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2ND INTERNATIONAL CONFERENCE ON

PEDIATRICS & NEONATOLOGY

MARCH 20, 2025

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Our Keynote Speakers

Ting Fan Leung
University of Hong Kong
Hong Kong

Zhenhuan LIU
Guangzhou University of
Chinese Medicine
China

Geetanjali Rathore
University of Nebraska
Medical Centre
USA

Thank You All

WELCOME MESSAGE

Ting Fan Leung
The Chinese University of Hong Kong
Hong Kong

On behalf of the Organizing Committee, I am very pleased to invite you to attend the Second International Conference on Pediatrics and Neonatology to be held on 20-21 March 2025 in the vibrant city of London, United Kingdom. This conference will cover a wide range of general and subspecialty topics in pediatrics that can suit your interest no matter whether you are working with babies, children or teenagers. A diverse panel of speakers from academicians to clinicians in the different pediatric fields will provide ample interactive learning experiences with participants to share their expertise. I also invite you to submit abstracts to share your research findings and clinical observations with other participants, and to establish professional links that can enhance your research and benefit your profession. Outside the rich scientific program, you will have an excellent opportunity to enjoy private time in the city lives, museums, theme parks and natural scenery of this energetic and dynamic city. Our scientific Committee will assure a rich and interactive conference program awaits your attendance, and we look forward to welcoming you!

TING FAN LEUNG

KEYNOTE PRESENTATIONS

MARCH 20, 2025

Ting Fan Leung

University of Hong Kong
Hong Kong

Novel approaches in diagnosing and treating fish allergy

Abstract:

Food allergy is the second wave of allergy epidemic that happens within the past two decades, and most paediatric patients react to the 'big 8 foods' including cow's milk, hen's egg, wheat, soy, peanut, fish, shellfish and tree nuts. The diagnosis of food allergy is conventionally made by suggestive clinical history and positive allergy tests with either skin prick test or serologic measurement of specific IgE. However, these allergy tests lack sufficient diagnostic accuracy. Inappropriate food avoidance will subject young children to compromised nutritional intake and patients and their families to psychosocial stresses and impaired quality of life. There is thus an unmet need to identify accurate diagnostic approaches for food allergy. Over the past two decades, improved knowledge about the full allergen spectra of many common foods made it possible to determine the detailed host sIgE responses. This component-resolved diagnosis characterized the unique IgE sensitization profiles of individual patients that substantially enhanced the diagnostic accuracy for food allergy. My team at CU Paediatrics characterized fish allergens of salmon (seawater fish) and grass carp (freshwater fish) and evaluated the sensitization pattern for fish from Chinese and Japanese populations. Parvalbumin was the major allergen for both fish species showing an overall sensitization rate of 74.7%, followed by collagen (38.9%), aldolase (38.5%) and enolase (17.8%). While such findings can be used to improve fish allergy diagnosis, my group also reported that about half of fish-allergic children in Hong Kong could tolerate some seawater fish species such as tuna, halibut and salmon. Their selective fish tolerance was related to the parvalbumin content in meat, and based on which my group proposed a "fish allergenicity ladder" that inform about possible fish reintroduction in fish-allergic patients. In conclusion, our recent findings on allergen compositions and abundance among different fish and evaluation of patients' specific IgE concentrations facilitate the enhanced management of fish-allergic patients.

Biography

Professor Leung graduated from The Chinese University of Hong Kong in 1992, and he received subspecialty training on Immunology and Allergy in the Hospital for Sick Children in Toronto, Ontario, Canada in 1997-1998. Professor Leung is currently a professor in Department of Pediatrics at The Chinese University of Hong Kong, and a visiting professor in the Central South University in mainland. He is Immediate Past President of Hong

Kong Society for Pediatric Immunology, Allergy and Infectious Diseases. His main research interests include natural history, novel diagnostics and host-microbe interactions for allergic diseases. He published more than 420 peer-reviewed journal articles. Professor Leung graduated from The Chinese University of Hong Kong in 1992, and he received subspecialty training on Immunology and Allergy in the Hospital for Sick Children in Toronto, Ontario, Canada in 1997-1998. Professor Leung is currently a professor in Department of Pediatrics at The Chinese University of Hong Kong, and a visiting professor in the Central South University in mainland. He is Immediate Past President of Hong Kong Society for Pediatric Immunology, Allergy and Infectious Diseases. His main research interests include natural history, novel diagnostics and host-microbe interactions for allergic diseases. He published more than 420 peer-reviewed journal articles.

Zhenhuan LIU

Guangzhou University of Chinese Medicine
China

Music therapy combined with acupuncture therapy for children with autism spectrum disorder

Abstract:

Objective: To verify the efficacy of the Psychological Action Rehabilitation on autism treated with Chinese Medicine Music Therapy combined with acupuncture therapy.

Methods: A total of 70 cases with autism spectrum disorder (ASD) were divided into an observation group30casesanda control group 40 cases. In observation group, the cases were treated with Chinese Medicine Music Therapy combined with acupuncture therapy. The control group was treated with structured education. Clancy Autism Behavior Scale Childhood Autism Behavior Scale (CARS) Autism Behavior Checklist (ABC) and Gesell Development Scale(social adaptive behaviors personal social behaviors and language development) were adopted to assess the scores beforeand after treatment. The results were analyzed by SPSS13.0 software.

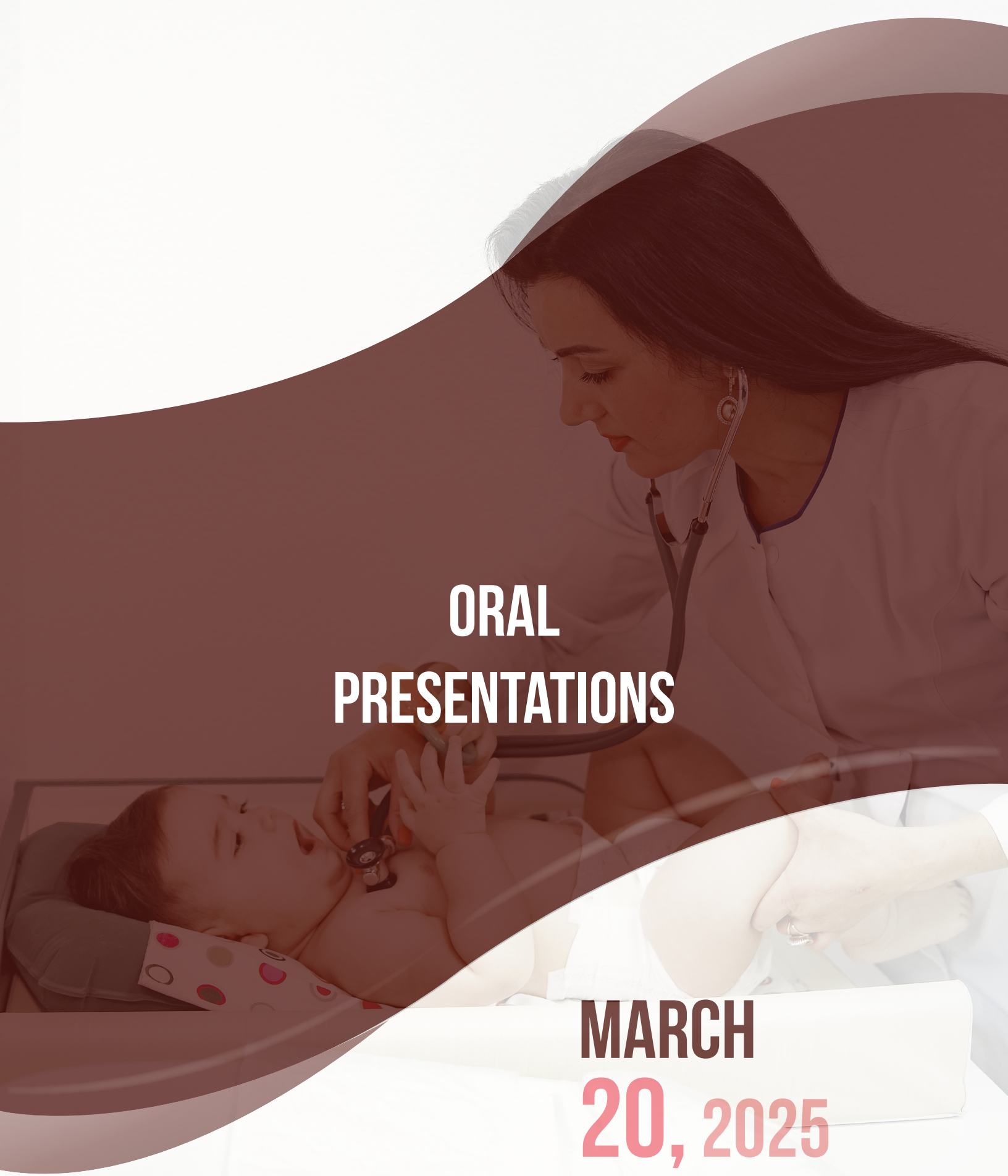
Results: One: During the same time treatment, the observation group's efficacy on enhancing the intelligence and language ability is apparently better than the control group. Two: In observation, between the group aged from 4to6yearsand the group aged from 2 to 3 years, the differences in Clancy Autism Behavior Scale, ABC and social adaptive development scale are not obvious, which explains that Chinese Medicine Music Therapy combined with acupuncture and therapy can improve autism spectrum disorder children's behavior and intelligence level regardless of age. Three: Asfor the scores of language in Gesell scale in the observation group, there were significant differences before and after treatment, which explains that the observation group's therapy can enhance autism spectrum disorder children's language skill and is better than the control group's therapy.

Conclusion: Chinese Medicine Music Therapy combined with acupuncture therapy can significantly improve the efficacy on autism spectrum disorder, effectively relieve child autism symptoms and enhance the intelligence and language expression ability.

Biography

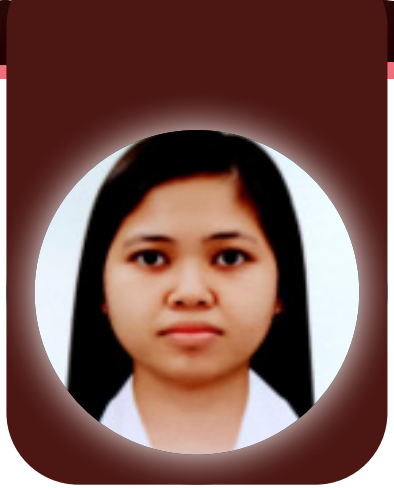
Zhenhuan LIU professor of pediatrics, Pediatric acupuncturist Ph.D.tutor. He has been engaged in pediatric clinical and child rehabilitation for 40 years. Led the rehabilitation team to treat more than 40,000casesofchildren with intellectual disability, cerebral palsy and autism from China and more than 20 countries, Morethan-26800childrens deformity returned to school and society and became self-sufficient. The rehabilitation effect

ranks the international advanced level. Vice-chairman of Rehabilitation professional committe children with cerebral palsy, World Federation of Chinese Medicine Societies. Visiting Profassor of Chinese University of Hong Kong in recent 10years. .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.



ORAL PRESENTATIONS

MARCH 20, 2025



Margherita Siciliano

University of Campania Luigi Vanvitelli
Italy

Understanding the dynamics of relationships and the resource perceived by parents of children with Rare Diseases: Implications for support and Well-Being

Abstract:

Introduction: Rare genetic syndromes, (≤5 cases per 10,000 individuals), present significant psychological and emotional challenges for affected adolescents and their families. Adolescence is a critical period for identity formation and social development, during which youth with rare diseases may face unique difficulties, including social isolation and complex medical needs. This study aims to explore the dynamics of parent-child relationships in families affected by rare diseases, examining how perceived resources influence both family and individual well-being.

Methods: The study included two groups: a clinical group comprising 29 adolescents with rare diseases and their 56 parents, and a control group of 29 healthy adolescents. Data were collected using the Parent/Child Relationship Questionnaire (PCRQ) and the Strengths and Difficulties Questionnaire (SDQ) to assess relationship dynamics and psychological well-being. Statistical analyses, including Chi-square tests, independent t-tests, and two sample Wilcoxon tests, were conducted to compare the groups and variables.

Results: Significant differences were found between the clinical and control groups, with the clinical group showing higher SDQ scores (p0.05). Notably, discrepancies were observed in parent-child perceptions; parents tended to overestimate the warmth and support perceived by their children.

Conclusions: These perceptual differences underscore the need for targeted interventions to enhance communication and understanding between parents and children. Psychological support strategies and parental training programs could promote a more empathetic family environment, ultimately improving the well-being of adolescents with rare genetic syndromes and their families.

Biography

Margherita Siciliano earned a specialist degree in the Psychology of Cognitive Processes and Functional Recovery from the University of Campania "Luigi Vanvitelli" in 2010. She completed her specialization in Cognitive Psychotherapy in 2016 and obtained her PhD in Medical, Clinical, and Experimental Sciences from the same University in 2019. From 2019 to 2022, Dr. Siciliano volunteered at the Child Neuropsychiatry Department. Since 2022, she has been working as a Research Fellow at the University of Campania Luigi Vanvitelli, focusing on providing psychological care for pediatric patients with severe obesity. She has been invited as a speaker for national and international conferences focused on developmental psychology or developmental disorders. Her research interest is focused on developmental age, developmental psychology, and neurodevelopmental disorders.

Abdulrahman Alrifaai

University of Jordan,
Jordan

Chronic secretory diarrhea in Infancy: A rare presentation of VIP-Secreting neuroblastic tumors with literature review

Abstract:

Vasoactive intestinal peptide (VIP)-secreting neuroblastic tumors are rare pediatric neoplasms that pose significant diagnostic and therapeutic challenges. This report presents two cases of VIP-secreting neuroblastomas presenting with chronic secretory diarrhea. The first case involved a 5-month-old infant with inoperable retroperitoneal neuroblastoma, severe malnutrition, and persistent watery diarrhea. The second case described a 27-month-old child with stage IV metastatic neuroblastoma and treatment-resistant diarrhea. Both cases emphasize the importance of early recognition, multidisciplinary management, and the challenges of treating advanced disease. A systematic literature review from 2000-2024 identified 17 pediatric cases of VIP-secreting neuroblastic tumors presenting with chronic diarrhea, often accompanied by severe weight loss (88%) and failure to thrive (18%). Management strategies combining chemotherapy, nutritional support, and somatostatin analogs provided symptomatic relief in localized cases, but advanced-stage disease outcomes remain poor. This report underscores the need for heightened clinical awareness and timely diagnostic approaches for this rare presentation of neuroblastomas, particularly in infants and young children with unexplained secretory diarrhea.

Biography

Abdulrahman Alrifaai is a sixth-year medical student at the University of Jordan, with a strong interest in pediatrics and neonatology. His research focuses on rare pediatric conditions, including neuroblastic tumors with unique presentations. Abdulrahman has authored case reports and actively participates in medical conferences to share findings and gain insights into innovative approaches to pediatric care.

Rim Kallala

University of Monastir
Tunisia

The genetic susceptibility to molar incisor hypomineralization

Abstract:

Molar Incisor Hypomineralization (MIH), characterized by enamel defects on molars and incisors, is a significant oral health problem in children. While the clinical consequences of MIH are well-documented, the exact causes of this condition remain poorly understood.

Objectives: This systematic review aimed to assess the potential association between MIH and specific genetic variations, known as single nucleotide polymorphisms (SNPs). To achieve this, we conducted a comprehensive search of major biomedical databases (PubMed, Scopus, Cochrane, and Web of Science).

Methodology: Studies included in this review met rigorous eligibility criteria. The methodological quality of each study was assessed using the STREGA guidelines. Data was extracted and analyzed systematically.

Results: Nine studies were included in the analysis. Among these, a genome-wide association study (GWAS) was conducted to identify genes involved in the genetic etiology of MIH. Another study used whole exome sequencing to explore genetic variations associated with MIH in more depth. The most frequently studied genes associated with MIH are those involved in enamel formation and mineralization, such as ENAM, AMBN, AMLEX, and MMP20. However, the results of the different studies are often contradictory. rs3796704.

Conclusion: MIH appears to result from a combination of genetic and environmental factors. Genetic variants associated with amelogenesis genes may contribute significantly to MIH susceptibility. Further clinical studies are needed to better understand the underlying genetic mechanisms of MIH and develop effective prevention strategies.

Biography

Rim Kallala is an associate professor at the Faculty of Dental Medicine. She teaches dental anatomy to first-year dental students. She is affiliated with the Department of Fixed Prosthodontics at the Monastir Dental Clinic in Tunisia. In addition to her teaching role, Dr. Kallala is also a researcher in the field of dentistry. She belongs to the laboratory Research: Biomechanical, aesthetic, and occlusal studies of all-ceramic restorations (LR16ES15). Her research focuses on advancing the field of dentistry, with a particular interest in dental aesthetics, digital technologies, and occlusal biomechanics. Dr. Kallala's work has significantly contributed to the understanding of the complex interplay between dental structure, function, and aesthetics. Her research has explored innovative techniques for dental restorations, the application of digital technologies in dental practice, and the biomechanical factors influencing dental treatments.

Rumana Sangi

Aga Khan University Hospital
Pakistan

Incessant ventricular tachycardia in infant with structurally normal heart: Is it truly benign or a old wives tale

Abstract:

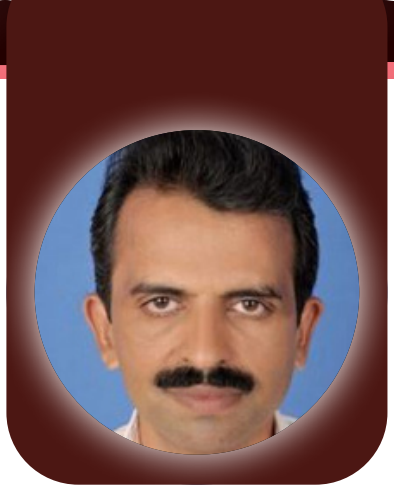
Background: Idiopathic ventricular tachycardia (VT) is a rare form of arrhythmia in neonates that can be life-threatening prompting its timely diagnosis and importance of treatment to avoid serious complications i-e; heart failure.

Case Presentation: We describe a neonate with an incessant idiopathic ventricular tachycardia presented with heart failure and severe left ventricular dysfunction. This infant presented with poor feeding, irritability, increase work of breathing, and heartbeat of 260/min. The electrocardiogram (ECG) showed wide complex tachycardia and the echocardiogram showed a structurally normal heart with dilated cardiomyopathy. The clinical signs and chest X-ray changes were consistent with cardiac failure but preserved peripheral perfusion.

Conclusion: Ventricular tachycardia in young population is rare with overall good prognosis. However, it can be life threating if it remains unnoticed and undiagnosed for longer period. The risk is substantially high in resource limited countries because of paucity of health facilities and personnel who can diagnose it. Moreover, the choice of medications is limited for management in acute situations. This presentation, the sustained VT and the global cardiac failure makes the treatment challenging; therefore, early diagnosis of incessant VT in neonate is important for better prognosis.

Biography

Rumana Sangi is a Paediatric Cardiologist at Aga Khan University Hospital, karachi, Pakistan. She has worked as Paediatric Cardiologist at National Institute of Cardiovascular Diseases, Karachi and done double fellowship in Paediatrics and Paediatric Cardiology from College of Physicians and Surgeons of Pakistan. She has national and international extensive publications. She bears position as Assistant Editor in Pakistan Heart journal. She is also a Member of Pakistan Cardiac Society.



Yacob Mathai Kunnathazhath

Marma Health Centre
India

Paracetamol is the most unscientific and dangerous drug for fever. Anyone can create a fever within hours using antipyretic objects

Abstract:

Most people mistake fever for high temperature and think it is dangerous and take paracetamol to reduce temperature as fever is determined by checking temperature. A high temperature is not a fever, but hyperthermia, which is the opposite of fever. The only cause of fever is inflammation. But hyperthermia is high heat. We can create a fever within a few hours by antipyretics. It cannot cause hyperthermia. Hyperthermia can be created within seconds by using hot objects. Hot objects of the same temperature as fever or heat-producing substances cannot cause fever in any living being. Antipyretics cause prolonged infection, which increases disease and death. Paracetamol is an antipyretic drug. Decreased blood flow due to severe inflammation is the sole trigger for fever. Any substance that is cooling or reducing temperature (antipyretic) is a fever stimulant because it increases inflammation and reduces blood flow. Antipyretics are the only substances needed to induce fever in any organism. Antipyretic fever treatment never reduces inflammation but increases it. A decrease in temperature is not enough to reduce the fever, all substances and their functions, which only increase and decrease during fever, must return to the state they were in when there was no fever. Any warm or heat-increasing substance (pyretic) is a fever reducer because it reduces inflammation and increases blood flow. Pyretics are therefore the only substances necessary to cure fever in any organism There is a fundamental contrast between the basic action of fever and the basic action of paracetamol. The essence of today's fever treatment is fever can be cured by using fever-creating substances. Paracetamol is given to reduce prostaglandin E2. It is not a fever-causing substance. It has hyperthermic and anti-inflammatory properties. It is more abundant after the inflammation in the body. From this, the immune system produces prostaglandin E2, which reduces inflammation and increases blood flow to the body or organ, making the body healthier and live longer ProstaglandinE2 is found in the body during fever, similar to the airbag used to protect passengers in a car accident. Paracetamol is given to the patient to eliminate the prostaglandin E2 found in fever, just as those who do not know the purpose of an airbag in a car accident disable it thinking that someone will die in a serious accident because of the airbag. As a result, the body swells, blood flow decreases and the patient dies. The medical book states that paracetamol may cause fever, neutropenia, thrombocytopenia, nephropathy, and skin reactions

1. This is not a side effect of paracetamol, but its proper function Paracetamol is given again to relieve the fever caused by taking paracetamol. If it is said that the medicine used to reduce the temperature of the fever itself causes the fever, the scientific and authenticity of that medicine are being questioned here. There is no science or technology like this anywhere in the world. Researchers have found that even a single dose of paracetamol can reduce the levels of glutathione, a chemical in the body that reduces inflammation
2. Yet paracetamol is classified as an anti-inflammatory Paracetamol destroys all the protective substances our immune system makes when we get sick. It decreases prostaglandinE2, Glutathione, interferon, platelets, WBC, etc, If the fever temperature is reduced by giving paracetamol, substances produced only during fever will increase. Paracetamol does not reduce fever, the cause of fever, morbidity, or mortality, all of which are increased by paracetamol. Even for diseases that would have cured themselves due to the action of our immune system, using paracetamol can cause inflammation, reduced blood flow, and death. Antipyretic therapy is a necessary and appropriate treatment for hyperthermia and not for fever. No one has scientifically proven that antipyretic therapy, which reduces the heat of a fever, is an appropriate treatment for fever and inflammation. Depletion of ProstaglandinE2 and glutathione, which reduces inflammation, can also increase inflammation. These fundamental errors have led to the treatment of fever with antipyretic agents. No such treatment or science was found even in the Stone Age. No other illness or symptom is more unscientific than justifying the administration of paracetamol for fever. There is no one percent evidence that paracetamol increases blood flow by reducing inflammation and helping the immune system in any way. At the same time, there is 100% evidence that paracetamol increases inflammation, reduces blood flow and destroys the immune system. Prescribing paracetamol for fever is murderous as it depletes substances such as prostaglandin E2 and glutathione which increase blood flow and sustain life.

Biography

A practicing physician in the field of healthcare in the state of Kerala in India for the last 36 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published Ten books on these subjects. I wrote hundreds of articles in various magazines. I have published 11 articles on fever in various journals. After scientific studies, we have developed 8000 affirmative crosschecking questions. It can explain all queries related to fever

Nakeya Hamilton

St. George's University School of Medicine
Grenada

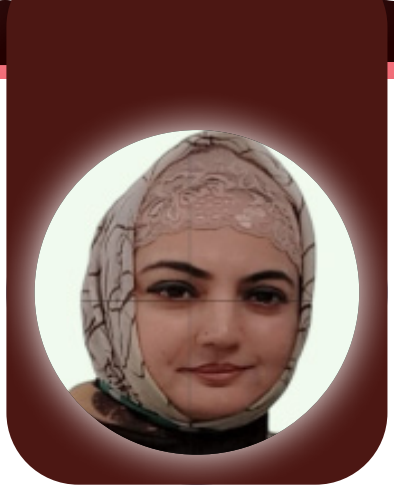
Extreme prematurity and feeding intolerance in Low-Resource NICU: A case report

Abstract:

Highly preterm neonates face significant obstacles, particularly in locations with limited resources where access to sophisticated diagnostic equipment and total parenteral nutrition (TPN) is often unavailable. Feeding intolerance, which causes low weight growth and elevated morbidity, is of primary concern. This case describes a preterm neonate (<25 weeks' gestation) delivered as part of a twin pregnancy, with the co-twin passing shortly after birth. The surviving neonate was stabilized with continuous positive airway pressure (CPAP), an umbilical venous catheter (UVC), and an orogastric (OG) tube. Due to the unavailability of TPN and imaging, a conservative, non-invasive feeding approach was implemented. The neonate experienced frequent vomiting, OG tube dislodgement, and suspected necrotizing enterocolitis (NEC), which were managed using clinical monitoring and supportive care. Kangaroo Mother Care (KMC) and minimal enteral feeding (MEF) were introduced, improving feeding tolerance and weight gain. By Day 40, the neonate transitioned to exclusive breastfeeding and was discharged on Day 55 with outpatient follow-ups. This case highlights the feasibility of KMC and MEF as effective interventions in low-resource NICUs to enhance feeding tolerance in extremely preterm neonates. Future research should explore structured feeding protocols and NEC screening adaptations for resource-limited environments to improve neonatal outcomes globally.

Biography

Nakeya Hamilton holds a Master's in Medical Science from Ponce Health Sciences University and is a medical student at St. George's University. She has published a case report on Extreme Prematurity and Feeding Intolerance in a Low-Resource NICU and is passionate about advancing neonatal care through clinical excellence, mentorship, and innovation in pediatrics.



Sabahat Sarfaraz

Dow University of Health Sciences
Pakistan

Rare and heterogeneous manifestations of leucocyte adhesion deficiency type 1: report of two cases with diagnostic dilemmas and novel ITGB2 mutation

Abstract:

Primary immunodeficiency disorders (PID) are rare disorders with heterogeneous manifestations, overlapping with other diseases such as autoimmunity, malignancy, and infections. This makes the diagnosis very challenging and delays management. Leucocyte adhesion defects (LAD) are a group of PIDs in which patients lack adhesion molecules on leukocytes needed for their emigration through blood vessels to the site of infection. Patients with LAD can present with diverse clinical features including severe and life-threatening infections, early in life, and the absence of pus formation around infection or inflammation. There is often delayed umbilical cord separation, omphalitis, late wound healing, and a high white blood cell count. If not recognized and managed early, can lead to life-threatening complications and death.

Case Presentation: LAD 1 is characterized by homozygous pathogenic variants in the integrin subunit beta 2 (ITGB2) gene. We report two cases of LAD1 with unusual presentations (post-circumcision excessive bleeding and chronic inflammation of the right eye) which were confirmed by flow cytometric analysis and genetic testing. We found two disease-causing ITGB2 pathogenic variants in both cases.

Conclusions: These cases highlight the importance of a multidisciplinary approach to recognizing clues in patients with uncommon manifestations of a rare disease. This approach initiates a proper diagnostic workup of primary immunodeficiency disorder leading to a better understanding of the disease, and appropriate patient counseling, and helps clinicians to be better equipped to deal with complications.

Biography

Sabahat Sarfaraz is an Assistant Professor of Pathology at Dow International Medical College, and Dow University of Health Sciences. She has a keen interest in allergy diagnosis and testing. Besides she runs a transplant immunology lab at DUHS.

Etil Tom

Otuke District Local Government
Uganda

Risk factors associated with preterm birth among mothers who delivered at Lira Regional Referral Hospital

Abstract:

Introduction: The World Health Organization defines Preterm Birth (PTB) as "a live birth taking place before the expected 37 weeks of gestation". Annually, approximately 15 million infants are born prematurely, constituting significantly to infant mortality during the initial four weeks of life, responsible for 40% of deaths among children under the age of five. Evidently, preterm deliveries have contributed to 46% of admissions to the neonatal intensive care unit at Lira Regional Referral Hospital (LRRH) over the past three years. Paradoxically, while the prevalence of preterm births remains high, there is a lack of documented information regarding the underlying risk factors. Consequently, the primary objective of this study was to assess the potential risk factors associated with preterm birth at LRRH.

Methods: An analytical cross-sectional research was undertaken at LRRH, employing a quantitative methodology. The study utilized secondary data obtained from maternal medical records of deliveries that occurred at the facility between April 2020 and July 2021. The collected data underwent analysis using STATA version 17 software. A Logistic regression model was applied to identify predictors of PTB, yielding adjusted odds ratios (AOR) alongside 95% confidence intervals (CI). The significance level $p < 0.05$ to establish statistical significance. Assessments for ulticollinearity and model fitness were conducted using the Variance Inflation Factor and linktest respectively.

Results: The prevalence of preterm delivery among mothers who gave birth at LRRH stood at 35.8%. The outcomes of logistic regression analysis revealed that maternal employment status had a significant association with preterm birth (AOR = 0.657, p = 0.037, 95%CI: 0.443–0.975); having a baby with low birth weight (AOR = 0.228, $p < 0.001$, 95% CI: 0.099–0.527) and experiencing preeclampsia (AOR = 0.142, $p < 0.001$, 95% CI: 0.088–0.229) were also identified as significant predictors of preterm birth in the study.

Conclusions: The occurrence of preterm delivery is significantly higher (35.8%) among mothers delivered at LRRH when compared to the national average (13.6%). The prevalence of preterm birth was linked to factors such as employment status, delivery of low birth weight infants, and the presence of preeclampsia. Consequently, the research recommended that the

Ministry of Health should evaluate the present state of readiness within the healthcare system to effectively handle cases of preterm birth both within medical facilities and the community. Also the Ministry of Gender, Labour, and Social Development should leverage Labor Officers to implement and uphold the regulations stipulated in the Employment Act and Labor Laws.

Biography

Etil Tom is a highly skilled statistician and development planner with a strong track record of enhancing institutional performance and optimizing resource utilization. With a deep expertise in data analysis and strategic planning, he has been instrumental in shaping policies and driving evidence-based decision-making. Currently serving as the District Planner at Otuke District Local Government, Etil plays a pivotal role in developing comprehensive development plans, budgets, and work plans. His contributions extend to monitoring and evaluating projects, producing insightful reports, and managing data collection and analysis to support effective governance and service delivery. His commitment to data-driven planning has significantly improved development outcomes in the district.

Peter Averkiou

Florida Atlantic University
USA

Early clinical exposure in Medical Education: The Newborn nursery clinical experience

Abstract:

The Newborn Nursery Clinical Experience is an innovative, early exposure for medical students to the hospital setting and family medicine. Early in their second year, our medical students are immersed into the Newborn Nursery, while also experiencing the neonatal intensive care unit (NICU) and attending obstetrical deliveries. They witness, first hand, the interprofessional and interdisciplinary workings of pediatricians, obstetricians, neonatologists, anesthesiologists, nurses and other professionals. The medical students are also instructed on how to read a medical chart and on proper medical documentation and its importance. They also interact with the mother of the patient, as well as other family members that are in attendance, and long-term continuity of integrated care and the focus on the personal patient/patient's guardian(s) - physician relationship is stressed. This experience is always well-received and highly evaluated by our medical students. It also helps to prepare them for their third-year clinical rotations in family medicine, pediatrics and Ob/Gyn.

Biography

Peter Averkiou is a pediatrician and an Associate Professor of Pediatrics at the Charles E. Schmidt College of Medicine at Florida Atlantic University. He is the Co-Director of the four Foundations of Medicine Courses, the Director of the Service Learning Projects, the Director of the Newborn Nursery Clinical Rotation and the Director of the Synthesis and Transition Course at the medical school.

Ruth Tilahun

Dilla University
Ethiopia

Prevance of overt congenital anomalies and associated factors among new-borns delivered at Jimma university medical center, south west Ethiopia, 2018; A cross sectional study

Abstract:

Background: Congenital anomalies, also known as birth defects, are structural, functional and metabolic disorders that occur during intrauterine life and can be identified prenatally, at birth or later in life. According to the World Health Organization, an estimated 270,000 deaths globally were attributable to congenital anomalies, but the scientific data on the magnitude and, contributing factors of birth defects in Ethiopia in general and in Jimma particularly is currently inadequate.

Objectives: To assess the prevalence of overt congenital anomalies and associated factors among neonates delivered at Jimma university medical center.

Methods: An institutional based cross-sectional study was conducted from May 1 to June 30, 2018. Data was collected from 754 delivered neonates with their respective mothers using structured and interviewer- administered questionnaire. All data were cleaned, coded and entered into EPI data 3.1 and exported to SPSS software version 20:0 for analysis. Analysis included descriptive statistics and logistic regression. Multivariate logistic regression model was fitted to assess the association between the independent and dependent variables. Adjusted Odds ratios were calculated with 95% CIs and considered significant with a p-value <0.05.

Results: A total of 754 neonates were delivered from 754 mothers. The study finding showed that the prevalence of overt congenital anomalies among live and still births neonates was 4.1%. Majority of anomalies were isolated and major in 93.5% and 96.7% of cases respectively. Central nervous system anomalies had the highest prevalence (45.1%) and followed by orofacial clefts (25.8%) and musculoskeletal system defects (13%).Unknown medication uses during early pregnancy (AOR = 15.18; 95% CI: 5.51-40.27, p-value=<0.00), history of maternal khat chewing in early pregnancy (AOR = 3.41; 95% CI: 1.46-7.95, p-value= 0.004), and maternal chronic illness before conception (AOR = 4.3; 95% CI = 1.65-11.37, p-value=0.031), were independent predictors of overt congenital anomalies. Folic acid use (AOR = 0.18; 95% CI: 0.02-0.92, p-value=0.003) during periconception had a protective effect from overt congenital anomaly.

Conclusion: The Prevalence of overt congenital anomalies among the study participants was high. Unknown medication use, folic acid use, maternal chronic illness and history of maternal khat chewing were independent predictors of overt congenital anomalies

Biography

Ruth Tilahun is a prominent academic and researcher at Dilla University in Ethiopia. With a strong commitment to education and research, she has made significant contributions to her field, particularly in the areas related to her expertise. At Dilla University, Ruth plays a key role in both teaching and mentoring students while actively participating in various research initiatives aimed at addressing local and global challenges. Her work reflects her dedication to academic excellence and community development in Ethiopia.

Suresh Kishanrao

Karnataka State Rural Development and Panchayat Raj University, India

Impact of egg supplementation in Mid-day meals on weight gain in low socio-economic group children in, Karnataka

Abstract:

Malnutrition in children in India begin from the age of six months due to delayed complementary feeding and continues in the school age. In India we witness learning limitations due to poor nutrition among school children due to food insecurity and poverty especially rural, tribal, and urban poor children. The goal of universalization of elementary education and Universal Health Care (UHC) appears elusive due to inherent socio-economic factors, poor nutrition, and repeated infections. To address this challenge in 1997 a national

Mid-Day Meal Scheme (MDMS) was introduced for primary schools (1-5 classes) across the country, which was expanded to cover class 6-10 in FY 2008-09. The national action of periodical lockdowns, closure of schools, online education etc. for addressing COVID-19 pandemic interrupted supplementary nutrition programs. NFHS 5 (2019-21) report revealed the worst nutritional status among Kalyan Karnataka districts. The provincial government decided to study the impact of adding one egg on alternate days in one most affected district of Kalyan Karnataka district-Yadgir in Government schools to MDMS. The outcomes at end of follow-up after about 100 days were: Overall more than 91% of students consumed MDM regularly and in the intervention district more than 98% consumed eggs, allaying the fears of cultural or traditional barrier. Both boys and girls of Yadgir district (compared to the control district of Gadag) had better mean weight gain in all classes except class V where there was no difference. The results of egg supplementation over 100 days were encouraging that led to implementing the initiative across the state 2023-24 onwards.

Biography

K Suresh, the advisor to this study has completed his M.D (P&SM) at the age of 38 years from Karnataka University, Dharwad and postdoctoral studies from Bangalore University in occupational Health. He was the Epidemiologist and Sr Program Officer- Health in UNICEF India Country Office, New Delhi, a premier Child Development service organization. He continues to be a consultant in Public Health and Professor of Practice in KSRDPRU, Gadag, Karnataka. He has published more than 50 papers in reputed online journals and has been serving as an editorial board member of repute

POSTER PRESENTATIONS

MARCH 20, 2025

Adya Ranjan

Institutions Sheffield Children's Hospital
United Kingdom

Adverse events in paediatric spinal deformity surgery – 12-year review of specialist spinal deformity practice

Abstract:

Purpose: Adverse events following paediatric spinal deformity surgery in the United Kingdom suffers from significant reporting gaps, as current data relies predominantly on voluntary incident submissions. This retrospective study seeks to comprehensively assess the incidence of all surgical adverse events at a specialised paediatric spinal orthopaedic centre.

Methods: A retrospective review of prospectively collected data from 2010-2022 systematically evaluated perioperative and postoperative adverse events. Patients were analysed by scoliosis aetiology and adverse events were stratified according to the Clavien-Dindo classification system. Adverse events were further grouped by common themes including but not limited to implant-related, infection-related, and neurological events.

Results: In a retrospective study of 871 paediatric spinal deformity patients comprising 1020 operations with 2 years follow up, 324 (37.1%) experienced an adverse event. Adolescent Idiopathic Scoliosis represented 545 patients (66.7%). Adverse event severity varied: 39.8% Grade 1, 14.2% Grade 2, 3.1% Grade 3A, 39.2% Grade 3B, 3.4% Grade 4, and 0.3% Grade 5. Implant-related issues were most frequent (112 patients, 34.6%), followed by curve progression and persistent pain (32 and 33 patients each). Neurological events included 4 complete cord injuries (0.5%) and 4 incomplete cord injuries which fully recovered (0.5%). One perioperative death occurred.

Conclusions: In this cohort of paediatric spinal deformity surgeries, over one-third of patients experienced adverse events, predominantly of low severity requiring minimal to no further intervention. Implant-related adverse events were most frequent, while the incidence of both complete and incomplete spinal cord injury as well as mortality remained reassuringly low across all procedures.

Biography

Adya has recently graduated in July 2024 with MBChB from University of Sheffield with a keen interest in Pediatrics. She is on the Specialised Foundation Program: Medical Education and has been involved with research affiliated with Sheffield Children's Hospital and been President of University of Sheffield Pediatrics Society in 2022-2023.

RumanaSangi

Aga Khan University Hospital
Pakistan

Frequency and pattern of pulmonary venous abnormalities and their associated anomalies in patients undergoing computer tomography at a tertiary care hospital

Abstract:

Objective: To describe the frequency and pattern of pulmonary venous abnormalities and their associated anomalies in patients undergoing computer tomography at a tertiary care hospital.

Methodology: This retrospective study was conducted at the department of Pediatric Cardiology and CT-Angiography, National Institute of Cardiovascular Diseases (NICVD), Karachi, Pakistan. Data of all patients diagnosed with anomalous pulmonary return (TAPVR and/or PAPVR) was reviewed from hospital data base. Demographic features, clinical and radiological data, including the types and subtypes of pulmonary venous abnormality were noted. Data regarding associated cardiac anomalies and their incidental findings on the CT scan were recorded.

Results: In a total of 187 patients diagnosed with pulmonary venous abnormalities, 64.2% were male. The median age was 1.00 year. The median age at the time of diagnosis through echocardiographic, and CT angiographic were 0.83 years, and 0.67 years, respectively. Associated cardiac defects were identified in 98.4% patients. In terms of total anomalous pulmonary venous return (TAPVR), supracardiac was the most common subtype, accounting for 48.7% of cases diagnosed on echocardiography and 52.4% on CT angiography. For partial anomalous pulmonary venous return (PAPVR), right-sided veins opening into the SVC was the most frequent abnormality, observed in 62.3% of echocardiography diagnoses and 56.3% of CT angiography diagnoses.

Conclusion: This study highlights the potential limitations of echocardiography in diagnosing certain subtypes of TAPVR, particularly cardiac and mixed subtypes, and emphasize the need for advanced imaging techniques in complex cases.

Biography

Rumana Sangi is a Pediatric Cardiologist at Aga Khan University Hospital, karachi, Pakistan. She has worked as Pediatric Cardiologist at National Institute of Cardiovascular Diseases, Karachi and done double fellowship in Pediatrics and Pediatric Cardiology from College of Physicians and Surgeons of Pakistan. She has national and international extensive publications. She bears position as Assistant Editor in Pakistan Heart journal. She is also a Member of Pakistan Cardiac Society

KEYNOTE PRESENTATIONS

MARCH 20, 2025

Geetanjali Rathore

University of Nebraska Medical Centre
USA

Cutting edge gene therapies changing the outlook of fatal neuromuscular disorders in children

Abstract:

Cutting edge gene therapies are revolutionizing the field of neuromuscular medicine. Until very recently, there were no disease modifying therapies, and the progressive nature of these disorders led to typical trajectories of declining strength and function, ultimately being fatal without life supportive measures. Novel gene therapies are changing this trajectory with promisingly positive results. These gene therapies have shown positive clinical data in treating potentially fatal neuromuscular conditions like Spinal muscular dystrophy (SMA) and Duchenne muscular dystrophy (DMD). However there are many challenges including cost of drug and side effects from a live viral vector. SMA the first neuromuscular disorders with an approved gene therapy that was shown to be safe and effective. The dramatic response in the most severe types of SMA patients is extremely encouraging, showing ventilator free survival, normal motor milestones, independent feeding and acquiring speech. Gene therapy for DMD is more recent and has shown increased dystrophin expression and improved motor scores. Availability of life saving therapies, which are often time sensitive, makes early diagnosis even more pressing. Newborn screening is a great avenue for diagnosing these conditions pre-symptomatically and leading to best outcomes. Even though these are only a few examples of potential gene therapy targets, they are very relevant as they open up a whole new avenue for development of gene therapies for fatal neuromuscular disorders in order to provide lifesaving therapy.

Biography

Geetanjali Rathore, MD, FAAN is a Professor of Pediatrics and Division Chief of Pediatric Neurology. Dr. Rathore did her pediatric neurology fellowship from Baylor College of Medicine/Texas children hospital and is triple board certified in Pediatrics/Child Neurology and Epilepsy. She is the director of the comprehensive Neuromuscular clinic and has published more than 25 papers in reputed journals. She is associate editor for Child Neurology and serves as an editorial board member of many international Journals. She is also a board member of the International Child Neurology foundation and Association of Indian neurologists in America.

ACCEPTED PRESENTATIONS

MARCH 20, 2025

Donna Mendez

The University of Texas Medical Branch
USA

Mortality and adrenal insufficiency following emergency intubation with etomidate versus ketamine in children

Abstract:

Background: Etomidate is a sedative-hypnotic used for intubation in children. There has been controversy surrounding etomidate use as it has been known to induce adrenal insufficiency. Ketamine is frequently used for intubation in children and has not been previously associated with adrenal insufficiency. We evaluated the risk of death and adrenal suppression after emergency department intubation with either etomidate or ketamine.

Methods: This propensity matched, retrospective study utilizing the Tri Net X database was performed using information extracted from approximately 105 million patients from 61 healthcare organization within the United States between December 22, 2003, and October 22, 2022. Patients were included if they were ≤ 17 years old, were intubated on the same day as an emergency visit and given etomidate or ketamine as a part of rapid sequence intubation along with paralytics (succinylcholine or rocuronium). The outcomes evaluated were mortality and adrenal insufficiency within 60 days after the intubation. Patients were excluded from the analysis if they had a prior history of adrenal insufficiency. Propensity matching was performed for demographics and seven pre-existing conditions associated with mortality.

Results: Before propensity matching, there were 1,228 in the etomidate group and 643 in the ketamine group for a total cohort of 1,871 children. The final cohort included 1,130 patients evenly divided between groups after propensity matching. There was no difference in mortality between groups before (RR=1.03, 95% CI 0.79-1.36, p=.81) and after (RR=0.95, 95% CI 0.67-1.35, p=.78) propensity matching. There was a significantly lower risk of adrenal insufficiency for the etomidate group when compared to the ketamine group before (0.80% vs 4.10%, RR=0.20, 95% CI 0.10-0.40, p<.001) and after (1.80% vs 4.20%, RR=0.43, 95% CI 0.21-0.90, p=.02) propensity matching, respectively.

Conclusion: In contrast to what is typically reported, our study showed an increased risk of adrenal insufficiency with ketamine vs etomidate when used for intubation. There was no significant increase in mortality between groups.

Biography

Donna Mendez is a board certified Pediatrician as well as Pediatric Emergency Medicine Physician. She completed her pediatric residency at the University of Texas Health Science Center (UTHSC) in San Antonio, and a fellowship in Pediatric Emergency Medicine at University of Texas Southwestern in Dallas. She is the Director of the Pediatric Emergency Medicine fellowship. Her research focus is on head injury and medical education. Dr. Mendez is currently investigating Fast MRI for ventriculoperitoneal shunt malfunction. She is a HRSA grant reviewer and reviewer for Journal of Trauma, Pediatrics, and Journal of Advances in Health Sciences Education Reviewer. She has received her certificate in Medical Education Research and is presently obtaining her Doctorate in Professional Leadership with an emphasis in Health Science Education from the University of Houston

Rebekah St James

Children's Airway First Foundation
USA

ECD and airway health: How ECDs will save 10M children

Abstract:

The Children's Airway First Foundation (CAFF) is proud to present the Early Childhood Development (ECD) Program, a transformative initiative poised to reshape the future of pediatric health for children ages 0-6 years of age. This program addresses a critical yet often overlooked factors in early childhood wellness: airway and sleep health. Airway and sleep disorders in children—ranging from sleep-disordered breathing to structural anomalies—are frequently undiagnosed or untreated, leading to profound lifelong consequences, including developmental delays, behavioral challenges, mental health issues, ADHD, and other chronic health issues. It is estimated that 20-30% of young children experience sleep disorders.

1. Every day, early childhood educators and child-care workers have a bird's eye view of the 'fall out' of untreated airway and sleep disorders - learning, memory, focus and emotional regulation challenges, missed milestones, speech-language delays and behavior that can be misdiagnosed as ADHD. They see signs and symptoms of poor executive function that typify many children with airway and sleep challenges but may not understand the cause. They also may be unaware of the impact of airway disorders and the simple signs of breathing and upper airway disorders. Yet they are in a perfect position to observe children's behavior up close every day, to fully inform parents and to encourage them to seek professional help.accurate medical evaluations.
2. This program is more than a response to an existing crisis—it is a proactive movement aimed at prevention. By embedding airway and sleep health education within early childhood frameworks, the ECD Program has the potential to save an estimated 10 million children from the detrimental impacts of undiagnosed and untreated airway and sleep disorders. This initiative also aligns with CAFF's broader mission of fostering lifelong health (based on airway, sleep, and nutrition) and well-being, starting in the earliest stages of life. Attendees of this presentation will gain critical insights into the science and strategy behind the ECD Program, including its foundational principles, implementation models, current successes with similar programs around the globe, and measurable outcomes. Together, we can empower a generation of providers to prioritize airway health and ensure every child has the opportunity to thrive.

Join us in this conversation and learn how ECDs can transform airway and sleep health—one child at a time.

Biography

Rebekah St. James serves as the Executive Director of the Children's Airway First Foundation (CAFF) in the United States. With a background in media services, she leads CAFF's mission to educate parents and clinicians on children's airway health and management. In addition to her role at CAFF, Rebekah is the founder of Media With Coffee, a company specializing in high-quality content creation, social media management, and marketing strategies to enhance online presence

Bassam Saeed

Farah Association for Child with Kidney Disease
Syria

Evolving role of genetic testing for the management of children with kidney disease: Clinical cases

Abstract:

Introduction: We are challenged to continue the momentum of the genomic era in pediatric nephrology by identifying novel disease-associated genetic variation and translating these discoveries into clinical applications. Here we present 2 clinical cases. The first was 5.5-year-old female child referred from for steroid resistant nephrotic syndrome (SRNS). Patient didn't respond to Cyclosporine nor to MMF. Therefore, all Immunosuppressants were stopped and patient was kept on conservative management. 3 years later, Genetic testing panel for SRNS was done for her as part of international study being conducted by Podo Net Consortium. It did show a mutation for the WT1 gene: Splice mutation consistent with the diagnosis of Frazier syndrome. WT1 mutation is related to increased risk of Wilms' tumor and gona do blastoma and can also cause urogenital malformations and sexual reversal. Therefore, a karyotype analysis revealed male genotype, therefore we were dealing with sexual reversal. Endocrine workup showed very high FSH & LH. Bilateral gonadectomy was performed in addition to psychiatric follow up. The 2nd case 2.5-month old male infant presented with a picture of acute onset of fever, watery diarrhea, frequent vomiting and excessive crying. After few hours, he developed cyanosis, respiratory distress and weak pulses, therefore, shifted to pediatric ICU, put on mechanical ventilation then he developed oliguric acute kidney injury with hemolytic anemia with fragmented RBCs and Increased LDH, Thrombocytopenia, Low C3 level with. The diagnosis of atypical Hemolytic Uremic syndrome (HUS) was clinically highly suspected. There was no reason to postpone eculizumab therapy. Over the next 2 days of eculizumab initial dose, the child started to stabilize with Improving urine output and renal function test, stabilizing hemoglobin and platelets and transferred back to pediatric ward before he was discharged home and kept on maintenance dose of eculizumab every 3 weeks until the patient reached 10 kg of weight when eculizumab dose became every 2 weeks. The genetic testing was done and did detect a heterozygous variant of the CFHR-1 gene. Software analysis indicate this variant is probably damaging. A genetic diagnosis of autosomal dominant CFHR1-related HUS is possible. Throughout the follow up period, the child did require to be hospitalized 3 times for chest and GI infections Otherwise, the child has always been in good clinical condition.

Conclusion: Genetic counselling is of the utmost importance, so all ethical and social concerns related to genetic testing are addressed in addition to patient satisfaction.

Biography

Council Member of the ISN 2023-2025 Member of the ISN Continuing Medical Education Committee (2022 – 2024) Representative of Syria in the ISN Middle East Regional Board. (2014 to date). Past president of the Middle East Society for Organ Transplantation (MESOT). Founder of the 1st Pediatric nephrology fellowship program in Syria in Nov. 2003 Founder of Pediatric Nephrology Department & Pediatric Dialysis Unit & pediatric Kidney transplant program at Surgical Kidney Hospital / Damascus / Syria / in February 2002 Member of the Declaration of Istanbul Custodian Group (DICG) Member of the Honorary Committee of the Advanced International Training Course in Transplant Procurement Management. TPM-DTI Foundation. Barcelona – Spain Founding member of the World Academy of Medical, Biomedical, and Ethical Sciences Country Liaison representing Syria in The Transplantation Society (TTS). Regional Representative of the Middle East/Africa region in the KDIGO Associate Editor of Experimental and Clinical Transplantation (ECT) Journal. Founder of the MESOT Fellowship Program Participant and Signatory to the final statement issued by the Pontifical Academy of Sciences (PAS) during the Vatican Summit on Organ Trafficking and Transplant Tourism held at the Vatican on February 7-8, 2017 Editorial Board member and reviewer in many journals

Ayalew Sisay Beyene

Ministry of Education
Ethiopia

Assessment on the prevalence and risk factors of gastrointestinal parasites on school children at bochesa elementary school around Lake Zwai

Abstract:

This study was aimed to assess the prevalence and risk factors of gastrointestinal parasites on school children at Bochesa Elementary School around Lake Zwai, Ethiopia. Cross-sectional study was conducted on 384 school children in May 2016. The gastrointestinal parasites were examined with wet mount and formol-ether concentration techniques. The overall presence of gastrointestinal parasites was confirmed when observed by any of the methods used. The prevalence of infections was reported in proportions. Chi-square ($\chi 2$) test was used to evaluate the association between categorical variables and infection prevalence. For identification of determinant factors, Binary logistic regression was held, and finally the association between independent variables and dependent variables were describe on the basis of odd ratio (OR) with 95 % confidence interval (CI). Crude OR was estimated by univariate regression analysis and adjusted OR was then estimated by multivariate logistic regression analysis. Values were considered statistically significant when the p-value was less than 0.05. The overall prevalence of gastrointestinal parasites was 22.6%. Males, 54 (14.1%) were more infected than females, 32 (8.3%), and 1-4 grade category, 64 (16.7%) were more infected than 5-8 grade category, 22 (5.7%). Age groups of 7-14, 78 (20.3%) were also more infected than >15, 8 (2.1%); however, the variation was not significant ($p>0.05$). In this study, parasitic coinfection was common; however, single gastrointestinal parasites were more dominant. The overall rate of gastrointestinal parasites highlights that the environment is conducive to water-related disease. Health education on personal and environmental hygiene keeping should be given to school children and safe wetland playing ground should be identified.

Biography

Ayalew Sisay Beyene has received his Ph.D in Fisheries and Aquatic Sciences from Addis Ababa University under the Supervision of Professor Brook Lemma in 2019. He has been an instructor and researcher at Debre Markos University since 2011. His research interests include the prevalence of Fasciolosis on bovine and ovine. Research conducted on gastrointestinal helmintic parasite on school children around wetlands has permitted his travel to United Arab Emirate, Asia

Habtamu Hasen

Hossana College of Health Sciences
Ethiopia

Baby-friendly workplace initiatives in child feeding practice as predictors of infant and young child anthropometric indices in public health facilities of Southern Ethiopia

Abstract:

Background: Baby-friendly workplace is an effective evidence based initiative developed by the World Health Organization to protect and support maternal knowledge, beliefs, and confidence in infant and young child feeding practices. However, studies that show the effect of the baby-friendly workplace initiative on the nutritional status of infant and young children are not available in Ethiopia. Therefore, this study aimed to assess the nutritional status among baby friendly initiatives service utlizers and non utlizers children age 6–24 months in public health facilities of Southern Ethiopia.

Methods: We conducted a comparative cross-sectional study from 1 to 30 June 2022 among 220 mothers with children aged 6–24 months. Data were collected through face-to-face interviews using a structured questionnaire. Data were entered into Epidata Software version 4.2 and then exported to IBM SPSS version 26 software for analysis. Chi-square and Fisher exact test were used to assess the differences between users and non-users of the baby friendly workplace initiative. Logistic regression model was used to determine the association between dependent and independent variables. Adjusted odds ratio (AOR) with a 95% confidence interval was computed. P-values<0.05 at a 95% confidence level were considered statistically significant.

Result: The mean (SD) scores of weight for age (WAZ), height for age (HAZ), and weight for height (WHZ) were −0.38 (1.34)-0.17(2.62) and-0.35 (1.84) respectively. After adjusting for Covariates, children aged 6–24 months who did not use baby friendly workplace initiatives were 2.26 times more likely to have stunting compared to the users of baby friendly workplace initiative (AOR 2.26, 95% CI: 1.05, 4.88). However, both wasting (AOR: 0.42; 95% CI:0.13, 1.37) and underweight (AOR: 1.09; 95% CI: 0.45, 2.60) were not significantly associated with the use of baby friendly workplace initiatives.

Conclusion: The use of baby friendly work place initiatives was successful in improving nutritional status, specifically chronic malnutrition in children. Strengthening and scaling up the baby friendly work place initiative program has the potential to reduce chronic malnutrition in Ethiopia and other similar settings with high burden of malnutrition areas, by implementing it in public facilities.

Biography

Habtamu Hasen has completed his MSc in Human nutrition from Jimma University Ethiopia. He is the lecturer and director of Educational development center at Hossana College of Health Sciences. He has published more than 12 papers in reputed journals and has been serving as a reviewers in different journals.

Hamideh Akbari

Tehran University of Medical Sciences
Iran

The efficacy of intranasal ketamine on intramuscular injection pain in pediatrics

Abstract:

Children are not fully able to understand the reasons for the unpleasant experience. In fact, severe distress is reported to affect 40–60% of children age 1–5 years that preparing for operations. (1) Ketamine is widely used in the emergency department (ED) to facilitate procedural sedation in children. Intranasal (IN) ketamine is non invasive while minimizing anxiolysis and distress in painful medical situations. (5) There is initial evidence of assistance of IN ketamine in pain relief. Our objective was to determine that if administration of intranasal ketamine would reduce pain of IM injection of ketamine. **Methods:** All children aged between 12 months and 7 years, with weight under 33 kg presented to the department who needed PSA were considered eligible. We used a sealed-envelop, block randomization method with a computer-generated random sequence. One of the investigators (AD) included the patients and completed the data such as demographics, weight, and type of procedure before premedication were recorded. One half of children received nasal ketamine (using 50 mg/ml vials) at the dose of 5 mg/kg and the other received nasal sterile water 1-1.5 ml as the same as ketamine, 20 min before the scheduled surgery time. After premedication, all patients received intramuscularly 4 mg per kg of ketamine with gauge 23 syringe in thigh muscle without any pressure or stimulus before injection. A research assistant (RA) monitored the patient for pain during injection according to FLACC Score. This score is contained of five factors: face, leg, activity, cry and consolability. each item has score 0 to 2. Only RA had fulfilled pain score sheet with Flacc Score and was blinded to premedication drugs **Results:** In comparison of the effect of intranasal ketamine with placebo on intramuscular pain injection, by FLACC (Face, Legs, Activity, Cry, Consolability) scale, The mean pain score in the intervention group was 2.36±2.86, while in the comparison group,it was 9.95±0.31. According to statistical analysis, there was significant difference between two groups ($p < 0.001$).

Biography

Hamideh Akbari is a dedicated professional affiliated with Tehran University of Medical Sciences (TUMS) in Iran. With extensive experience in the medical field, she has contributed significantly to research and academic advancement. As a valued member of the medical community, Dr. Akbari is known for her commitment to education and innovative practices within her field. Her work has had a positive impact on both the academic and healthcare environments.

Mc Geofrey Mvulaa

Partners in Health
Sierra Leone

Introduction of a novel neonatal warming device in Malawi: an implementation science study

Abstract:

Background: Neonatal hypothermia significantly contributes to infant morbidity and mortality in low-resource settings like Malawi. Kangaroo mother care (KMC) is essential but faces challenges in providing continuous thermal support. The Dream Warmer is a neonatal warming device that was developed to complement KMC. We studied its implementation outside a research environment. **Methods:** Using an implementation science approach, we conducted a prospective interventional cohort study in two hospitals and four health centres in Malawi. Through audits and surveys, we assessed its effect on neonatal hypothermia as well as healthcare provider (HCP) and parent attitudes regarding thermoregulation. **Results:** The Dream Warmer raised no safety concerns and effectively treated hypothermia in 90% of uses. It was positively received by HCPs and parents, who reported it had a favorable effect on the care of small and sick new born. Challenges identified included a scarcity of water and electricity, lack of availability of the device and HCPs forgetting to prepare it in advance of need or to use it when indicated. Feedback for future training was obtained. **Conclusion:** The Dream Warmer's strong safety and effectiveness performance is consistent with results from strict research studies. Training materials can be adapted to optimize integration into daily practice and provide educational content for parents. The Dream Warmer is a safe and effective device to treat neonatal hypothermia, particularly when KMC is insufficient. We gained an understanding of how to optimize implementation through robust HCP and family education to help combat hypothermia. Keywords: Implementation science, KMC, LMIC, neonatal hypothermia, new born.

Biography

Mc Geofrey Mvula is a healthcare professional affiliated with Partners in Health (PIH) in Sierra Leone. He has contributed to various research initiatives aimed at improving maternal and neonatal health in low-resource settings.In a study published in November 2024, Mvula co-authored a secondary data analysis assessing the long-term impact of a nurse-midwife mentorship intervention in neno district, Malawi. The research focused on maternal and neonatal complications, highlighting the effectiveness of mentorship programs in enhancing healthcare outcomes. Additionally, Mvula has been involved in implementing the Dream Warmer, a neonatal warming device designed to complement Kangaroo Mother Care (KMC) in Malawi

Michaella M. Alvarez

Makati Medical Center
Philippines

Determination of post menstrual age and weight at extubation and its relationship with extubation success in premature infants at a neonatal intensive care unit in a tertiary hospital in Manila, Philippines: A 10-year retrospective study

Abstract:

Background: Respiratory distress at birth is commonly seen in preterm neonates, which may necessitate non-invasive respiratory support and, if this is unsuccessful, mechanical ventilation. However, prolonged mechanical ventilation (MV) is associated with risks. The decision to do so often depends on clinicians' personal experiences, clinical judgement through interpretation of blood gas values as ventilator settings are weaned down, and a perception of the increasing lung maturity of the neonate. **Objective:** To determine the post-menstrual age and weight at extubation, and their relationship with extubation success in premature infants at a neonatal intensive care unit in a private tertiary hospital. Methods: A retrospective study was done to assess the patient demographics, maternal variables, neonatal comorbidities, ventilator parameters, clinical parameters and blood gas values of preterm neonates previously endotracheally intubated in the neonatal intensive care unit of a private, tertiary hospital from January 1, 2013 to December 31, 2022 **Results:** The study included 156 patients, of who 127(81%) underwent successful endotracheal extubation. Compared to those who were unsuccessfully extubated, those successfully extubated were significantly older in gestational age at birth (median:30 weeks) heavier at birth (median:1076grams); older at extubation(median corrected age:30.6weeks);and heavier at the time of extubation(median:932grams). The proportion of female neonates successfully extubated was higher. On further analysis, weight at the time of extubation and female sex were the only two factors that were significantly associated with successful extubation. **Conclusions:** Only weight at extubation (median, 932 grams) and female sex were the only two factors significantly associated with successful endotracheal extubation.

Biography

Michaella M. Alvarez, MD has completed her Doctor of Medicine from De La Salle Health Sciences Institute and completed her Pediatric Residency at Makati Medical Centre. She has recently passed the written specialty exam of the Philippine Pediatric Society and is currently applying for a Pediatric Fellowship Program locally. Audience Take away notes: This study demonstrated that the gestational age at birth, birthweight, weight at time of extubation and female gender were the significant factors to consider when deciding on when to extubate a preterm neonate. It is recommended that this same study bed oneas a prospective, multi-institution observational study

Ranjan Dhungana

Safa Sunaulo Nepal
Nepal

Determinants of low birth weight in newborns at a referral hospital in western nepal: An unmatched case-control study

Abstract:

Low Birth Weight (LBW), birth weight of less than 2500 grams regardless of gestational age, is a significant public health issue globally. The prevalence rates in Nepal vary between 15% and 29%. This study aims to identify risk factors of LBW in Western Nepal, a region that has not been extensively investigated. A hospital-based unmatched case-control study was conducted at Bheri Hospital in Western Nepal from July 2020 to June 2021. Data were collected from 300 mothers delivering live singleton babies with 150 of them having newborns weighing less than 2,500 grams (cases) and 150 of them weighing 2,500-4,000 grams (controls). Data were collected through structured face-to-face interviews and hospital record reviews. Mothers with a monthly income above 15,000 Nepali rupees had lower odds of having LBW infants (OR: 0.2, 95% CI: 0.1-0.3). Lack of support from husbands and mothers-in-law during pregnancy significantly increased the odds of LBW, with nearly four times higher odds for lack of husbands' support (OR: 3.9, 95% CI: 1.2-12.3) and 9.5 times higher odds for lack of mothers-in-law's support (OR: 9.5, 95% CI: 4.6-19.5). Maternal smoking during pregnancy also increased the odds of LBW significantly (OR: 8.9, 95% CI: 1.9-40.2). Intended pregnancy was protective, reducing the odds of LBW (OR: 0.2, 95% CI: 0.1-0.3). Women with a history of delivering LBW babies within the past three years had a higher risk of recurrence (OR: 12.2, 95% CI: 1.5-98.7), and those with a recent abortion exhibited increased odds of LBW (OR: 5.6, 95% CI: 1.8-17.5). Attending four or more ANC visits and receiving nutritional counseling significantly lowered the odds of LBW (OR: 0.2, 95% CI: 0.07-0.7 and OR: 0.2, 95% CI: 0.1-0.4, respectively). Weight gain of 7 kg or more during pregnancy also reduced LBW risk (OR: 0.1, 95% CI: 0.01-0.14), whereas preterm birth increased the odds of LBW (OR: 9.5, 95% CI: 4.5-20.2). Interventions to reduce LBW should address these modifiable risk factors, emphasizing family support, ANC visits, nutritional counseling, and behavioral change communication.

Biography

Ranjan Dhungana, MPH in Public Health and MPhil in Demography, is a dedicated neonatal health specialist from Nepal. Focused on the Helping Babies Breathe (HBB) program, he has contributed significantly to maternal and neonatal care, publishing over 10 articles in peer-reviewed journals, and conducting groundbreaking research in Nepal.

Bassam Saeed

Farah Association for Child with Kidney Disease
Syria

Spectrum of steroid-resistant and congenital nephrotic syndrome in children: The podo net registry cohort

Abstract:

Background and objectives: Steroid-resistant nephrotic syndrome (SRNS) is a rare kidney disease involving either immune-mediated or genetic alterations of podocyte structure and function. The rare nature, heterogeneity, and slow evolution of the disorder are major obstacles to systematic genotype-phenotype, intervention, and outcome studies, hampering the development of evidence-based diagnostic and therapeutic concepts. To overcome these limitations, the Podo Net Consortium has created an international registry for congenital nephrotic syndrome (CNS) and childhood-onset SRNS.

Methods: Since Aug. of 2009 to Oct. 2021, clinical, biochemical, genetic, and histopathologic information was collected both retrospectively and prospectively from 2671 patients with childhood-onset (Age ≤20years old) SRNS, CNS, or persistent sub-nephrotic proteinuria of likely genetic origin at 81 centers in 32 countries through an online portal.

Results: SRNS manifested in the first 5 years of life in 64% of the patients. CNS accounted for 6% of all patients. Extra renal abnormalities were reported in 17% of patients. The most common histopathologic diagnoses were FSGS (56%), minimal change nephropathy (21%), and mesangio proliferative GN (12%). Mutation screening was performed in 1174 patients, and a genetic disease cause was identified in 23.6% of the screened patients. Among 14 genes with reported mutations, abnormalities in NPHS2 (n=138), WT1 (n=48), and NPHS1 (n=41) were most commonly identified. The proportion of patients with a genetic disease cause decreased with increasing manifestation age: from 66%in CNS to 15%–16% in schoolchildren and adolescents. Among various intensified immunosuppressive therapy protocols, calcineurin inhibitors and rituximab yielded consistently high response rates, with 40%–45% of patients achieving complete remission. Confirmation of a genetic diagnosis but not the histopathologic disease type was strongly predictive of intensified immunosuppressive therapy responsiveness. Post-transplant disease recurrence was noted in 25.8% of patients without compared with 4.5% (n=4) of patients with a genetic diagnosis.

Conclusion: The Podo Net cohort may serve as a source of reference for future clinical and genetic research in this rare but significant kidney disease.

Biography

Consultant Pediatric Nephrologist at Farah Association for Child with Kidney Disease in Syria Founder and current President of Farah Association for Child with Kidney Disease in Syria (2013 to date) Deputy Chair of the ISN Middle East Regional Board 2023-2025 Council Member of the ISN 2023-2025 Member of the ISN Continuing Medical Education Committee (2022 – 2024) Representative of Syria in the ISN Middle East Regional Board. (2014 to date). Past president of the Middle East Society for Organ Transplantation (MESOT). Founder of the 1st Pediatric nephrology fellowship program in Syria in Nov. 2003 Founder of Pediatric Nephrology Department & Pediatric Dialysis Unit & pediatric Kidney transplant program at Surgical Kidney Hospital / Damascus / Syria / in February 2002 Member of the Declaration of Istanbul Custodian Group (DICG) Member of the Honorary Committee of the Advanced International Training Course in Transplant Procurement Management. TPM-DTI Foundation. Barcelona – Spain Founding member of the World Academy of Medical, Biomedical, and Ethical Sciences Country Liaison representing Syria in The Transplantation Society (TTS). Regional Representative of the Middle East/Africa region in the KDIGO Associate Editor of Experimental and Clinical Transplantation (ECT) Journal. Founder of the MESOT Fellowship Program Participant and Signatory to the final statement issued by the Pontifical Academy of Sciences (PAS) during the Vatican Summit on Organ Trafficking and Transplant Tourism held at the Vatican on February 7-8, 2017 Editorial Board member and reviewer in many journals

Tal Gilboa

Hadassah University Medical Center
Israel

The effects of coronavirus disease 2019 and its vaccination on pediatric epilepsy

Abstract:

Aim: Concerns regarding the effects of mRNA-based COVID-19 vaccination on paediatric epilepsy course were raised by physicians and patients. This study aimed to evaluate such possible effects, and to characterise the manifestations of acute infection with SARS-CoV-2 in children with epilepsy.

Method: This was an observational cross-sectional study. Patients between 5-18 years who visited our paediatric epilepsy clinic between 1 September and 30 November 2022 were recruited. The patient or their parent filled out an anonymous one-page questionnaire on the manifestations of SARS-CoV- 19 infection, the adverse events of COVID-19 vaccine, and some clinical and demographic information.

Results: Overall, 160 patients completed the questionnaires. Symptoms of acute infection were mostly mild. Seizure exacerbation during the infection was reported in 17%, and three children were admitted to the hospital. No seizure exacerbation was reported in the week following 104 vaccination doses. The vaccination rate was significantly lower than the general population of the same age, especially in children under 12.

Conclusions: The risk for seizure exacerbation following vaccination was minimal. The risk for seizure exacerbation during an infection was substantial. Clinicians should reassure patients, parents, and caregivers regarding the low risk of seizures following COVID-19 vaccination.

Biography

Tal Gilboa is a distinguished pediatric neurologist based at Hadassah Medical Center in Jerusalem, Israel. He currently serves as the Director of the Pediatric Neurology Unit, where he oversees the evaluation and treatment of children with various neurological conditions, including developmental disabilities, epilepsy, and movement disorders. Gilboa has contributed significantly to the field through his research, authoring numerous publications on topics such as epilepsy, neurogenetics, and pediatric neurology. His work has been widely cited, reflecting his influence in advancing pediatric neurology. In addition to his clinical and research roles, Dr. Gilboa is actively involved in education and mentorship, training the next generation of pediatric neurologists. His dedication to improving child health through clinical excellence, research, and education underscores his commitment to the field of pediatric neurology.

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