

ACCEPTED

Abstracts



EuroSciCon Conference on

PEDIATRICS 2017

November 13-14, 2017 | London, UK

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

THE PSYCHOLOGICAL IMPACT OF THE EARLY LOSS OF A MOTHER ON THE HEALTH AND WELL- BEING OF DAUGHTERS

Anne Tracey

Ulster University, Magee campus
Northern Ireland

The aims of the study were to give a voice to adult daughters who had been maternally bereaved between the age of birth and eleven years old and to explore how the loss had impacted on their lives. Twenty-six participants aged between 25 and 77 (mean age was 32) were interviewed: Nineteen from the North of Ireland and 7 from the Republic of Ireland. The recruitment of participants was carried out in two phases: initially three were recruited through University of Ulster e-mailing network and snowballing for a small Pilot Study. Approximately nine months later, a further twenty-three interviewees were recruited through requests for participants that were disseminated through newspapers and radio interviews. The semi-structured interviews were recorded, transcribed and analysed in line with the procedures of Grounded Theory. Verification of the findings was achieved through written feedback and focus group. The core concept identified, 'Perpetual Loss and Pervasive Grief', encapsulated the profound and deeply felt repercussions of the early loss of a mother. Daughters' experiences were influenced by family relationships and the circumstances within which they were reared. Loss and grief permeated their lives and impacted on many aspects of their psychological health and well-being as they grappled with life events and transitions. A

variety of coping mechanisms helped daughters to deal with the loss as their lives unfolded. Given that, until the present, early childhood loss has received little attention in Ireland, the insights gained could help to inform and enlighten those with a personal history of early loss, families, communities, educationalists and employers and the medical and therapeutic professions who offer help and support to those bereaved early in life. Ethical considerations are paramount to research of this nature both initially in planning the study. Throughout its duration, vigilance is critical for the maintenance of ethical standards.

ap.tracey@ulster.ac.uk

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

NEUROANATOMY OF HIGH ORDER COGNITIVE PROCESSING FOLLOWING VERY PRETERM BIRTH

Chiara Nosarti

King's College London UK

A variety of impairments in high order cognitive processing have been described throughout childhood and adolescence in individuals who were born very preterm (<32 weeks of gestation), although little is known about the effects of very preterm birth on specific cognitive outcomes later in life. Existing research in very preterm samples suggests a selective long-term vulnerability of brain circuits associated with different aspects of high order cognitive processing, including the fronto-temporal, the fronto-striatal and the fronto-parieto-cerebellar networks. This talk will describe a few studies from our group that have directly explored the functional and structural brain correlates of high order cognitive outcomes in very preterm born young adults, with an emphasis on emotion recognition, learning and working memory. The effects of early brain damage and structural alterations following very preterm birth on the adult neuroanatomy of cognitive processing will be also discussed.

chiara.nosarti@kcl.ac.uk

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

THE IMPORTANCE OF TRANSITIONAL CARE FOR THE CHRONICALLY SICK CHILD

Christopher Woodhouse

University College, London

The progress made in pediatric care in the 20th century not only saved many children from early death, but allowed normal development of adolescence and adulthood. This success has created a new problem – how to transition children through adolescence and into adult life. Although ‘adolescent medicine’ has been a part of pediatric practice in many hospitals, probably beginning in Boston, it was aimed more at caring those who developed serious illnesses in the difficult early adolescent years rather than transitioning those with long term problems. It is not feasible to keep children in a pediatric environment indefinitely; the pediatric hospital would soon become an adult one. Programmes are being developed in many specialties to carry on care into early adult life. The question then is how to look after the patients in adulthood. Where there is an adult equivalent, such as diabetes or asthma, an adult service can gradually take over. Where there is no adult equivalent such as in congenital heart disease, spina bifida or exstrophy, specialist lifelong care is needed. Early studies suggest that this achieves better outcomes medically and socially than care in the generality of health care.

Christopher.woodhouse@ucl.ac.uk

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

FEEDING PRACTICES AND MALNUTRITION AMONG UNDER FIVE CHILDREN IN COMMUNITIES OF KUJE AREA COUNCIL, FEDERAL CAPITAL TERRITORY ABUJA, NIGERIA

Clementina Ebere

Nutrition Section, Federal Capital Territory Primary Health Care Board, Nigeria

Poor dietary practices and malnutrition, including severe acute malnutrition among under five children in Nigeria has remained a great public health concern. This study assessed infant and young child feeding practices and nutritional status of under-five children to determine the prevalence of malnutrition in Kuje area council, Abuja. The study was a cross-sectional study. Multi-stage sampling techniques was used in selecting the population under study. Probability proportion by size was applied in choosing 30 clusters for the survey using ENA for SMART software 2011 version. Questionnaires were used to obtain information from the population, while appropriate equipment was used for measurements of anthropometric parameters. The data was also subjected to statistical analysis. Results were

presented in tables and figures. The result showed that 96.7% of the children were breastfed, 30.6% had early initiation to breastfeeding within first hour of birth and 22.4% were breastfed exclusively up to 6 months, 69.8% fed infants' colostrum, while 30.2% discarded colostrum. About half of the respondents (49.1%) introduced complementary feeding before six months and 23.2% introduced it after six months while 27.7% had age appropriate timely introduction of complementary feeding. The anthropometric result showed that the prevalence of global acute malnutrition (GAM) was 12.8%, severe wasting prevalence was 5.4%, moderate wasting was 7.4%, underweight was 24.4%, stunting was 40.3% and overweight was 7.0%. The result showed that there is high prevalence of malnutrition among under five children in Kuje.

eberecee@gmail.com

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

EVALUATION OF SUSPECTED APPENDICITIS IN THE EMERGENCY DEPARTMENT OF A TERTIARY CARE CENTER IN BEIRUT, LEBANON

**El Sayed M, Fares S
Dakessian A and Bashir R**

American University of Beirut Medical
Center, Lebanon

Background: Appendicitis, the most common atraumatic surgical abdominal disorder among those 2 years or older, is diagnosed in 1%–8% of children who present to pediatric emergency departments (ED) with acute abdominal pain. Appendicitis diagnosis is done by ultrasonography (US) or computed tomography (CT). CT use and its associated radiation exposure have been increasing. The aim of this study is to examine ED evaluation of suspected appendicitis with focus on imaging modalities and outcomes.

Methods: Retrospective chart review of children (<18 years) with suspected appendicitis evaluated at the Emergency Department (ED) of the American University of Beirut Medical Center from July 2009 to March 2011. ICD-10 codes for abdominal pain, appendicitis, and acute appendicitis were filtered for suspected appendicitis per the attending/resident note and included.

Results: A total of 324 children with suspected appendicitis were included. Over half (N=181, 55.9%) were between the

ages of 12 – 18 years. More patients were females (N= 178, 54.9%). CT was the most common imaging modality (62%). Only 2% underwent an US and 36% had no imaging at all. Appendicitis diagnosis was confirmed in 74 patients (22.8%) by CT scan only. No cases were diagnosed by ultrasound. Most patients confirmed with appendicitis had an Alvarado score between 7-9 (60.8%) and PAS score between 4-6 (60.8%). Symptoms of migration of pain, anorexia, nausea/vomiting and signs of RLQ tenderness, rebound pain, coughing/hopping/percussion pain were all significantly different between those with confirmed appendicitis and those with other diagnoses.

Conclusion: The prevalence of confirmed appendicitis among ED patients who were evaluated for suspected appendicitis was low. Ultrasound was underutilized. Better clinical prediction rules and increased incorporation of ultrasound are needed in the evaluation of suspected appendicitis in pediatric patients in our setting.

em911@aub.edu.lb

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

NOVEL DEVELOPMENTS AND METHODOLOGIES FOR PRESERVING CHILD WELLBEING FROM SERIOUS INFECTION

Kwang Sik Kim

Johns Hopkins University School of Medicine,
USA

Bacterial meningitis continues to be an important cause of mortality and morbidity in infants and children through the world, and a major contributing factor is our incomplete understanding of the pathogenesis of this disease. A high-degree of bacteraemia and bacterial invasion of the blood-brain barrier represent the key steps in the development of bacterial meningitis, but the underlying mechanisms remain incompletely understood. Using transcriptome analysis of bacteria derived from a high-degree of bacteraemia and meningitis, we showed that a high-degree of bacteraemia exploits oxidative stress within bacterial cell and reducing oxidative stress inhibits the development of bacterial meningitis. Using proteomic arrays, RNA-Seq analysis and CRISPR/Cas9 approaches, we showed that bacterial invasion of the blood-brain barrier exploits specific host factors and counteracting such exploited host factors inhibits bacterial penetration of the blood-brain barrier as well as reduces the

mortality and morbidity associated with bacterial meningitis. These findings demonstrate that elucidation of the microbial and host factors contributing to bacterial penetration of the blood-brain barrier provides an innovative approach for the development of prevention and therapy of bacterial meningitis. This is the first demonstration of utilizing state of the art methodologies for discovery of targets for bacterial meningitis for protecting infants and children from serious infections

kwangkim@jhmi.edu

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

PRESENCE OF PARENTS AT INDUCTION AND RECOVERY AS A METHODOLOGY FOR REDUCING ANXIETY OF PARENTS AND CHILDREN IN PEDIATRIC SURGERY

Fernanda Barros

Sao Joao Hospital, Portugal

Painful procedures are a necessary part of pediatric care. Anesthesia induction is a stressful event for children and their parents, and may have potentially harmful consequences on the patient's physiological and mental situation. Parental presence at induction of anaesthesia (PPIA) is desirable if it makes the child happier and more cooperative. Stressful anesthesia induction has psychological adverse effects that recur with repeated anesthesia, they can lead to increased pediatric discomfort during the recovery period, and may induce reactionary postoperative behavior. Nightmares, separation anxiety, eating disorders, and bedwetting have been reported as confirmed outcomes of anxiety among children. High anxiety levels have a higher risk of expressing negative behaviors after surgery, and higher parental anxiety levels are directly associated with children's preoperative anxiety levels. Preoperative sedative drugs are routinely

recommended to manage anxiety of pediatric patients during surgeries. Several studies have suggested the use of oral midazolam. Other studies have reported that PPIA not only has the same effect, but also has considerably better impact on pediatric anxiety control compared to oral midazolam. Other reports have shown that PPIA does not have a positive effect on anxiety levels of children. The stress this causes to the parents and whether they are upset by this experience is not well documented. It is equally important to evaluate their attitude towards witnessing their child being anesthetized. Because the level of satisfaction of parents and their child can be a measure of the health care quality, we designed a study to evaluate if the previous information, PPIA and recovery had reduced the anxiety of parents and children in paediatric surgery in our hospital. We concluded that with previous information, PPIA and recovery there were lower levels of parental and child's anxiety, children were more comfortable, suggesting a good health care quality.

fernanda.barros@hsjoao.min-saude.pt

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

DIALECTICAL BEHAVIOUR THERAPY FOR PRE-ADOLESCENT CHILDREN: CURRENT EVIDENCE AND FUTURE DIRECTION

Francheska Perepletchikova¹,
Donald Nathanson¹ and Seth
Axelrod²

¹Weill Cornell Medical College, USA

²Yale University School of Medicine, USA

Background: Chronic irritability and difficulty with self-control may negatively affect child's emotional, social and cognitive development and are predictive of personality disorders, dysphoric mood, substance and alcohol abuse, suicidality and non-suicidal self-injury in adolescence and adulthood. Dialectical Behaviour Therapy for pre-adolescent children (DBT-C) aims to facilitate adaptive responding by teaching coping skills and encouraging caregivers to create a validating and change-ready environment.

Method: Two RCTs were conducted to examine feasibility and initial efficacy of DBT-C. 1) In the NIMH funded RCT of DBT-C for Disruptive Mood Dysregulation Disorder, 43 children (7-12 years) were randomly assigned to DBT-C or TAU. Children were provided with 32 individual sessions that included child counselling, parent sessions and skills training.

2) In the Private Foundation funded RCT of DBT-C for children in residential care, 47 children (7-12 years) were randomly

assigned to DBT-C or TAU. Children were provided with 34 individual sessions, 48 group skills trainings and 12 parent trainings.

Results: 1) Subjects in DBT-C attended 40.4% more sessions than subjects in TAU. No subjects dropped out of DBT-C, while 36.4% dropped from TAU. Further, 90.4% of children in DBT-C responded to treatment compared to 45.5% in TAU, on the Clinical Global Impression Scale. All changes were clinically significant and sustained at 3-months follow-up. 2) In the residential care trial significant differences were observed on the main measure of outcome – Child Behavior Checklist (CBCL) staff report. Children in the DBT-C condition as compared to TAU had significantly greater reduction in symptoms on both Internalizing and Externalizing subscales. All changes were clinically significant. Results were maintained at 3- and 6-month follow-up.

Conclusions: Results of both trials supported the feasibility and initial efficacy of DBT adapted for pre-adolescent children with severe emotional and behavioural dysregulation in multiple settings.

frp2008@med.cornell.edu

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

ACUTE PNEUMONIA: A NEW LOOK AT THE OLD PROBLEM

Igor Klepikov

Tel Aviv University, Israel

Treatment of acute pneumonia(AP) in recent decades focused solely on antibiotic therapy, does not include pathogenetic,specific methods of assistance and repeats the principles of treatment of other inflammatory diseases. Moreover,according to existing therapeutic and preventive recommendations, it is possible to assume that the AP is a specific form of inflammation. Existing approaches to the treatment of AP are in stark contrast with the following well known facts: 1. AP is not contagious specific disease; 2. Approval, the priority role of specific pathogens in the etiology of AP have no absolute evidence,for the vast majority of these patients were cured without clarifying the etiology of the disease. 3. The etiology of AP is represented by many non-specific bacteria.These microorganisms are found as a rule among the symbionts of healthy people. Reducing the effectiveness of antimicrobial drugs,the emergence and the increasing number of antibiotic-resistant pathogens and a gradual increase in the frequency of purulent complications attach importance and urgency to the solution of this problem.The first step in this decision is a revision of ideas about the nature and mechanisms of AP.This work has been done and tested in a clinical setting in the years 1976-1984 in Novokuznetsk State Institute for postgraduate doctors(USSR,Russia). The basis of the new doctrine AP was based on the following scientific medical axioms, already existing scientific justification- 1. The body's response to any stimulus, including the initiation of inflammation, is highly individual and unique; 2. The basis for the inflammatory transformation of the body tissue is a vascular reaction with a specific stage sequence; 3. Small and big circles of blood circulation not only have a direct relationship,but

an inverse relationship. 4. Among the nonspecific forms of inflammation, AP is the only process occurring in the system of lesser circulation and 5. The same medical procedure can have different effects on inflammation in the small or big circles of blood circulation. Following private studies were additionally performed:1. Experimental model of AP (4 series of experiments, 44 animals) obtaining a model of pleural complications (certificate for invention No 1631574, A1,1 November 1990, USSR). 2. X-ray examination 56 lung anatomical preparations with different forms of the AP,taken from the dead patients. 3. Record comparative rheopulmonography before and after performing medical procedures(36 patients). 4. Analysis of the observation and treatment of 994 children with AP and its various destructive and pleural complications. The revised treatment guidelines were applied in 101 patients in the initial period of aggressive forms of AP. The received results allow to speak about possibility of the guaranteed prevention of suppurative and destructive complications of the disease.

iklepikov@yahoo.com

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

LONG TERM OUTCOMES FOLLOWING BAKED MILK-CONTAINING DIET FOR IGE-MEDIATED MILK ALLERGY

Ilan Dalal^{1,4}, Jenny Weinbrand
Goichberg¹, Shira Benor²,
Menahem Rottem³, Nitzan
Shacham¹, Avigdor Man-
delberg⁴, Arie Levine⁴, Koby
Sade² and Shmuel Kivity²

¹Wolfson Medical Center, Israel

²Tel Aviv Sourasky Medical Center

³Haemek Medical Center, Israel

⁴Sackler faculty of medicine - Tel Aviv University, Israel

Background: There is limited knowledge regarding long term follow-up of milk allergic patients who tolerate baked milk (BM) products.

Objective: The objective of the study is to evaluate the long-term safety and efficacy of this intervention.

Patients & Methods: Children with IgE-mediated milk allergy underwent an oral challenge with BM. Those who tolerated BM underwent baked cheese pizza (BC) challenge after 6 months. Six months later, a challenge with unheated milk was offered to patients who tolerated BC.

Results: 85 children (median 5.2 years; range 15 months to 15

years) were prospectively followed for a median of 29 months (range 15-50 months). Fifteen (18%) reacted to the initial BM challenge. Reactions were mild in most cases and only 3 had anaphylaxis. Among 70 (82%) children who initially tolerated BM challenge, 26 (37%) tolerated unheated milk at last follow up, 16 (23%) tolerated BM/BC and 25 (36%) avoided all forms of milk despite successful initial BM/BC challenges. Another 3 patients (4%) were lost to follow-up. Predictive parameters of reactivity to initial BM challenge include age (median - 7; range 2.5-15 years vs. 3.5; range 1-14.5 years; $P=0.02$), mild respiratory symptoms (67% vs. 26%, $P<0.01$) as part of the reported allergic reaction to milk, asthma (53% vs. 14.3%, $P<0.01$) and a larger SPT to casein (median 14; range 8-28 mm vs. 6; range 0-18 mm; $P<0.01$)

Conclusions: For most of our patients, ingestion of BM was found to be safe and well tolerated. However, initial successful challenge with BM/BC does not always guarantee ongoing consumption of these products. Better predictors of response are needed for patient selection and long-term outcomes.

ilandalal@hotmail.com
Dalal@wmc.gov.il

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

DIAGNOSTIC ACCURACY DOPPLER ULTRASOUND IN DIAGNOSIS OF TESTICULAR TORSION IN CHILDREN WITH SCROTAL PAIN TAKING SURGERY AS GOLD STANDARD

Islam Fahed

Islam Fahed Private Clinic, Palestine

The objective of this study was to find out the diagnostic accuracy Doppler ultrasound in diagnosis of testicular torsion children presenting with scrotal pain taking surgical findings as Gold Standard. In this diagnostic cross sectional study we took 120 male patients of 1-14 years of age with acute scrotal pain (12-48 hours) and with clinical suspicion of testicular torsion. Doppler ultrasonography was carried out in all the patients by a single radiologist. All patients were sent for surgery and intraoperative findings were noted. All surgeries were done by a single surgical team. All this information was recorded on proforma (attached). Statistical analysis was

performed by entering all the data in SPSS version 20. In this study the mean age of patients was 9 ± 2.52 years. The mean duration of scrotal pain 16.12 ± 5.03 and average scrotal pain on visual analogue scale (VAS) was 7.17 ± 1.50 . The Sensitivity, Specificity, Positive predictive value and negative predictive value of Doppler ultrasonography was 98.21%, 87.5%, 99.1%, 77.78% respectively. The overall diagnostic accuracy was 97.5%. According to this study, Doppler ultrasonography can be used to detect testicular torsion in patients presenting with acute scrotal pain with reliable sensitivity (98.21%), specificity (87.5%) and good diagnostic accuracy (97.5%)

islamfahed.if@gmail.com

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

THE RURAL–URBAN ENIGMA OF ALLERGY: WHAT CAN WE LEARN FROM STUDIES AROUND THE WORLD?

Jing Li

State Key Laboratory of Respiratory Disease -
Guangzhou Medical University, China

Childhood asthma and related allergic conditions have become the most common chronic disorders in the Western world. Many studies from around the world have demonstrated an increasing trend of asthma prevalence over the last few decades. A few recent reports also suggested that childhood asthma prevalence may be showing a plateau or even a decline in few developed countries. Given the rapid changes in the prevalence over a short period of time, environmental factors are the more likely candidates explaining such trend. One of the most consistent epidemiological findings was that subjects living in the rural areas had lower

prevalence of allergies when compared to those from urban areas. Clear understanding of the mechanisms of how the environmental determinants in the rural environment may affect the early immune system resulting in lower risk of allergies and asthma will facilitate the development of future primary preventive strategies. In this study, we review recent data from around the world and explore the epidemiology and mechanistic studies that may explain the rural–urban difference of allergies

lijing@gird.cn

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

ORAL MICROBIOLOGY IN DETECTING CHILD ABUSE CASES: A NEW PERSPECTIVE

Ines Morais Caldas

Faculty of Dental Medicine - University of
Porto, Portugal

The recent and surprising discovery that the human microbiome is highly personalized opens new possibilities in the development of novel forensic approaches. Interestingly, recent studies showed that the oral microbiome presents consistent intra-individual stability and similarity over time and, equally important, consistent inter-individual variability. Regarding child abuse, bite marks are frequently found. In this context, the American Board of Forensic Odontology recommends that the bite mark is considered not only a physical evidence, where the bite mark analysis is used for comparison between bite marks on a bitten object and the suspects' teeth, but also a biological evidence, where the bite injury should be swabbed for DNA presence, to compare it with the possible perpetrator. These DNA can be human or microbial, in the specific case of bite marks from oral microbiome. Recent research indicates that this procedure should also be carried out in non-human substract, as some researchers stated that it is possible to recover and isolate human nuclear and mitochondrial DNA and also oral human microbiome DNA from bitten foods. Although human DNA has a great discriminatory power, is difficult to recover due to its low quantity and frailty. So, oral microbiome represents an innovative alternative for perpetrator identification in a context of crimes involving bite marks. The aim of this work is to explore the possibility of using the microbiome in bite marks inflicted in child abuse for human identification purposes.

fernanda.barros@hsjao.min-saude.pt

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

THE ROLE OF LASER IN TONGUE TIE DIVISION: A PILOT STUDY

**Kaye Talijancich and Parsho-
tam Gera**

Perth Paediatrics, Australia

Background: Laser Tongue Tie Division is an option suitable for neonates, older children and adults. No general anaesthetic is used, but an analgesic gel is applied. The procedure is very quick, taking only 2 to 3 minutes to perform.

Aim: The aim is to assess the outcome of patients who underwent tongue tie division with Diode Laser at Perth Paediatrics.

Methods: We conducted a retrospective review of the 49 children who underwent Laser Repair of Tongue Tie at Perth Paediatrics between 30/01/2017 and 10/7/2017. The age of the children ranged from 4 days to 6 months. We assessed the outcome after 1 to 6 months, with a questionnaire via telephone. Of the 49 children's mothers telephoned, a total of 41 children were contactable. The outcome was assessed in terms of improvement of breastfeeding comfort to the mother and procedural complications.

Results: The outcome was assessed in terms of improvement in breastfeeding and lack of discomfort. 41 mums had immediate relief, which was rated good to excellent. Three mums had poor immediate relief but there was improvement after 2 weeks if procedure and was rated good. Only 2 out of 41 mothers reported no relief in improvement in breastfeeding. Furthermore, it was noted that reflux symptoms in 3 children decreased post laser treatment and a weight gain increase was noted. There were no immediate or delayed procedural complications in terms of post-operative bleeding, infection, scarring or recurrence.

Conclusion: 95.2% (39/41) of children, who underwent Tongue Tie Division with Laser, were reported by their mothers, to have improvement in breastfeeding improvement in terms of latch/leakage. This outcome also included an improvement in the mother's discomfort i.e., nipple pain, nipple damage and mastitis

kayetali@optusnet.com.au

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

FIRST CHARACTERIZATION OF IMMUNOGENIC CONJUGATES OF VI NEGATIVE SALMONELLA TYPHI O-SPECIFIC POLYSACCHARIDES WITH REPA PROTEIN FOR VACCINE DEVELOPMENT

**M Salman^{1,2,4}, F St. Michael¹,
A Ali², A Jabbar⁵, C Cairns¹,
A C Hayes¹, M Rahman², M
Iqbal², A Haque³ and A D Cox¹**

¹Human Health Therapeutics Portfolio
National Research Council, Canada

²National Institute for Biotechnology
Faisalabad, Pakistan

³University of Faisalabad, Pakistan

⁴Abasyn University, Pakistan

⁵Mirpur University of Science & Technology
Pakistan

Efficacious typhoid vaccines for young children will significantly reduce the disease burden in developing world. The Vi polysaccharide based conjugate vaccines (Vi-rEPA) against *Salmonella* Typhi Vi positive strains has shown high efficacy but may be ineffective against Vi negative *S. Typhi*. In this study, for the first time, we report the synthesis and evaluation of polysaccharide-protein conjugates of Vi negative *S. Typhi* as potential vaccine candidates. Four different conjugates were synthesized using recombinant exoprotein A of *Pseudomonas aeruginosa* (rEPA) and human serum albumin (HSA) as the carrier proteins, using either direct reductive amination or an intermediate linker molecule, adipic acid dihydrazide (ADH). Upon injection into mice, a significantly higher antibody titer was observed in mice administrated with conjugate-1 (OSP-HSA) ($P=0.0001$) and conjugate 2 (OSP-rEPA) ($P\leq 0.0001$) as compared to OSP alone. In contrast, the antibody titer elicited by conjugate 3 (OSPADH-HSA) and conjugate 4 (OSPADH-rEPA) were insignificant ($P=0.1684$ and $P=0.3794$, respectively). We conclude that reductive amination is the superior method to prepare the *S. Typhi* OSP glycoconjugate. Moreover, rEPA was a better carrier protein than HSA. Thus OSP-rEPA conjugate seems to be efficacious typhoid vaccines candidate, it may be evaluated further and recommended for the clinical trials

s.amazai@yahoo.com

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

NEWBORNS BORN TO MOTHERS WITH IMMUNE THROMBOCYTOPENIC PURPURA

Murat Yurdakök

Hacettepe University Faculty of Medicine,
Turkey

Leading cause of moderate or severe thrombocytopenia is immune thrombocytopenia in otherwise healthy appearing neonates. Immune thrombocytopenia in the fetus or newborn may result from platelet alloantibodies against paternal antigens inherited by the fetus (alloimmune thrombocytopenia) or platelet autoantibodies in the mother with immune thrombocytopenic purpura (ITP). Only 10% of human platelet antigen (HPA)-1a negative mothers who are exposed to HPA-1a positive fetal platelets during pregnancy develop HPA-1a alloantibodies, and 30% of fetuses/neonates will develop thrombocytopenia and 20% of these cases being severe. Most serious complication of severe fetal and neonatal alloimmune thrombocytopenia (FNAIT) is intracranial hemorrhage (ICH) which has been detected in 10-20 percent of affected fetuses/neonates, with most cases occurring antenatally, and leads neurological sequale in 20%, and deaths 5-10%. There is no evidence-based optimal treatment strategy. Platelet antibody titration in maternal plasma is not helpful for decision making. The best indicator for current pregnancy is the outcome of the previous pregnancy. The risk of recurrence among subsequent HPA-positive sibling is close to 100% where the previous sibling was affected with antenatal intracranial ICH. The risk of ICH becomes high with more severe and earlier onset in each subsequent pregnancy.

Serial platelet counts should be obtained for the first 5-7 days of delivery to keep the platelet counts higher than 30,000/ μ L without active bleeding and higher than 50,000-100,000/ μ L with active bleeding. IVIG is not alternative to platelet transfusions, since platelet counts are not rise before 24-48 h. In platelet transfused patients, IVIG can be given to potentially prolong the survival of the incompatible platelet. ITP during pregnancy is not considered a serious risk of perinatal bleeding, but may cause a moderate thrombocytopenia in neonate. In mothers with ITP, the risk of thrombocytopenia is only 10%, with no more than 1% risk of in utero ICH

muratyurdakok@yahoo.com

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

GESTALT TECHNIQUES AS A MEASURE OF SUPPORT TO DIFFERENT MEDICAL TREATMENTS

Olivera M Cirkovic
BEOMED, Belgrade, Serbia

Gestalt therapy has holistic approach and uses techniques that focuses on gaining an awareness of emotions and behaviours in the present rather than in the past, here rather than there. Due to history of most commonly psycho-physical disturbance in paediatrician's practice, psychological reasons are one of commonly mentioned risk factors (beside life style). This paper shows how gestalt therapy could be used both as preventive measure and measure of support to different medical treatments in everyday paediatrician's practice. Through different case studies, I will also present which gestalt techniques might be used in work with children that blocked emotions and interrupted contact on several levels, children from family with extremely complex problems and relationships, beside medical treatment support. Individual counselling work, through play, with children (patients), and counselling and educating the parents were main methods of implementation of gestalt therapy in everyday activities of paediatrician. Besides regular medical treatment, I practice gestalt therapy together with children and parents (mostly mothers). Constantly empowerment of children provides the potential good base for children to face the daily problems (due to medical procedure) and cope with same. A significant step for healthy expressions of emotions and therefore healthy psychomotor development of children is to strengthen the

self. Practicing gestalt therapy in named situations was based on a horizontal relationship. Exactly that provided me a holistic approach as paediatrician and therapist. Together with children and parents we explored nuances within relationships (paying careful attention to present experience). For this reason, techniques and psychotherapist's attention is focused on the spoken (verbalized), the body language (unspoken), voice (colour, strength, manner of speech), emotional status, and the intellect. The importance of working with sick children is highly effective, no matter whether it is acute, chronic, psychological or somatic condition

olivera.cirkovic@map.org.rs

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

COMPARATIVE STUDY OF THERAPEUTIC RESPONSE TO PHYSIOTHERAPY WITH OR WITHOUT BOTULINUM TOXIN IN CEREBRAL PALSY INDUCED SPASTICITY

**Saurabh Agarwal and
Patel B M**

Nirma University, India

Cerebral palsy (CP) frequently produces motor disorders like spasticity. Addition benefits of add on botulinum toxin with physiotherapy is still a confusing decision for physicians. 140 patients were distributed equally in two groups: group I (physiotherapy alone) and group II (BTX-A with physiotherapy). For efficacy measurement three scales were used: 1) Modified Ashworth Scale for muscle tone, 2) Medical research council scale for muscle strength and 3) Barthel Index for ADL. In between group analysis, group I showed significantly greater improvement in muscle tone and lesser improvement in ADL as compare to group II. There was no significant difference in muscle strength improvement in both the groups (Group I, 1.31+0.07, 3.19+0.19, 66.21+2.31; Group II, 1.60+0.11, 3.54+0.15, 83.33+3.17 respectively). Combination of BTX-A with physiotherapy is better in terms of ADLs improvement but not in terms of muscle tone and muscle strength improvement compared to physiotherapy alone

srbh.agarwal1@gmail.com

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

LONG TERM OUTCOMES OF PATIENTS DIAGNOSED WITH PANDAS (PEDIATRIC AUTOIMMUNE NEUROPSYCHIATRIC DISORDER ASSOCIATED WITH GROUP A STREPTOCOCCUS - A 17 YEARS PROSPECTIVE CLINICAL STUDY

Miroslav Kovacevic

University of Illinois at Chicago College of
Medicine, USA

PANDAS as a distinct clinical entity has been a source of controversies from its initiation in 1996-1998. In recent years (2010 until now) it has been receiving wide attention in scientific publications and it has been finally accepted as a valid clinical diagnosis. The purpose of this presentation is to review current diagnostic and therapeutic protocols applicable to PANDAS and to report on long term outcomes of patients receiving the recommended treatment(s).

Although most medical literature reports to date address pediatric population affected by this syndrome specifically, this report also addresses incidence, diagnostic and therapeutic protocols for adolescents and young adults with PANDAS. Consequently, it appears that in a specific cohort of adolescent and young adult population diagnosed with PANDAS treatments otherwise used in children may indeed be an effective therapeutic alternative

kwangkim@jhmi.edu

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

DIRECT EVIDENCE OF VIRAL INFECTION AND MITOCHONDRIAL ALTERATIONS IN THE BRAIN OF FETUSES AT HIGH RISK FOR SCHIZOPHRENIA

Segundo Mesa Castillo

Psychiatric Hospital of Havana, Cuba

Introduction: There is increasing evidence that favor the prenatal beginning of schizophrenia. These evidences point toward intra-uterine environmental factors that act specifically during the second pregnancy trimester producing a direct damage of the brain of the fetus. The current available technology doesn't allow observing what is happening at cellular level since the human brain is not exposed to a direct analysis in that stage of the life in subjects at high risk of developing schizophrenia.

Methods: In 1977, we began a direct electron microscopic research of the brain of fetuses at high risk from schizophrenic mothers in order to find differences at cellular level in relation to controls.

Results: In these studies we have observed within the nuclei of neurons the presence of complete and incomplete viral particles that reacted in positive form with antibodies to herpes simplex hominis type I [HSV1] virus, and mitochondria alterations.

Conclusion: The importance of these findings can have practical applications in the prevention of the illness keeping in mind its direct relation to the aetiology and physiopathology of schizophrenia. A study of amniotic fluid cells in women at risk of having a schizophrenic offspring is considered. Of being observed the same alterations that those observed previously in the cells of the brain of the studied fetuses, it would intend to these women in risk of having a schizophrenia descendant, previous information of the results, the voluntary medical interruption of the pregnancy or an early anti HSV1 viral treatment as preventive measure of the later development of the illness

segundo@infomed.sld.cu

PEDIATRICS

2017

November 13-14, 2017
London, UK

J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-003

CUES-ED: AN INNOVATIVE COGNITIVE BEHAVIOURAL PACKAGE FOR IMPROVING EMOTIONAL WELL- BEING AND RESILIENCE IN YOUNG CHILDREN

**Sophie Browning and Debbie
Plant**

South London & Maudsley NHS Foundation
Trust, UK

CUES-Ed is an 8 week CBT package for improving emotional wellbeing and increasing resilience in young children. It also aims to reduce the stigma that still surrounds mental health. The CUES-Ed package is underpinned by CBT principles - it aims to help each child realize their own potential by helping them to learn how to spot their own CUES when things are difficult and learn cognitive strategies and practise behavioural techniques to help them cope with challenges they are facing. The sessions are delivered in a really active and engaging way. This approach enables children to learn that their thoughts, feelings and behaviour are interconnected and that there are practical things they can do to help them manage. We have now worked with over 2000 children and have continued to develop in really

exciting and innovative ways – including going digital with our new games and interactive website which help to embed the core ideas. In terms of outcome measurement, we see very promising changes in how things are going in school, at home, with learning and behaviour and in use of adaptive coping strategies. Children report higher overall wellbeing following the CUES-Ed intervention. Regarding stigma we are also seeing shifts in attitudes towards emotional expression. All of the techniques are grounded in evidence based CBT for children. The feedback from children, parents and teachers has been overwhelmingly positive. CUES-Ed started as a school intervention but excitingly we are about to embark on a pilot of an adapted version for children in paediatric settings, liaising with our colleagues at Kings Hospital. The hope is that CUES-Ed will help boost the wellbeing of children with chronic illnesses and help them develop tools for managing things like coming into hospital and medical procedures

Sophie.Browning@slam.nhs.uk