
Scientific Tracks & Sessions

November 28, 2018

Pediatrics and Clinical Pediatrics 2018

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Nursing Practice 2018



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15th World Congress on
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November 28-29, 2018 | Dubai, UAE

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Electrolyte and acid-base balance (Sodium, Potassium and pH) during severe acute malnutrition in children under 5 years old

Bibole Lubamba Maguy
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In developing countries, poverty and inadequate health services are responsible for the death of millions of people yearly, particularly children due to malnutrition, and its interaction between malnutrition with micro-nutritional disorders, frequent parasite infections, diarrhea and various malabsorption-related disorders. Some electrolyte disturbances that accompany malnutrition are even aggravated by inadequate nutrition. The consequences can be dramatic and lead to a syndrome of multi-organ failure or even death. Regulation of the equilibrium of water and Na⁺ ions are inextricably linked to arterial pressure and blood volume. The regulation of sodium ion balance involves the nervous and hormonal mechanisms. The disorders of the natraemia are associated with the disorders of the volemia: dehydration or hyperhydration. Fe⁺ deficiency has caused anemia in malnourished, and this anemia causes hyperkalaemia when potassium is released at the time of the destruction of red blood cells during hemolysis. Hyponatraemia makes the extracellular medium hyperosmotic. An excess of K⁺ ions in the extracellular fluid can be followed by

a loss of excitability of the membranes of neurons and muscle fibers. The heart is particularly sensitive to the concentration of K⁺ ions. Metabolic acidosis is detected as an increase in plasma anion difference (GA), but without the change in pH or plasma [HCO₃⁻]. In a situation of pronounced acidosis, with the depletion of chemical buffers, the potassium ions are released from the cell in exchange for the H ions in an attempt to reduce the acidity of the extracellular medium and thereby increase that of the intracellular environment. Nutritional deficiencies, whether quantitative or qualitative, are a very common cause leading to a state of malnutrition. Directly or indirectly, it is the first cause of acquired immunodeficiency facilitating a large number of serious microbial infections that can lead to death.

Speaker Biography

Bibole Lubamba Maguy is a nutritionist and dietician, in her last year of master's at Jiangnan university, PP China. She has 2 published papers and 5 under the process of publication. She worked as a nutritionist in the hospitals in DR Congo.

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Nurses' use of a defined competencies framework to support adults with Epilepsy and intellectual disability-Findings from the EpAID study

Fiona Irvine

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The World Health Organisation defines intellectual disability (ID) as "a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This results in a reduced ability to cope independently (impaired social functioning), and begins before adulthood, with a lasting effect on development". Epilepsy is the most common medical illness in people with IDs. Compared to the general population with epilepsy, individuals with an ID and epilepsy have an increased seizure frequency, higher frequencies of multiple antiepileptic drug use and side effects, higher treatment costs, higher rates of mortality and a greater incidence of behavioural problems.

In the UK, Epilepsy Specialist Nurses (ESNs) with enhanced expertise in the management of epilepsy, offer a range of services to patients with epilepsy, including patient assessment, medication management, ordering and interpreting investigations and providing education, support and counselling to patients and families. However, most people with ID and epilepsy do not receive services from an ESN even though anecdotal evidence suggests that ESNs may help to improve outcomes and reduce the costs of care for adults with epilepsy and an ID.

The Royal College of Nursing has developed a series of competency frameworks for nurses, including the Learning Disability Epilepsy Specialist Nurse Competency Framework, that aims to improve outcomes for adults with an ID and epilepsy. We set out to establish whether the development of a nurse-led approach to managing epilepsy in adults with an intellectual disability, based on this RCN competency framework improved outcomes and lowered costs of care for people with epilepsy and ID.

We undertook a cluster randomised controlled trial to assess the impact on costs and outcomes of the provision of learning disability nurses working to the RCN competency framework.

The trial took place in 17 community ID clinical teams across England, Scotland and Wales and involved 312 adults with an ID and epilepsy (the participants). Eight sites randomly allocated to the intervention arm recruited 184 participants and nine sites allocated to treatment as usual recruited 128 participants. After completing baseline assessment of participants, we trained the

nurses in the intervention arm on the use of the competency framework and they subsequently worked with the participants following the guidance outlined in the competency framework. Nurses in the control arm, received minimal training and then followed their existing management approach for participants. All nurses in the study completed a daily diary in which they recorded the activities that they undertook with the participants. The trial intervention (or control) lasted a minimum of 24 weeks after which time; we followed up participants for a 4-week period, when they completed a range of questionnaires and a qualitative interview. We undertook an economic evaluation in tandem with the study.

Overall, the results of the trial indicated that, in terms of clinical outcomes, the competency framework was no better than treatment as usual. For those with a mild or moderate ID the results suggested that use of the framework might have been associated with a slight reduction in the severity of their seizures, as noticed by somebody providing care for them. The economic analysis suggested that, in general, the competency framework intervention resulted in a small reduction in quality of life but saved money.

The EpAID clinical trial is the first controlled trial to test the possible benefits of a nurse-led intervention for epilepsy in adults with an ID. It suggests that nurses with experience in ID and epilepsy could be well placed to deliver or facilitate the epilepsy management recommended for adults with an ID by the relevant clinical guidelines.

Speaker Biography

Fiona Irvine qualified as a Registered Nurse from the Hammersmith Hospital School of Nursing in 1984 and went on to work in Mid Wales as a District Nursing Sister and latterly, a Macmillan Clinical Nurse Specialist in Palliative Care. During this time, Fiona discovered her love of teaching and having completed her Master of Science Degree in Health Promotion and Health Education, she took up her first academic post, leading a specialist practice community nursing programme in North Wales. Whilst working as a lecturer, following on from this work, Fiona became involved in several funded research studies, which led to her securing her first professorial appointment in 2007. Fiona held senior posts in universities in North Wales and the North West of England before joining the University of Birmingham in March 2014 as Head of Nursing. Since taking up the post, Fiona has been leading the reorganisation of nursing and its relocation to the main building of the College of Medical and Dental Sciences.

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Impact of medical simulation on Pediatric R1 trainee under Saudi commission for health specialty

Sawsan Alyousef

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Crew Resource Simulation was introduced in the aviation industry during NASA workshop in 1979, designed as a training program to improve air safety and reduce the increasing number of fatal accidents attributable to human error. The primary cause of the majority of aviation accidents occurring at that time were due to human error 85% and the leading causes of which were failures of interpersonal communication, leadership, and decision making in the cockpit. David Gaba, American anaesthetist, trained as a pilot recognized similarities in high stake environment of the operating theatre and cockpit and so developed anaesthesia crises simulation resources management. Medical simulations aim to imitate real patients, anatomic regions, clinical tasks, virtual reality devices and electronic manikins or to mirror real-life situations in which medical services are rendered. Simulation – based learning (SBL) applies these modalities. Benefits of medical simulation includes safe environment, mistake forgiving, trainee focused vs. patient focused, controlled, structured, proactive clinical exposure, reproducible, standardized, debriefing, deliberate and repetitive practice. Medical simulation can assess professional competence as patient care, medical knowledge, practice-based learning & improvement, communication skills, professionalism and systems-based practice. Patient safety priorities are at the forefront of health providers' concerns. Best summarized by "simulators have the potential to take the early and dangerous part of the learning curve away from patients". Simulation has rapidly evolved as a learning tool and technology. From June 2017- May 2018 an condensed simulation course for pediatric R1 training resident under Saudi commission for health specialty was conducted once per month at CRESENT, KFMC, the course is 5 days include the following simulation sessions: pediatric airway management with crew resource management, central line insertion under US guidance, chest X-ray and ABG interpretation, Lung Ultrasound, thoracocentesis, bone marrow aspiration and biopsy, lumbar puncture, basic to advance cardiac simulation session. Total of 125 candidates

were involved, in which all of them had undergone pre course knowledge and clinical assessment test followed by post course knowledge and clinical assessment test at the end of the course (similar to the pre test) plus the candidates had retention assessment test 6 months later with similar to pre and post assessment tests. The preliminary result showed 100% improvement in the scores at post knowledge and clinical assessment test compared to pre assessment test and non had decline results. The retention assessment test is pending but the preliminary result is promising as till now the scores were above precourse assessment test. 100% of them found these courses are enjoyable, safe, not stressful and very useful training methods, 97% enjoyed it mostly because it is repetitive and mistakes are forgiven with zero hazards to patients. 100% feels video debriefment following medical scenarios is very helpful as it clarify areas for improvement much better than conventional training. In conclusion, although Simulation courses is expensive but it plays important role in patient safety so at the end it is cost effective so would encourage to make it mandatory in the curriculum for pediatric residents and fellows.

Speaker Biography

Sawsan Alyousef is a Senior Consultant of Pediatric Intensive Care at King Fahad Medical City & Professor at King Saud Bin Abdulaziz University and Health Science in Riyadh, Saudi Arabia. She is a Medical Doctor by background and qualification, she completed her Bachelor's degree in Medicine and Surgery in 1991 from King Saud University, Riyadh (Saudi Arabia) where then she joined pediatric residency program at Security Forces Hospital (SFH) and successfully got her PhD with the Arab and Saudi Board in Pediatric (1997). Her strong fervor in the field of medicine propelled her for further academic pursuits so she gained fellowship in clinical and research pediatric critical care from the University of Western Ontario in London, Canada and Pediatric Pulmonary training at Sick Kids Toronto, Canada (2003). Since then She has been assigned as Pediatric Intensive care and pulmonology consultant at King Fahad Medical City (KFMC) and appointed as Director of PICU fellowship program at KFMC and Director of Post graduate Simulation Department at KFMC. She had directed, organized and lectured in several conferences, courses and workshops and served as a Saudi Board examiner, and also headed the examination committee for PICU fellowship at Saudi Council for Health Specialties. She had various speakership engagements in numerous forums and conferences, locally and internationally.

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Let's fly Anaesthesia Airline-Working is fun; your safety is our priority

Zaininah Mohd Zain

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"Your safety is our priority" describes a culture system that prevents harm to patients by: Let's take a look at some ways we can foster patient safety through creative culture change and innovative teaching approach to our organization. Establishing a culture that promotes safety for health care professionals, organizations, and patients; eliminating errors & learning from errors that occur.

The fear of anaesthesia by patients undergoing surgery is real and can be traumatic. The Journey throughout the Operation carries calculated risks to both surgeons and patients. Rendering anaesthesia to infants and children are different from managing adult patients.

"Let's fly anaesthesia airline- Working is fun" the concept simulating working in Anaesthesia Department in hospital being similar to flying in an airplane.


Healthcare professionals and patients can work together to improve patient safety to ensure a higher quality of care, reduce medical errors, and refocus on supporting good health and well-being.

Outcome implementing "Let's fly anaesthesia airline-Working is fun" has definitely improve our performance overall achieving our Clinical Key Performance Indicators (KPI). More importantly the morale, attitude and communications among staffs has greatly improved.

Speaker Biography

Zaininah Mohd Zain is a highly professional Public Health Consultant. She was the longest serving Director of Hospital Kuala Lumpur. She graduated with MBChB Alexandria University, Egypt in 1982 and specialized with master's Health Services & Hospital Management, South Banks University, London. UK in 1996. She was the 1st Malaysian to receive prestigious the Dr Farndale Award 1996 from South Banks University, London, UK. She was gazetted as Public Health Physician by Ministry of Health, Malaysia in December 2003. A NIOSH Certified Medical Impairment Disability Assessor in May 2005; became MSQH Surveyor in 2009 and Lead Auditor in MS ISO 9000-2000 in 2010. She became Certified Talent Competency Professional (CTCP) Asian Regional Training & Development Organization International (ARTDO) in July 2012. She successfully completed MBA in Leadership, Singapore in 2015 and Masterclass in Finance Modelling, Melbourne in 2016. She is the recipient of the Women Leadership 2015 Golden Tigers Award.

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Orthostatic tolerance and results of Autonomic testing in children with Migraine with and without Aura

Aleksandra Gergont, Sławomir Krocza and Marek Kaciński
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Background: Symptoms and signs of autonomic nervous system (ANS) dysfunction and orthostatic intolerance are common in patients with migraine. Despite the clinical signs of involvement of ANS in the pathophysiology of migraine, the mechanism of autonomic dysfunction was not fully explained. One of the methods to establish a sympatho-vagal balance is examination low frequency (LF) and high frequency (HF) spectrum of heart rate variability.

Aims: The aim of the study was to establish LF/ HF ratio in children with migraine (without and with aura) during an orthostatic challenge. Prospective research, approved by Bioethical Commission of Jagiellonian University.

Material and methods: The examination was performed in 86 children with migraine during a headache-free period and in 32 children without headaches and syncope, constituting an age-matched control group. HRV was evaluated during rest, during a 10-min 70 degrees head-up passive tilting and during 3-min active standing test, using Task Force Monitor 3030i/3040i.

Results: In all 47 children with migraine with aura head-up tilt test was negative for syncope. In 2/39 children with migraine without aura and in 2 controls head-up tilt-induced syncope occurred. Postural orthostatic tachycardia syndrome (POTS) was diagnosed in 4/24 children with migraine with sensory

aura and in 1 child with migraine without aura. Results of LF/ HF ratio did not differ between groups with migraine with aura and controls, but they were significantly higher in group of 24 children with migraine with sensory aura during tilting.

Conclusions: Predominance of sympathetic nervous system activity during tilting, as well as more common POTS in patients with migraine with sensory aura as compared with healthy volunteers and patients with migraine without aura, indicate differential autonomic reactivity. In spite of poor orthostatic tolerance reported by patients with migraine, active standing did not reveal differences between migraine patients and healthy volunteers.

Speaker Biography

Aleksandra Gergont is a certified specialist in neurology and child neurology. She has completed her PhD from the Jagiellonian University in Krakow, Poland which is one of the oldest Universities in Europe. She is active in teaching and mentoring. In addition to education, she practices clinical pediatric neurology. She also conducts clinical research and is focusing upon dysfunction of autonomic nervous system. She directs autonomic laboratory at the Department of Pediatric Neurology, where she performs cerebrovascular Doppler examination and head-up tilt tests. Her research interests have been focused primarily on migraine, syncope and rare diseases, as well as vascular disorders. She is a member of Polish Child Neurology Association and she holds leadership position in its regional branch in Krakow. She is also a member of Polish Society of Clinical Neurophysiology. She is not only author and co-author of several publications but also reviewer.

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Impact of learning the International Classification Functioning Disability & Health (ICF) for children and youth framework as clinical reasoning tool for Paediatric Physiotherapists working with children with Cerebral Palsy

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This study was evaluated the impact of a two-day ICF-for Children and Youth (CY) in-service training on Pediatric Physiotherapists (PPTs) clinical reasoning and parental experience of the physiotherapy management of their child. Methods: A logic model was created to clarify the processes undertaken before, during and after delivery of ICF in-service training. A longitudinal evaluation of ICF training delivered to pediatric physiotherapists was undertaken in two phases: Phase1: Physiotherapist Questionnaire to measure ICF knowledge and its application was completed at the beginning and again at the end of training workshop. Phase 2: five months following the workshop, the parents of children with CP who were attending a physiotherapy department for treatment were asked to complete Parent Questionnaire that measured their experience of their child treatment. Four departments the PPTs had attended the ICF training workshop while in the other four; the PPTs had not attended the training. The impact of training was significant on PPTs' knowledge of the ICF, performance and cognition including intention, attitude toward application and perceived control of the application of contextual factors. Parents were more satisfied with the treatment provided by ICF-trained group. Satisfaction of parents whose child was being managed by an ICF trained PPT

had significant relationships to the child's objective and co-operation with physiotherapy items. Findings from this study inform the development of ICF training as clinical reasoning tool for future studies to investigate ICF implementation. There is ample opportunity for learning the ICF model as clinical reasoning model, which will allow the cognitive processes that underlie decision making to become habitual. Once the decision-making behavior that is applied to environmental and personal factors has become habit, it could lead to the implementation of the ICF model in physiotherapy practice.

Speaker Biography

Hanan Demyati is a pediatric physiotherapist at Al-Hada Armed forces hospital since 2004. She completed her bachelor's degree in Physiotherapy from King Saud University in 1993 and graduated with MSc from Cardiff University in 2011. She completed Doctor of Philosophy from University of Strathclyde in 2017. She have split her working time between acquiring her skills and clinical education since qualifying. She is interested in development and evaluation children qualities of life-to figure out how pediatric physiotherapists use thinking strategy to develop proper individual treatment plan for each child. She is focusing on importance of turning a treatment into a way of life, to influence child's collaborating with his/her parents and environment more effectively in activity of daily living. Her research interests are in the area of application the International Classification Functioning Disability & Health (ICF) framework as clinical reasoning tool in pediatric physiotherapy clinical practice. Her research ambition is to introduce and adapt more the ICF model in paediatric physiotherapy for children with cerebral palsy and other paediatric health condition based on evidence base practice.

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Child Mental Health does matter: A global perspective

Jace Pillay

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The World Health Organization (WHO) has indicated that 10-20% of children worldwide are affected by mental health conditions, disorders and diseases. Furthermore, elaborate studies have noted that health-related problems in children are often associated with mental health challenges. For example, neuropsychiatric conditions have been identified as a leading cause of disability in young people in all countries. Well documented studies have emphasized the point that if these mental health conditions are untreated, they severely influence children's development, their educational attainments and their potential to live fulfilling and productive lives. Unfortunately, most professionals and practitioners seem to focus more on the physical health of children often neglecting child mental health conditions. This paper makes a strong argument for child mental health to be taken seriously because it does matter in the holistic treatment of children, especially in low and middle-income

countries. Special emphasis is placed on the prevalence, risk and protective factors, and interventions to prevent and treat childhood mental health problems based on a systematic review of literature. A bio-social ecological model is presented as a counter to the rigid application of a medical model that highlights deficits rather than the assets in children. It is argued that this holistic model would be useful in the optimal development of children, especially those most vulnerable, with the possibility of reducing the burden of mental health challenges on governments as children grow older.

Speaker Biography

Jace Pillay completed his doctorate in 1996 at the Rand Afrikaans University in South Africa. He is the South African Research Chair in Education and Care in Childhood focusing on the mental health of orphans and vulnerable children. He has published numerous papers in reputed journals and has presented his research at numerous international conferences. He is a licensed educational and counselling psychologist.

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Lower limb spasticity control in Hemiplegic Cerebral Palsy

Khaled A Olama

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The present study was conducted to determine the effect of electromyographic feedback stimulation and co-ordination dynamic therapy, in addition to a designed physical therapy program, on controlling lower limb spasticity in hemiplegic cerebral palsy.

Subjects: Thirty hemiplegic cerebral palsied children (9 right side and 21 left side) ranging in age from six to eight years represented the sample of this study. They were selected from the out-patient clinic of the Faculty of Physical Therapy, Cairo University. The degree of spasticity ranged from mild to moderate grades according to the modified Ashworth scale. The lower limb was free from any structural deformities. Children were divided randomly into two groups of equal number A (control) and B (study).

Procedures: Five blind evaluation to determine H/M ratio and anterior tibial muscle strength (ATMS) was conducted for each child of the two groups, before and after three months of treatment. Group A (control) received a specially designed exercise program, while group B (study) received electromyographic feedback stimulation, followed by co-ordination dynamic therapy, in addition to the exercise program given to group A.


Results: The results revealed, no significant differences when comparing the pre-treatment mean values of the two groups. Significant improvement was observed in all the measuring variables of the two groups (A and B), when comparing their pre and post-treatment mean values. Significant improvement was also observed when comparing the post-treatment results of the two groups in favor of group B.

Conclusion and Discussion: Improvement of H/M ratio and ATMS may be attributed to the combined effects of electromyographic feedback stimulation and co-ordination dynamic therapy, in addition to the designed exercise program, in controlling spasticity of the affected lower limb and so, improving its functional activities.

Speaker Biography

Khaled A Olama working in the of Department of Physical Therapy for Growth and Development mainly dealing with the Rehabilitation Medicine, Sports Medicine, Neurology, Egypt. He is expertised in Neurorehabilitation, Physiotherapy, Rehabilitation Medicine, Sports Medicine, and Neurology. He has 6 peer reviewed publications.

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**Perceived effective psychological well-being and social support of mothers with disabled children
(Indigenous Approach)**

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The aim of the study is to find the relationship between psychological well-being and social support of mothers having children with disabilities. This study comprised of 112 mothers with disabled children. General health questionnaire - 12 and multi-dimensional social support scale were used on the sample which was selected by purposive sampling technique. The results indicate that psychological well-being and social support are inversely co-related. Chi-square values shows significant difference among mother's psychological wellbeing and social support in relation to education of mothers, per-capita income of the family and education of the child. The 't' test shows significant difference among mother's psychological wellbeing and social support. The study depicts that psychological wellbeing of mothers might be low irrespective of

the fact that their perceived social support is high. Mothers can be trained to utilize this perceived social support to enhance their overall wellbeing through counselling and yoga therapy. Yoga therapy aims at bringing about a high level of awareness inside a person that makes her to understand the roots of stress and ensure bliss and happiness for all times to come.

Speaker Biography

Jena N has completed her M. Phil at the age of 22 and PhD at the age of 30 from Utkal University, Odisha, India with getting UGC research fellowship. She was the Director of higher education, Govt. of Odisha, India. Presently she is working as a visiting professor at Ravenshaw University, Cuttack and State Advisor at Higher Education department, Govt. of Odisha, India. She has over 100 publications that have been cited over 50 times and she has been serving as an Editorial Board Member of different journals and book chapters.

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Patient safety as a focus for Nursing curricula


Vicki Cope
Murdoch University, Australia

Ongoing education in patient safety and risk is crucial within nursing curricula as improving patient safety is a global concern. Yet few formal education programs exist for students to study health care management with a focus on safety, quality and risk. This presentation asserts that nursing curricula should make patient safety highly visible as its core emphasis. Discussion will concern leadership, management, critical reflection, bioethics, research and more. This presentation highlights the tensions between a 'no blame' culture concerning the human factors within healthcare, and the need for the underpinning of patient safety at the forefront of nursing education due to the complex contexts and dynamism of contemporary health care.

Speaker Biography

Vicki Cope, RN, RM, BA, GDip(Ed), GDip (Nsg), MHSc (Nsg), PhD, FRCNA, FACN, has over 30 years' experience in healthcare with qualifications in education, nursing and midwifery as an Associate Professor. Research has focused on resilience and publications have concerned professional health leadership, patient safety, nursing management and professionalism. Currently leading post-graduate nursing programs within the School of Health Professions at Murdoch University, in Western Australia and at the Murdoch University Dubai campus. Associate Professor Cope actively encourages and supports students with their research journey inclusive of mentoring students with report writing and writing for publication.

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Characterizing Viral Exanthem

Lama Lubbadah


Dar Al Shifa hospital, UAE

The exanthema is any skin eruption rash that may be associated with fever or other systemic symptoms. Causes includes: infectious pathogens, medication reaction or autoimmune disease, often mixed causes found. In children, exanthems are most often related to infection and, of these, viral infection is the most common. The morphology and configuration of these lesions are important to the classification and diagnosis of these rashes.

Speaker Biography

Lama is a Pediatric Consultant since 2016. She had her BSC MB in General Medicine & Surgery from Aleppo University /Syria, trained for pediatrics and neonatal care in Jordan and granted for Jordanian Board on 2007. She is a member of Jordanian Pediatric Society. She is processing her master's degree soon. Working now in Abu Dhabi as Pediatric Consultant with HAAD license. She had participated in many conferences like SEHA Emergency conference.

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Methicillin-Resistant *Staphylococcus aureus* in melanesian children with Haematogenous Osteomyelitis from the Central Highlands of Papua New Guinea

Izzard Aglua¹, Jan Jaworski¹, Jimmy Drekore², Bohu Urakoko², Harry Poka¹, Audrey Michael³ and Andrew Greenhill⁴

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Background: Methicillin-Resistant *Staphylococcus aureus* (MRSA) has been an important cause of bone infection since the 1940s. Current guidelines recommend targeted antibiotic use for osteomyelitis treatment informed by microbial sensitivity patterns. However, in settings without microbiology facilities, empirical antibiotic use is common. Unrecognized antibiotic resistance potentiates persistence of MRSA with osteomyelitis progression to chronic forms with complications despite antibiotic treatment.

Method: A prospective observational study done to identify common etiological agent (s) in bone infection in Melanesian children, observe for presence of antimicrobial resistance, and determine effective antibiotic regimes for treatment of bone paediatric osteomyelitis. 70 paediatric patients presenting from the community with osteomyelitis were recruited, with bone and non-bone specimens sampled, cultured and isolates tested for resistance to common antibiotics.

Result: *S. aureus* was isolated in 67% (47/70) of collected specimens. Of the 47 isolates, there was 91.5% resistance to penicillin, 85.1% resistance to methicillin, 89.4% resistance to oxacillin, 93.6% resistance to ampicillin and 80.9% resistance to ceftriaxone. *S.aureus* showed 91.5% sensitivity to gentamycin,


93.6% sensitivity to erythromycin, tetracycline and clindamycin, and 95.7% sensitivity to co-trimoxazole.

Conclusion: MRSA was the leading cause of haematogenous osteomyelitis in Melanesian children. *S.aureus* was isolated mainly from infected long bones of the lower limbs (79%) of children presenting from the community, suggesting a predominantly community-associated MRSA. *S.aureus* also showed 80.9% resistance to ceftriaxone, indicating a potential multidrug resistant MRSA strain. There was > 91% sensitivity to chloramphenicol, tetracyclin, co-trimoxazole, gentamycin and erythromycin which could be used to effectively treat paediatric osteomyelitis in the region.

Speaker Biography

Izzard Aglua holds an MBBS and MPH from James Cook University (Australia). He currently coordinates clinical research on osteomyelitis, stroke and MDR TB at the Kundiawa General Hospital Clinical Research Center in the Simbu Province of Papua New Guinea. He also serves as General Internal Medicine Registrar and Dive Medical Officer for the region. His research work includes identifying genotypes of MRSA isolates from paediatric osteomyelitis and MDR TB isolates from the hospital and assessing speed of recovery between right and left weaknesses after stroke. He has recently published work on both stroke and osteomyelitis as a young researcher and has recently joined the editorial board of the AS Pediatrics and Current Pediatric Reviews.

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Rare and Interesting case of Goldenhars Syndrome in a 3 years male child

Gowhar Ahmad

University of Jammu and Kashmir, India

The Limbal Dermoid in Goldenhar Syndrome are usually unilateral. Although they rarely can be bilateral. They either involve the entire cornea or may be confined to conjunctiva only the commonest site 70 percent of infero temporal incidence is 1 in 10, 000 or 1 in 500 to 2, 700 They are graded according to corneal involvement.

- a. Grade1 is corneal epithelial involvement
- b. Grade2 is des membrane involvement
- c. Grade3 is entire anterior segment involvement

Case Report: 9 months back a 3 years male child was seen by me in my office with parents having noticed a very small polish white infero temporal limbal opacity in left eye. Since birth with associated congenital presence of a pre-auricular appendage on right side. There were no other congenital anomalies. First child delivered after 1 second is no history of exposure to oxygen, jaundice, breast fed normal mile stones with normal intelligence. MRI (Magnetic Resonance Imaging) orbits did not show underlying orbital involvement, normal hearing, a teeth, ear, normal spine, limbs, kidney and vision. Anterior Segment Refraction functioning was normal. So, the child had grade I dermoid which begin at the commonest site of infero temporal site.

Discussion: Goldenhar Syndrome has a very good prognosis. Most of the children live normally with normal vision. Only 5 to 15 percent may have other congenital anomalies.

Conclusion: One should reassure the parent about this disorder which in majority of children is not visual threatening. However, if the limbal dermoid involves visual axis and their tens vision

then we have following surgical modalities as visual and cosmetic. The surgical procedures are Lamellar Keratoplasty, Amniotic membrane graft and Stem cell graft.

1. There are many Goldenhars Syndrome support groups.
2. Families of Goldenhars Syndrome are seen. 17 such families of Goldenhar Syndrome are seen in Greece.
3. Mittal Et al Indian Journal of Ophthalmology, 1968 reported 3 case of optic nerve drusen's associated with goldenhars Syndrome.
4. Infants born in Middle East in Gulf War in different military hospital were reported to have Goldenhars Syndrome.
5. In cases of Goldenhar Syndrome with associated hare lip, cleft palate, pre-auricular appendage or skin tag, plastic surgical intervention is needed.

Speaker Biography

Gowhar Ahmad is a Director in the Department of Ophthalmology, Florence Hospital, Multispeciality Center, Kashmir, India. He completed his Master's in Surgery from University of Agra, India in the year 1976. He obtains fellowship in Paediatric Ophthalmology from Morefield's Eye Hospital, London and in Oculoplasty and Neurophthalmology from King Khaled Eye Specialist Hospital, Riyadh. Saudi Arabia. He had more than 40 years of experience in field of Ophthalmology with guest National and International speakers. He has posted more than 600 Ophthalmic articles on Linked-in, 700 on Docpleux and more than 1400 on Curofy. He has many International publications. He served as Editorial Member for International Journal of Science and Research. His main field of interest is Paediatric Ophthalmology, Oculoplasty and Neurophthalmology. His is also interested in community ophthalmology and has conducted many eye camps in rural areas.

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 Notes:

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15th World Congress on
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28th International Conference on
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November 28-29, 2018 | Dubai, UAE

Clinical measurement of maximal mouth opening in children: A pioneer method

Arun Kumar

Pandit Bhagwat Dayal Sharma University of Health Sciences, India

Objectives: To determine the maximal mouth opening (MMO) in children aged 3 to 12 years from Indian population and to examine the possible influence of age, gender, height and body weight on MMO.

Study Design: Assessment of MMO is accomplished with a modified Vernier Caliper by measuring the distance between the incisal edge of upper and lower incisor during maximal mouth opening upto the painless limit. Participants of the study were healthy children selected among regular students from local schools. Age, gender, height and body weight of each child were also recorded at the same time.

Results: The results of the present study revealed that MMO in Indian children were 41.61 mm, 44.9 mm and 46.81 mm for boys and 40.09 mm, 44.22 mm and 46.2 mm for girls at age of 3,4 and 5 years respectively. The MMO in Indian children were

46.04 mm, 48.53 mm and 52.38 mm for boys and 45.95 mm, 47.27 mm and 52.05 mm for girls at age groups of 6-8, 8-10 and 10-12 years respectively. Furthermore, significant associations were noted in between age, height, body weight and MMO. However, no gender difference was observed.

Conclusion: A definite relationships exist between MMO, age, height and body weight in Indian children with primary dentition.

Speaker Biography

Arun Kumar has completed his Masters in Dental Surgery in the subject of Pedodontics and Preventive Dentistry from Pandit Bhagwat Dayal Sharma University of Health Sciences in India. He is currently working as an Assistant Professor at Post Graduate Institute of Dental Sciences. He has published more than 68 papers in reputed international and national journals.

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Misunderstandings in interpersonal and inter-professional communication and their impact on health outcomes and patient safety

Nabi Fatahi

Gothenburg University, Sweden

Since clinical health communication is the basic stage in the process of diagnosis and treatment, adequate clinical interaction is essential between patients and healthcare providers, as well as between the clinicians involved. The healthcare communication modes that are the focus of this study are interpersonal and inter-professional encounters, which in both cases involve both oral and written communication. This paper will review the literature on factors influencing clinical encounters and their impact on health outcomes and patient safety. Inadequate oral and written communication leads to misunderstanding in clinical encounters, which causes patient insecurity. In addition to language and culture, as the main factors that influence communication outcome, professionalism, caring attitudes, time, respect and openness are additional factors that are frequently mentioned in this context. Oral communication between healthcare providers may be performed directly or through a third person (interpreter) who facilitates encounters in cases of a language barrier between the patient and the caregiver. Mutual understanding in both interpersonal and inter-professional communication is very important for quality

health care and patient satisfaction. Written misunderstandings are more visible in inter-professional encounters, whereas in interpersonal communication oral misunderstandings are more frequent. Cultural misunderstandings in clinical encounters may be rooted in individual, organizational or ethnic and cultural backgrounds. The last will be in focus in this study. Due to the importance of communication as the fundamental stage in diagnosis and treatment procedures, it is vital to prevent misunderstandings in communication between patients and caregivers during clinical encounters as well as between the clinicians involved.

Speaker Biography

Nabi Fatahi completed his PhD (medicine) at Gothenburg University in Sweden. Associate professor (docent) and senior lecturer at the University of Gothenburg. Had over 30 publications that have been cited over 200 times, and his publication H-index is 16.42. Editorial board member of the international journal of family & community medicine since 2014. Research areas are Medical and Health Sciences, Clinical Medicine, Radiology, Medical Imaging, Orthopedics, Health Sciences, Public Health, Global Health, Social Medicine and Epidemiology, Other Medical Sciences Social Sciences, Health and Communications, and Communication Studies in Clinical Encounters.

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Clinical profile and molecular diagnosis of Cystic Fibrosis

Pramila Menon, S D Gangane and Mrudula Phadke
Maharashtra University of Health Sciences, India

This is a study conducted with aim to understand clinical profile and molecular diagnosis of suspected cystic fibrosis (CF) in Maharashtra, India over a period of three years from January 2012 to December 2014 in the Genetic laboratory of Maharashtra University of Health Sciences (MUHS), Regional Centre Pune. All (n=113) were tested for DF508 mutation at our laboratory followed by 5 mutational analysis at Hinduja Laboratory Mumbai(n=25). This study focuses on identifying common symptoms and clinical signs of cystic fibrosis so that physicians will be able to identify the disease in the early stage. We included children with signs and symptoms of cystic fibrosis like failure to thrive, chronic diarrhea, recurrent pneumonia, newborn with meconium ileus, adults with infertility and excluded HIV positive, Tuberculosis, and malignancy patients. The most common presentation of suspected cystic fibrosis was malnutrition followed by recurrent respiratory infection. In our study group, the age ranged from newborn 1 day to 39 years. Our study also includes 29 cases (25.66%) who were less than 1 year which suggests good awareness of cystic fibrosis in physicians even in the absence of a neonatal screening protocol in Maharashtra. These infants were referred based on clinical suspicion. We found malnutrition in 87.75% in 0-18 years age group and 90.47% malnutrition in less than 1 year. We had 28.5% Pneumonia cases and 6.3% cases with bronchiectasis. We found DF 508 mutation in only 4 patients. We found the frequency of DF508 as 6.34% in suspected cystic fibrosis cases in Maharashtra. This is lower than the other reports from India, Kabra et al 2003 (n=120) 19%, Ashavaid et al 2012(n=96) 53% and Mir et al 33.3%. This may be due

to inclusion of all suspected cystic fibrosis cases in our study without considering the results of sweat chloride test. Sweat chloride test was done in only 22.2% cases. Sweat chloride test was positive in 35.7% of the suspected cystic fibrosis cases. One of the important cases, 2 years old male child presenting with negative sweat chloride test with recurrent Pneumonia/ Chronic Diarrhea/ Anemia was positive for DF508. This brings out very important fact that any child with multisystemic involvement with malnutrition in spite of sweat chloride test results should be subjected for detection of CFTR mutations. History of consanguinity was present in 15.9% and in 7.9% suspected cystic fibrosis cases gave family history of death of siblings. DF508 mutation against gold standard sweat chloride test we found sensitivity 20% and specificity 85.7%. Our study also found DF 508 positive status in 8% of male infertility cases.

Conclusion: We found the most common presentation of suspected cystic fibrosis was malnutrition followed by recurrent respiratory infection and DF508 is not the common mutation in Maharashtra. Probably our mutation profile is different, more detailed study is warranted. The possibility of missing cystic fibrosis cases due to lack of genetic testing services like sweat chloride testing cannot be ruled out.

Speaker Biography

Pramila Menon has completed her PhD at the age of 54 years from Maharashtra University of Health Sciences, Nashik. She is the Sate Consultant in Infant Young Child and Adjunct Professor at Dr D Y Patil Medical College Pune. She worked as Associate Professor at Maharashtra University of Health Sciences (MUHS), Regional Centre Pune. She has over 20 publications.

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Perineal hernia in a one month child: A case report

Maxime K K


University of Cocody Abidjan, Ivory Coast

Perineal hernia is rare. It results from a defect in the pelvic floor muscles. This defect may be congenital or acquired. Very few cases are described in children. We report a case discovered in an infant of one month by describing the diagnosis procedure, the therapeutic management and the outcome after a period of ten months.

Speaker Biography

Maxime K K is a pediatric surgeon at the Mother and Children hospital of Bingerville. He is assistant in pediatric surgery at the university of Cocody Abidjan Côte d'Ivoire. And he is interested in visceral and urological surgery.

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