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November 06-07, 2019 | Tokyo, Japan

Poster

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Cerebral Palsy as a birth effect and Its long term effect on growth, nutritional status and body composition in a sample of affected Egyptian Children

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Background & Objectives: Many of Cerebral Palsy (CP) patients suffer from oro-motor dysfunction resulting in difficult swallowing, recurrent aspirations and hence poor intake confirmed by dietetic history. Feeding difficulties are the main cause of growth failure in CP children. Increased weight and body fat stores, in patients with severe feeding difficulties resulting from tube feeding, reflects the great contribution of enteral intake to the growth and nutritional status of CP patients. Objectives: To assess nutritional status: body composition, serum leptin and other biochemical markers of nutritional status in a sample of CP Egyptian children.

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Anthropometric prediction of insulin-like growth factor-I and its binding protein-1 among Egyptian Infants of Diabetic mothers

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Background & Objectives: Diabetes is recognized as a particular threat to pregnant women and their neonates. Maternal concentrations of insulin-like growth factor-I (IGF-I) and its binding protein-1 (IGFBP-1) have influence on fetal growth.

Objective: To estimate the association between the anthropometric measurements; which evaluate intrauterine fetal growth; and biochemical growth factors; IGF-I and IGBP-1 among IDMs, in attempt to predict them.

Conclusion: Good control of diabetes during pregnancy is essential to improve fetal growth. There is an opposing effect of cord blood IGF-I and IGFBP-1 on anthropometric measurements. IGF-I and IGFBP-1could be predicted from anthropometry.

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Peculiarities of the course of Juvenile Arthritis depending on the polymorphism of Proinflammatory Cytokine genes

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Introduction: The change in the nature of treatment led to a significant change in the course of juvenile idiopathic arthritis (JIA). Among the DMARDs, the antifolate drug methotrexate (MTX) retains its positions. The main therapeutic targets for biological therapy are pro-inflammatory cytokines (interleukin 1, 6 (IL-6), tumor necrosis factor α (TNF-α)). The dependence of the course and possibilities of JIA therapy on genetic features has not been studied enough.

Conclusion: The study of the genes IL6(G-174C), TNFα(G308A) and MTHFR may suggests some features of the course of the disease, which may allow optimizing and individualizing its treatment.

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Nursing Handoff: Implementing a standard handoff communication tool between outpatient and inpatient

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Purpose: The Joint Commission identifies a standard handoff during patient transitions as a National Patient Safety Goal. Despite the importance of handoffs, many hospitals do not have a standard handoff process in place. The purpose of this quality improvement project was to implement a standardized and structured nursing handoff process between a pediatric outpatient hematology/oncology clinic and a pediatric inpatient hematology/oncology unit utilizing the SBAR communication tool to evaluate its impact on nurse perception of missed care and nurse satisfaction.

Project Design: The project design was a quality improvement project utilizing a Plan-Do-Study-Act (PDSA) rapid cycle improvement model to implement a standard and structured handoff process using SBAR.

Method: Nurses in the hematology/oncology clinic and inpatient unit were educated on a mandatory structured handoff process utilizing the SBAR tool. Staff nurses completed surveys before and after the handoff process. Data was compared in the aggregate and reviewed for statistical significance. The objectives of this project were 1. Decrease missed care in the pediatric hematology/oncology patient population between the outpatient clinic and inpatient nursing staff. 2. Increase the outpatient hematology/oncology clinic nurse and the inpatient hematology/oncology nurse satisfaction. All data was reported as frequencies and percentages.

Results: There was a statistical difference identified between pre- and post- implementation groups in the area the area of communication ($p = 0.0009$) and nurse satisfaction ($p = < 0.0001$). There was a significant difference in urgent patient needs ($p = 0.0224$) and reassessment ($p = 0.0011$). There was no statically difference between pre- and post- implementation groups between demographics and job characteristics.

Conclusion: Nursing handoff is an essential component of patient care. The communication of information between care givers can potentially affect patient care and teamwork between healthcare providers caring for patients. The handoff process utilized in this QI project required nurses to communicate in a structured way during admission from an outpatient clinic to an inpatient unit. It improved perception of communication, decreased the perception of missed care and increased nurse reported satisfaction and teamwork.

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Preventing Childhood Obesity is easy: A primary care Physician's experience

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Preventing Childhood Obesity is easy (or it should be): Primary care physicians on the front line. According to the recent study of M. Geserick et al "Among obese adolescents, the most rapid weight gain had occurred between 2 and 6 years of age; most children who were obese at that age were obese in adolescence." As in the study of Berrgren S. et al, "Most parents did not perceive that their overweight children weighed too much, but their judgement improved as the child got older. Parents who were overweight or had a low educational level were more likely to misperceive their child's weight. Health care professionals need to be aware of this gap in perception". Primary care physicians are the first and the foremost health professionals that can prevent obesity in children. This role is crucial since curing obesity is practically impossible and that the onset of obesity is invisible at first. There should be more health care measures to promote the prevention of childhood obesity by early actions by primary care physicians. As a primary care pediatrician, I've been for the past two decades working on preventing childhood obesity and have found it easy, efficient and rewarding.

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Stem cell therapy for the treatment of severe tissue damage after radiation exposure

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The late adverse effects of pelvic radiotherapy concern 5 to 10% of them, which could be life threatening. However, a clear medical consensus concerning the clinical management of such healthy tissue sequelae does not exist. Our group has demonstrated in preclinical animal models that systemic MSC injection is a promise approach for the medical management of gastrointestinal disorder after irradiation. We have shown that MSC migrate to damaged tissues and restore gut functions after irradiation.

The clinical status of four first patients suffering from severe pelvic side effects resulting from an over-dosage was improved following MSC injection in a compassional situation. A quantity of 2x106 - 6x106 MSC/kg were infused intravenously to the patients. Pain, hemorrhage, frequency of diarrheas and fistulisation as well as the lymphocyte subsets in peripheral blood were evaluated before MSC therapy and during the follow-up. Two patients revealed a substantiated clinical response for pain and hemorrhage after MSC therapy. In one patient pain reappeared after 6 months and again substantially responded on a second MSC infusion. A beginning fistulisation process could be stopped in one patient resulting in a stable remission for more than 3 years of follow-up. The frequency of painful diarrhea diminished from an average of 6/d to 3/d after the first and 2/d after the 2nd MSC injection in one patient. In all patients, prostate cancer remained in stable complete remission. A modulation of the lymphocyte subsets towards a regulatory pattern and diminution of activated T cells accompanies the clinical response in refractory irradiation-induced colitis. No toxicity occurred.

MSC therapy was safe and effective on pain, diarrhea, haemorrhage, inflammation, fibrosis and limited fistulisation. For patients with refractory chronic inflammatory and fistulising bowel diseases, systemic MSC injections represent a safe option for salvage therapy. A clinical phase II trial will start in 2019.

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The remarkable effects of "ASEA redox supplement" in a Child with Duchenne Muscular Dystrophy: A case report from Romania, Southeastern Europe

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Statement of the Problem: Children diagnosed with Duchenne muscular dystrophy (DMD) and Becker muscular dystrophy (BMD) (with an estimated global incidence of more than 1 million new DMD/BMD children cases each 4 years worldwide) before the age of 4 (years old) have only few practical early treatment options other than physical therapy and early corticosteroids (ECs) on long-term before this age, which ECs have many adverse effects, especially in children under development with chronic treatment with ECs (chronic immunosuppression, growth delay, osteoporosis, obesity, water and salt retention, potassium loss, muscular loss and weakness, gastrointestinal and hepatic problems and diseases etc).

Methodology & Theoretical Orientation: **Findings**: This research aims at discovering dietary supplements which may show comparable or even stronger beneficial effects (as early as possible after the moment of DMD/BMD diagnosis) with less or none adverse effects when compared to early or late corticosteroids in children with DMD and BMD.

Conclusion & Significance: This paper presents a case report on the effects of an ionized "saline water" called "ASEA redox supplement®" (ARS) oral solution in a ~2-year-old boy with DMD from Bucharest, Romania. *In vitro* studies showed that ARS is a very potent selective NRF2 activator: the studies conducted *in vivo* also support this main pharmacological mechanism of ARS, with no toxicity up to high doses, in contrast with the much more toxic corticosteroids. From the first months of ARS treatment all the rhabdomyolysis markers (with very high initial serum levels) dropped significantly, with no found toxicity. In conclusion and given its very strong antioxidant effects (*in vivo* and *in vitro*) on the skeletal muscles and myocardium, ARS should be studied on larger groups of children with DMD and BMD under the age of 4 years old (as a much better alternative to ECs and the potential to fully replace ECs), but ARS may be also studied on many other acute and chronic muscular and cardiovascular diseases, with potential of ameliorating the condition of millions and even billions of children and adult patients worldwide.

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Bloodstream infection at children in Belarus

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In a retrospective study from 2009 to 2017 was studied identified etiological pattern of bacteremia. Only for the period allocated 655 pathogens cultured from blood cultures 515 patients aged from 3 weeks to 18 years old. According to the results of the study, the proportion of gram-negative bacteria was 31.7%, gram-positive bacteria-61.9%, fungus -6.4%. Fungemia was registered in different years from 2.2 (2013) to 14.7% (2010) of all positive hemocultures. *Candida parapsilosis* prevails in the structure of pathogens (64.3%) and 27 cases (64.3%) of the genus Torulopsis. Among the isolated microorganisms, *staphylococci* prevailed (41%), the 2nd place in the frequency of isolation was occupied by non-fermenting bacteria (16.7%), the 3rd place-bacteria of the Enterobacteriacae family (14.1%) and the 4th place – *streptococci* (10.8%). The spectrum of gram – negative bacteria in the family Enterobacteriacae (n=86) is diverse: *Escherichia* – 10.5%, *Salmonella* – 5.8%, *Shigella* – 25.6%, *Proteus mirabilis* – 1.15%, *Providencia stuartii* – 1.15%, *Serratia* – 15.1%, *Klebsiella* – 27.9%, *Enterobacter* – 10.5% and others – 2 (2,3%). Gram-negative non-fermenting bacteria were isolated in 102 (16.7%) episodes of bacteraemia. Among them dominated *Acinetobacter* – 47.1%, *Pseudomonas* – 20.6%, *Achromobacter* – 12.7% and *Stenotrophomonas maltophilia* – 7.8%. The structure of gram-positive bacteria (n=404) was dominated by *staphylococci* (62.1%), with the most frequently isolated coagulase-negative types (84.5%). In the structure of all *staphylococci* (n=251), *S. aureus* was found with a frequency of 15.1%, the most common was *S. epidermis* – 63.3% of cases. *Streptococci* (n=66) were dominated by *Str. pneumonia* (27.3%) and *Str. agalacia* (19.7%) and *Str. viridans* groups (15.2%). *Enterococci* were isolated in 31 patients (5.1%), with almost the same frequency dominated by *Enterococcus faecalis* and *Enterococcus faecium* (41.9% and 38.7%, respectively). During the study period, 7 (1.1%) strains of *Corynebacterium* spp were isolated.

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Risk of Urinary Tract Infection in Infants and Children with Acute Bronchiolitis

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Objectives: To estimate the prevalence of urinary tract infection in infants and children with bronchiolitis.

Methods: A retrospective cross-sectional study involving patients zero to 24 months of age who were hospitalized with acute bronchiolitis was conducted.

Results: A total of 835 pediatric patients with acute bronchiolitis were admitted to the pediatric ward between January 2010 and December 2012. The mean (± SD) age at diagnosis was 3.47±2.99 months. There were 325 (39%) girls and 510 (61%) boys. For the purpose of data analysis, the patient population was divided into three groups: group 1 included children hospitalized with respiratory syncytial virus (RSV) bronchiolitis; group 2 included children hospitalized with clinical bronchiolitis with no virus detected; and group 3 included children hospitalized with clinical bronchiolitis due to a respiratory virus other than RSV. Results revealed that urinary tract infection was present in 10% of patients and was most common in group 3 (13.4%) followed by group 2 (9.7%) and was least common in group 1 (6%) (P=0.030).

Conclusions: The possibility of a urinary tract infection should be considered in a febrile child with a diagnosis of bronchiolitis, particularly if the trigger is a respiratory virus other than RSV.

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