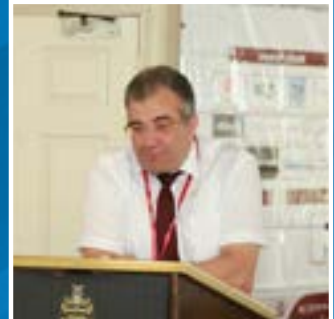


International Conference on

PEDIATRICS AND NEONATOLOGY

July 25-26, 2019 | Amsterdam, Netherlands

PEDIATRIC CONGRESS 2019



KEYNOTE FORUM DAY 1

PEDIATRICS AND NEONATOLOGY

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Erfried Pichler, Curr Pediatr Res 2019, Volume 23



Erfried Pichler

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BIOGRAPHY

Erfried Pichler is a General Practitioner, Homeopathy and Chirotherapist in private practice in Klagenfurt, Austria. Treatments are focused on Homeopathy and Integrative treatment of cancer and pain management. He is member of the education team of the Austrian Society of Homeopathic Medicine (ÖGHM) since 1993 and Head of the homeopathic clinic of paediatric oncology at Klinikum Klagenfurt since 1997. Seminar activities led him to Austria, Italy, Japan, Slovenia, Germany, Hungary, Dubai and China. He published numerous articles and co-author in books and journals regarding Homeopathy. He is the Member of the ECH Subcommittee Politics since 2002 to 2012. He became President of the Austrian Society of Homeopathic Medicine (ÖGHM) till 2018. He is the Lecturer at the University of Applied Sciences Campus, Vienna.

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TOGETHER AGAINST ANTIBIOTIC RESISTANCE: A POSSIBLE PATH-THE HOMEOPATHIC MEDICINE

Antibiotic resistance is a global problem. It is estimated that at least 25,000 people die from it every year in Europe. The reasons for the development of resistance can usually be traced back to the uncritical use of antibiotics in human medicine, in veterinary medicine but also in the agricultural industry. The EU and WHO therefore urgently recommend the use of antibiotics only for strict, necessary indications. Complementary medicine, especially homeopathic medicine, is explicitly mentioned as a possibility. Nevertheless, too many antibiotics are still prescribed. In his presentation, he is a very experienced holistic physician, gives an insight into how homeopathic medicine can reduce the use of antibiotics in human medicine. The remedies *Aconitum nappellus*, *Atropa belladonna*, *Ferrum phosphoricum*, *Mercurius solubilis* and *Hepar sulfuris* are presented as examples. It will be shown how easily homeopathic medicine can be integrated into everyday medical life.

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Gary B Melton, Curr Pediatr Res 2019, Volume 23



Gary B Melton

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USING GROUP ORIENTED PEDIATRIC WELL CARE TO BUILD AND CAPITALIZE ON STRONG COMMUNITIES FOR CHILDREN

BIOGRAPHY

Gary B Melton is Professor of Pediatrics and of community and behavioural health at the University of Colorado Anschutz Medical Campus in the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. Currently he is also Visiting Professor of Psychology and Education at the University of Virginia and Adjunct Professor of Youth, family and community studies at Clemson University. He is the author or editor of approximately 375 publications; he is Editor-in-Chief of *International Journal on Child Maltreatment: Research, Policy, and Practice*, Senior Editor of *American Journal of Orthopsychiatry* and past Co-Editor of *Child Abuse & Neglect*. He is the only four-time recipient of distinguished contributions awards from the American Psychological Association. He has also received awards for distinguished contributions to research and public service from two APA divisions, the American Psychological Foundation, Prevent Child Abuse America and Psi Chi.

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Derived from the recommendations of the US Advisory Board on Child Abuse and Neglect for a neighbourhood based child protection system, strong communities for children is a community wide approach to primary prevention of child maltreatment. It relies on outreach workers to mobilize communities so that every child and every parent know that, if they have reason to celebrate, worry or grieve, someone will notice and someone will care. The strategy focuses on the development of a natural social support in primary community institutions (e.g., civic clubs; fire stations and places of worship). In the largest trial (A multi-year quasi-experiment comparing neighbourhoods matched at the block group level), strong communities was implemented in an area of mixed population density, wealth, race and ethnicity and a population of about 125,000 residents in northwest South Carolina; comparisons were with communities in Central South Carolina. More than 500 organizations and more than 6,000 individual volunteers participated. Compared to the unserved communities across time in a multi-method design, communities engaged in strong communities showed decreases in substantiated cases of child maltreatment, hospital admissions of children because of injuries perhaps related to maltreatment, self-described child neglect and parental stress. Increases were observed in perceived safety to, from and at elementary schools, elementary schools= receptiveness to parents, home safety practices, social support and collective efficacy. Positive changes in children's safety were observed in both high and low-resource communities but participating low-resource communities showed greater mobilization, accompanied by increases in neighbourly assistance, perceived household safety and observed positive parenting. The South Carolina initiative relied, roughly speaking, on one outreach worker per town. Efforts are currently underway to demonstrate even more cost-effective and sustainable implementation through: reliance on university students as volunteer outreach workers and use of pediatric group well visits as the foundations for social support both in the health care system itself and in other primary community institutions. The latter approach will be described in detail with attention to preliminary findings showing positive effects on health care for young children and their families.

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Quentin Hayes, Curr Pediatr Res 2019, Volume 23



Quentin Hayes

SurePulse Medical Limited, United Kingdom

BIOGRAPHY

Quentin Hayes has worked in Healthcare in the UK for over 25 years in both the private sector and the NHS. He is a graduate in Economics from Durham University and holds professional qualifications including membership of the Chartered Institute of Marketing.

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HEART RATE MONITORING IN NEW BORN BABIES: CHALLENGES AND OPPORTUNITIES

Aim: The aim of this paper is to present a new approach to monitoring heart rate in new born babies that has the potential to significantly change clinical outcomes for babies needing resuscitation and enhanced support at birth. The technology in addition has the potential to serve as a research platform for future research in this area of critical care.

Introduction: 10% of new born babies need enhanced support in the transition from the womb to the outside world and heart rate (HR) assessment in these first few 'Golden minutes' of life is critical to the guidance of resuscitation efforts. There is a lack of reliable and timely HR information from existing modes of HR assessment to support optimal new born transition, particularly in premature and poorly-perfused babies.

HR Monitoring Alternatives: A number of new technologies have been or are being, developed to overcome the limitations of current HR assessment techniques. These include forehead-mounted reflectance photoplethysmography (PPG), Bluetooth ECG, the use of camera/video, Doppler ultrasound and Bluetooth digital stethoscope. SurePulse vs utilises PPG and wirelessly delivers accurate and reliable HR information, visible in real-time, to the whole clinical team in the delivery room, supporting optimal care of the new born baby.

Conclusion: New technologies provide new possibilities in vital signs monitoring at birth and should enhance the evidence-based evaluation of changing practice in the delivery room. Opportunities include optimisation of ventilation, delayed cord clamping, umbilical cord milking and mother-and-baby bonding (skin-to-skin care).

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Yoko Imaizumi, Curr Pediatr Res 2019, Volume 23



Yoko Imaizumi

Osaka University, Japan

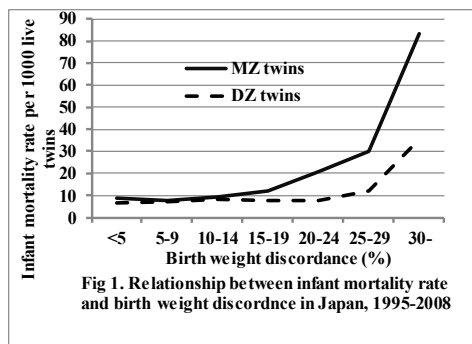
BIOGRAPHY

Yoko Imaizumi has received her Doctor of Science (PhD) from Hiroshima University. Her undergraduate major was Math. She worked at National Institute of Radiological Science at Division of Genetics for nine years and worked two years at Population Genetic Laboratory at University of Hawaii, USA. She worked for 27 years at National Institute of Population Studies, Ministry of Health and Welfare. She moved to Hyogo University as a Professor. She is now an Invited Professor at the Center for Twin Research, Osaka University. She has published over 100 papers in English and has been serving as an Editorial Board Member of journals for twin research and human genetics.

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THE EFFECT OF BIRTH WEIGHT DISCORDANCE ON INFANT MORTALITY RATES AMONG ZYGOTIC TWINS IN JAPAN, 1995-2008

Infant mortality rates (IMRs) of monozygotic (MZ) and dizygotic (DZ) twins were estimated using vital statistics from Japan during 1995 to 2008. Using the same data, author reported that mortality risk factors were maternal ages of <20 years and gestational ages of up to 35 weeks. In the present study, 128, 236 MZ and 180, 920 DZ twins were used as denominators to compute IMRs in zygotic twins. Numbers of infant deaths were 1,858 MZ and 1,620 DZ twins. Birth weight discordance (BWD) levels were classified into seven groups from <5% to 30%≥. Fig. 1 shows the relationship between IMRs and BWD levels. The lowest IMR was 7.5 per 1000 live births at 5–9% in MZ and 6.7 at <5% in DZ twins. IMRs were significantly higher in MZ than DZ twins except two BWD levels from 5%–9% to 10–14%. The lowest IMR in MZ twins was significantly increased after 10–14%. The lowest IMR in DZ twins was 6.7 at <5% and significantly increased at 10–14% and after 25–29%. As for gestational age (GA) <28 weeks, the ratios of the highest vs the lowest IMRs were 2.2 (376.2/173.6) for MZ and 1.3 (275.2/207.2) for DZ twins. As for 28 weeks≤GA, the corresponding ratios were 13.8 (53.7/3.9) vs 9.1 (29.1/3.2) respectively. Namely, under GA 28 weeks, a risk factor of BWD was not a main factor.



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KEYNOTE FORUM DAY 2

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Izzard Aglua, Curr Pediatr Res 2019, Volume 23



Izzard Aglua

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METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* IN MELANESIAN CHILDREN WITH HAEMATOGENOUS OSTEOMYELITIS FROM THE CENTRAL HIGHLANDS OF PAPUA NEW GUINEA

BIOGRAPHY

Izzard Aglua holds an MBBS and MPH from James Cook University, Australia. Currently he 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 and presented work on both stroke and osteomyelitis for which he has received young researcher awards and has recently joined the Editorial Board of the *AS Pediatrics* and *Current Pediatric Reviews*.

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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.

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Rita P Verma, Curr Pediatr Res 2019, Volume 23



Rita P Verma

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CURRENT TREATMENT OF HYPOTENSION IN ELBW INFANTS: COMPLICATIONS AND CONTROVERSIES

BIOGRAPHY

Rita P Verma did her residency in Pediatrics, State University of New York Hospital and School of Medicine, Syracuse NY; Fellowship in Neonatal-perinatal Medicine: University of Illinois Hospital and School of Medicine Chicago, IL; Board certification: Pediatrics, Neonatal-perinatal medicine; Specialty: Neonatal-perinatal Medicine. She is Professor of Clinical Pediatrics. She attended as a Neonatologist. She is Director of Research, Department of Pediatrics. Her area of research interest mostly is in extremely low birth weight neonates, fluid and electrolyte management, hypotension, placental histopathology bio sketch. She worked at the State University of New York Hospital and School of Medicine, Stony Brook and the University of Maryland Hospital and School of Medicine, Baltimore as Associate Professor of Pediatrics before joining Nassau University Medical Center. She has published over 110 peer reviewed manuscripts and abstracts and has presented results of her research at various national and international meetings.

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Introduction: Early postnatal hypotension (EPH) in premature infants is treated with vasopressor-inotropes (VI) in escalating doses, followed by hydrocortisone (HC) if VI therapy fails. There is no report on the adverse effects of this standard clinical practice.

Objective: To investigate the complications associated with the escalating treatments of hypotension with sequential inotropes and hydrocortisone in ELBW neonates.

Methodology: In a retrospective case-control study the complications and adverse outcomes associated with VI (VI) and HC (HCVI) treatments were compared with contemporaneous normotensive medication naïve controls (C) via standard univariate and multivariate analyses.

Results: VI (n=74) Vs C (n=124): Birth weight (BW), gestational age (GA) and receipt of antenatal steroid (ANS) did not differ. The occurrence of gestation associated diabetes mellitus (GDM) and risks for patent ductus arteriosus (PDA), intraventricular-periventricular haemorrhage (IVH), spontaneous intestinal perforation (SIP), ventriculomegaly (VM) and oxygen dependence at 36 postmenstrual week of life (BPD) were higher in VI group. HCVI (n=69) Vs C: HCVI recipients had lower BW, GA and receipt of ANS. The risks for IVH, BPD, air leaks and PDA were higher in the treated infants. The occurrences of SIP, VM and GDM did not differ while that of maternal hypertension trended to be less in HCIV recipients ($p = 0.06$).

Conclusions: Hypotensive ELBW infants treated with vasopressor-inotropes or with hydrocortisone-vasopressor-inotropes are susceptible to IVH, BPD and PDA. Those who receive inotropes are at additional risks for SIP and VM. GDM increases the occurrence of hypotension which responds to VI and does not need HC. Maternal hypertension does not contribute to VI responsive and trends to decrease VI refractory hypotension.

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Gerald Katzman, Curr Pediatr Res 2019, Volume 23

Gerald Katzman

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THE BIOETHICS AND NEUROPSYCHOLOGY OF CHILDREN LEARNING TO HATE OR HELP AND PURSUE VIOLENT OR NON- VIOLENT RESOLUTION OF CONFLICT

BIOGRAPHY

Gerald Katzman received his MD degree from the Wayne State University School of Medicine in 1968. He served a Pediatric Residency at the University of Chicago and the Children's Hospital of Michigan. After serving two years as a physician in the US Navy, he completed a fellowship in Neonatal-Perinatal Medicine at Temple University Hospital. Clinical positions have included Director of Nurseries at The Toledo Hospital, Chairman of Pediatrics at Sinai Hospital of Detroit and Chief of Pediatrics at Detroit Riverview Hospital. He has been a Clinical Associate Professor of Pediatrics at the Wayne State University School of Medicine since 1986. He received the designation of Certified Physician Executive by the American College of Physician Executives. In recent years, he has developed an interest in the teaching of hatred to children and the potentially violent actions that result from such indoctrination. Potential solutions to this problem have been suggested in a series of papers dealing with the subject. Explaining the psychodynamics of hatred development through an emphasis on recent understandings in neuropsychology has been a particular focus of these publications.

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Learned hatred in childhood leads to violent speech and subsequent violent actions. The process often begins with authoritarian parenting. The fear and anger evoked by such treatment is projected onto socially endorsed targets. These targets are developed through false narratives that are repeatedly espoused in authoritarian societies. The resultant violent actions are further facilitated by the stifling of emotional empathy those results from coercion and intimidation. Authoritative parenting characterized by discipline through reasoning offers a healthy alternative. The trust that develops between parent and child can be used to model caring behaviours inside and outside the family. Sharing stories with a moral and that teach a lesson promote the incorporation of virtues and the avoidance of vices. The emotional empathy that results is the catalyst for acts of compassion. Resistance to adverse influences and promotion of initiatives that support tolerance and appreciation of individual differences are more likely when parents and societies key in on enhancing the moral development of children. Restricting moral development through a planned program of indoctrination to militancy is mental maltreatment. By exposure of children to an atmosphere where reason has been emphasized over might, non-violent resolution of conflict is an attainable result.

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Neeraj Aggarwal, Curr Pediatr Res 2019, Volume 23



Neeraj Aggarwal

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BROKEN UMBILICAL CATHETER IN NEONATES - AN UNUSUAL PREVENTABLE COMPLICATION NEERAJ AGGARWAL, RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, INDIA

Introduction: Although Umbilical vein and arterial catheter (UVC and UAC) is generally considered to be safe, various complications like thrombus formation and infection are commonly reported but emboli due to fragmentation of the catheter is uncommon. We are describing successful retrieval of broken and migrated UVC and UAC in 2 neonates. Also the literature review was done to ascertain the causes and advise preventive measures in such cases.

Case: In a newborn, UVC got divided by a scalpel at the skin level while removing the retaining suture and migrated to portal vein. Fluoroscopy guided removal of catheter was done through 4 mm Gooseneck snare via Umbilical venous route. In second case, broken UAC catheter was removed from the descending aorta via femoral arterial route.

Discussion: The umbilical catheter can get inadvertently damaged by needles or scissors during catheter insertion and fixation. Subsequent attempts of removal of this weakened catheter may cause breakage. Overzealous tightening of a purse string type suture used to secure a catheter can also weaken the wall of UVC. This underscores the importance of using fine suture removal scissors especially in an active neonate who may be difficult to restrain. One should always inspect the tip of the removed catheter for its intactness, record the length of catheter at the time of insertion and removal and also insist for a check radiograph, since small broken fragment tip from these long catheters can be overlooked and missed.

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Subhasree Ray, Curr Pediatr Res 2019, Volume 23



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PAEDIATRIC REFRACTORY EPILEPSY AND VARIOUS KETOGENIC DIET – AN ALTERNATIVE NON-PHARMACOLOGICAL TREATMENT STRATEGY

BIOGRAPHY

Subhasree Ray is the 'Corporate Dietitian' of Reliance Industries Limited, heading the corporate nutrition department of the organization across India. She is a PhD scholar of Ketogenic Diet with 8 years of experience in Nutrition science and Medical Nutrition Therapy. She has worked with Govt. of India in eradication of child malnutrition for 2 years. She is a public speaker of Nutrition, health, wellness and lifestyle management. She has authored 17 scientific research articles in various national and international journals. She has also presented her research work in 18 conferences, workshops and seminars. She has received 'Young Researcher Award' for her research in probiotic and HIV. She is an advisor for many organizations and companies dealing with food and nutrition as their major component. She is the reviewer and editorial board member of two reputed international journals and one national journal. She is the lifetime member of Indian Dietetic Association, Nutrition Society of India and Probiotic Association of India.

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Ketogenic diet is a high fat, moderate protein, very low carbohydrate, ratio specific therapeutic diet. The diet is used as a non-pharmacological, alternative mode of treatment for the paediatric patients suffering from refractory epilepsy. As per International League Against Epilepsy (ILAE) refractory or pharmaco-resistant epilepsy is defined as failure of adequate trials of two tolerated, appropriately chosen and used antiepileptic drug schedules (whether as monotherapies or in combination) to achieve sustained seizure freedom. For children with glucose transporter type 1 deficiency or pyruvate dehydrogenase complex deficiency, ketogenic diet is the treatment of first choice. The principle of the diet is to utilize fatty acid derived ketone bodies as the primary source of energy by replacing glucose. In clinical practice there are several forms of ketogenic diet based on ratio and composition. The efficacy of ketogenic diets has been established by numerous randomized controlled trials. The classical ketogenic diet consists of dietary saturated fat and is based on a ratio of 3:1 or 4:1 (fat:[carbohydrate + protein]). In Polyunsaturated fatty acid ketogenic diet (PUFAKD) polyunsaturated fats like omega-3 and omega-6 are used to produce ketone bodies. In a randomized control trial by Yehuda et al, it has been shown that provision of PUFAKD with a ratio of 2.8:1 (omega 3:omega 6) has been proven most beneficial in reducing seizure frequency among children with refractory epilepsy. Medium-chain triglyceride (MCT) based ketogenic diet uses MCTs like coconut oil as major source of fat in daily diet. MCT based ketogenic diet is less restrictive and provides similar benefits as classical ketogenic diet. All mode of ketogenic diets are safe and easy to administer in any outpatient setting. The diet has some reported side effects which can be managed by close monitoring, supplementation and regular follow up. The compliance for ketogenic diet is low but inclusion of various options could change the monotony and increase compliance rate. The administration of ketogenic diet requires qualified dietitian, neurologist, and psychologist on board for error free experience with maximum outcome.