MANAGEMENT OF NECROTIZING ENTEROCOLITIS

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¹King Saud Medical City, KSA

²Katholic University of Leuven, Belgium

Even 50 years passed after definitive discription of NEC, no consensus for proper time and optimal surgical treatment for Necrotizing enterocolitis. Aiming to answer the question is early laparotomy will improve the morbidity and mortality in NEC more than the classic indication for laparotomy? We conduct a prospective study done between September (2013) and September (2016) on 64 neonates admitted to NICU, All was suspected to have necrotizing enterocolitis (NEC). Divided in 2 groups, in group A early intervention criteria was applied and in group B the classical indication was followed. Survival group A was 88.2% and 52.95 in group (P value 0.01) So we conclude early surgical intervention reduce mortality rate in NEC and discover other rare causes of neonatal peritonitis.

Biography

Yasen Alalayet has completed his MD from Damascus University, Jordanian Board of Surgery, European Board of Paediatric Surgery, Diploma of Laparoscopic Surgery from Göttingen University and Postdoctoral Researcher certificate from KUL, Belgium. He is the HEAD of paediatric surgery department KSMC, Hammadi hospitals; He has published more than 12 papers in reputed journals and has been serving as a reviewer member of repute. Examiner in Saudi commission for health specialties.

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