
Keynote Forum

March 14, 2019



International Conference on
Pediatrics & Neonatal Healthcare

March 14-15, 2019 | London, UK

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Claudine Kumba

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Necker Sick Children's University Hospital, France

Is transfusion an independent predictive risk factor of postoperative outcome in Pediatric Orthopedic surgical patients? A retrospective study

Background: Intraoperative and postoperative Morbi-mortality factors are multiple in pediatric patients. Studies in pediatric cardiac surgery and intensive care patients have identified transfusion as one independent factor among others.

Objectives: To investigate whether transfusion was an independent risk factor of postoperative outcome in pediatric orthopedic surgical patients.

Design: Retrospective observational descriptive pediatric cohort study.

Setting: Monocentric pediatric tertiary center, Necker University Sick Children's Hospital Paris, from 1 January 2014 to 17 Mai 2017.

Patients: 195 patients with a median age of 144 months [106.5-178.5] were included. Inclusion criteria was the presence or the absence of transfusion in the Intraoperative period in orthopedic surgery. Exclusion criterion was transfusion in the postoperative period until discharge from hospital. Main outcome measures: Primary outcome was morbidity in transfused and non-transfused patients. Morbidity was assessed by deaths, complications and repeat surgery occurring intraoperatively or postoperatively during the entire hospitalization. Secondary outcome was assessed by length of stay in the intensive care unit, in the hospitalization ward, total length of stay in hospital and duration of mechanical ventilation.

Statistical analysis: Multiple logistic and log-linear regressions were used to assess for independent predictors of outcome.


Results: ASA score [odds ratio 2.73, p-value <0.01] and transfusion [odds ratio 1.98, p-value <0.01] were independent predictive risk factors for complications. Emergency surgery [odds ratio 7.62, p-value<0.01] was the independent predictive risk factor for repeat surgery. ASA score, transfusion and emergency surgery [p-value<0.01] were independent predictive risk factors for length of stay in the intensive care unit and length of stay in hospital. ASA score, transfusion and age [p-value<0.01] were independent predictive risk factors for length of mechanical ventilation. There was no mortality in this cohort.

Conclusions: Transfusion was an independent predictive risk factor among others for postoperative outcome. Specific measures aiming to reduce exposure to blood products in potential hemorrhagic surgery like scoliosis can improve outcome.

Speaker Biography

Claudine Kumba graduated as a Medical Doctor in 2001 and completed her specialization in Anesthesiology in 2006 at the Free University of Brussels (ULB, Université Libre de Bruxelles). She has a Paediatric Anaesthesia specialisation graduation since 2010 from the University of Aix-Marseille, Marseille, France. She has a Critical Care Medicine specialization graduation since 2014 from the University of Montpellier 1, Montpellier, France. She is a paediatric anaesthesiologist in Necker Sick Children's University Hospital, in Paris, France. She has 12 publications and 17 citations. She is a member of the European Society of Paediatric Anaesthesiology (ESPA), the French Society of Anaesthesia and Critical Care (SFAR, Société Française d'Anesthésie-Réanimation) and the French Association for Paediatric Anaesthesiologists and Intensivists (ADARPEF, Association d'Anesthésistes et Réanimateurs Pédiatriques d'Expression Française) and the Belgian Association for Paediatric Anaesthesiology (BAPA).

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Qihong Deng

Central South University, China

Prenatal exposure to air pollution and childhood allergy

Background: Evidence linking prenatal exposure to outdoor air pollution with allergic disease in early childhood is scarce, and the role of components of air pollution and exposure timing remains unclear.

Objectives: We investigated the association between maternal exposure to air pollution during pregnancy and the prevalence of allergic diseases in preschool children.

Methods: We conducted a prospective cohort study of 2598 children aged 3–6 years in Changsha, China. The prevalence of allergic diseases was assessed by a standardized health questionnaire administered by the parents. Individual exposures to nitrogen dioxide (NO₂), sulfur dioxide (SO₂) and particulate matter with an aerodynamic diameter $\leq 10\mu\text{m}$ (PM₁₀) during pregnancy and different trimesters were estimated by an inverse distance weighted (IDW) method based on concentrations

measured at monitoring stations. Association between childhood allergic diseases and maternal exposure to air pollution was examined by logistic regression models in terms of odds ratio (OR) and 95% confidence interval (CI) for an interquartile range (IQR) increase in exposure.

Conclusion: Our findings indicate that childhood allergy is associated with maternal exposure to traffic-related air pollutant during pregnancy, which supports the hypothesis that fetal origins of childhood allergy.

Speaker Biography

Qihong Deng has completed his PhD from Hunan University, China. He is now a distinguished professor of Central South University, China. He has over 100 publications that have been cited over 500 times, and his publication H-index is 20. He has been serving as editorial board members of several reputed journals and the president of international conference Healthy Buildings 2019 Asia.

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Naveen Parkash Gupta

*Rainbow Children Hospital, India***Choosing right inotropes in Neonatology - Where do we stand?**

Shock is defined as decrease in oxygen supply to tissues. In neonates hypotension is normally taken as synonymous with shock but it's not true. One has to understand a difference between pressure and flow. Flow is more important than pressure for maintaining organ perfusion but not an easy job to measure in each baby. Blood pressure on the other hand is easy to measure and follow. In preterm neonates in first 48 hours of life when left to right shunt is happening through the foramen ovale and ductus arteriosus, left ventricular output does not truly determine the organ supply. Superior vena cava flows have been validated in first 48 hours of life to determine organ perfusion. Thus learning functional echocardiography can help a neonatologist in managing sick baby with shock. Another controversy exists pertaining to choosing

inotropes in management of neonatal shock. Understanding pathophysiology is one of the most important steps in managing neonate with shock. Recently few bedside tools like functional echocardiography and Near infrared spectroscopy (NIRS) have come up as promising tools in managing shock.

Speaker Biography

Naveen Parkash Gupta has done neonatal training in form of DNB Neonatology from Sir Ganga Ram Hospital, Delhi. He has done fellowship in Neonatal Perinatal Medicine from British Columbia Children Hospital, Vancouver, Canada. He was in charge of Neonatal Unit at Max Super Speciality Hospital, Patparganj from March 2011 to October 2017 where he was running neonatal fellowship program. He is presently a Senior Consultant in Department of Neonatology at Rainbow Children Hospital, Delhi. Their unit is one of largest level III NICU in Delhi (30 bedded). He has written many review articles and chapters in text books.

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Ian Munro Rogers

*Royal College of Physicians and Surgeons of Glasgow, UK***Pyloric Stenosis of infancy-The great mystery unravels**

Pyloric Stenosis of Infancy (PS) was first clearly documented 300 years ago. Since then the curious clinical features have been repeatedly defined and pyloromyotomy remains the best treatment. There has been a progressive increase in the frequency of published articles about PS in the last century. Few speculate on the cause and none attempts to explain the pathogenesis by trying to explain the symptoms and signs. The Primary Hyperacidity theory as here described explains all the clinical symptoms and signs and is a credible and testable explanation for the condition. When acidity is measured by titration methods PS babies are hyperacid. When puppy dogs are made hyperacid by Penta gastrin injections, they develop PS. PS babies after pyloromyotomy when gastric hold-up is abolished, continue to be hyperacid. In later life they suffer from hyperacidity problems. Acidity entering the duodenum is a potent cause for pyloric sphincter contraction. The repeatedly contracting sphincter hypertrophies and the enlarged sphincter blocks stomach emptying. Continuing attempts to feed the PS baby produce even more acidity, more hypertrophy and so on. There is good evidence that the negative feed-back between gastrin and acid secretion takes a few weeks to develop after birth. Thus, both gastrin and acid secretion peaks at around 3-4 weeks until negative feedback is established. In this way, the

presentation at 3-4 weeks makes sense. Similarly, with acidity now controlled and the pyloric lumen getting larger with time, self-cure in the milder cases is not uncommon. Another major driver is the frequency and volume of feeds. 3-hourly fed babies are more commonly affected and an anxious first-time mother is more liable to feed her vomiting baby. Medical treatment is more successful when associated with reduced feeds.

Speaker Biography

Ian Munro Rogers was born on March 1, 1944 in Glasgow, Scotland. He did his Bachelor of Medicine, Bachelor of Surgery from Glasgow U. in 1967. He has membership fellow at Royal College Surgeons Edinburgh, Royal College Physicians Glasgow, Royal College Physicians and Surgeons Glasgow. He was Consultant in General Surgery, South Tyneside Hospital, 1978-2004; Surgical Tutor to the Royal College of Surgeons, England, 1990 - 1996. He was the Hon. Lecturer in Surgery at Newcastle University, 1991. He was a Director of Surgical Services at South Tyneside, May 1995 – March 1998 and President of the North of England Surgical Society 2000 - 2001. He is retired Consultant Surgeon in General Surgery with an interest in vascular surgery, Ingham Infirmary, South Shields and South Tyneside Health Care Trust 1978 –2003. He was retired from the NHS in October 2003 and presently undertake medico-legal work. He was a Guest Examiner at Royal College of Physicians and Surgeons, Glasgow 2005, Intercollegiate Assessor of Surgical Examiners 2006. He was a Visiting Prof. Surgery, AIMST University, Kedah, Malaysia 2007-2009/2011; he has a long-term interest in the cause of Pyloric stenosis of Infancy with particular reference to the Primary Hyperacidity Theory.

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Keynote Forum March 15, 2019



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Aikaterini Ziaka


*Physio4you, Greece***Expectation of Physiotherapy intervention to a child with Brain Tumor, Cerebral Palsy and Blindness**

Brain tumor in childhood is very hard to be dealt with. The whole situation demands great deal of patience and perseverance from parents to treating doctors. It also depends on the type of tumor and the condition of the child itself. Relapses are also very common and can be fatal for a patient's life. In the present case study, we examine the course of a 4 years old child, named Irene, who was diagnosed with brain tumor at the age of 8 months. The tumor is near the optic chiasm, which caused blindness. Irene learned to walk at the age of 18 months after physiotherapy sessions but at that point she relapsed. She had an hemorrhagic stroke which caused her right spastic hemiplegia and as a result she lost the ability to walk. She had an operation and after that chemotherapy treatment. Since the beginning in order to make Irene stand on her feet again, we had a very close cooperation with her parents and her doctors to continue physiotherapy sessions during the chemotherapy treatment. The physiotherapy based on the NDT method and uses her hands very well in any activity she

needs. Our therapeutic procedure was aimed for her to be a child but without any risk of her life, because of her vision luck. We focused on teaching her how, what and when to do daily activities. Therefore, in future she could be like any other blind child but cheerful and happy. And we succeed on that! Today she can deal with her walking perfectly and she understands the importance of physiotherapy. We are very proud of her!

Speaker Biography

Aikaterini Ziaka has completed her bachelor degree on Physiotherapy at Alexandreio Technological Educational Institute of Thessaloniki (A.T.E.I.Th.). She completed her MSc at University of Thessaly and her research was "The differentiation of postural control by manipulating visual perception through prism adaptation". She is a pediatric therapist over 28 years period and she specialized in NDT-Bobath method. She has been at A.T.E.I.Th. as lab assistant professor in neurorehabilitation for 11 years. She completed her studies on Orthopedic Manipulative Therapy Diploma in 2016 and she is an OMT therapist since. She had many publications and she always remain informed on neurorehabilitation. She owns a physiotherapy lab, named Physio4you, since 2012. From the beginning of her career she was exclusively devoted to children and their deficits. She is married with 2 children.

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Marylouise Martin

McLeod Regional Medical Center, USA

Getting from here to there: Translation of the National Perinatal Association interdisciplinary recommendations for Psychosocial support of NICU parents and staff into clinical practice


Psychosocial needs along the perinatal continuum have been well-documented in the scientific literature. However, specific guidelines for how to allocate limited psychosocial resources have been limited to date. Recent publication of the NPA's recommendations for psychosocial support of NICU parents is a step toward a more thoughtful, evidence-based approach to addressing this need. Although these recommendations focus on aspects of the NICU, they have broader applicability across the perinatal continuum. This presentation will provide information on the recent NPA recommendations. Within these recommendations are strategies for support of the NICU family and the professionals who care for them. A case example of application of the recommendations in a resource constrained NICU will be offered along with discussion of methods for implementing and sustaining positive change. Participants will

be provided information/tools to facilitate application of these recommendations to a variety of perinatal settings in acute/primary care.

Speaker Biography

Marylouise Martin has been a staff nurse, Head Nurse (Director), Neonatal Nurse Clinician (Practitioner) in NICUs for over 45 years. She is a co-developer of the National Perinatal Association (NPA) Guidelines for Psychosocial Support of NICU Families and co-author of the articles published December 2015 in the Journal of Perinatology on the Psychosocial Support Guidelines. She presented these guidelines at Marce Perinatal Mental Health International Conference September 2016 Melbourne Australia, AWHONN (2017), Academy of Neonatal Nurses Advanced Practice Conference, April 2017, ANN Neonatal Intensive Care Conference Sept 2017 and National Association of Neonatal Nurses Conference Oct 2017, PLIDA conference Oct 2018. Currently NICUs in 13 countries have implemented the tools which her facility has developed.

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Anjan Bhattacharya

Apollo Gleneagles Hospital, India

Universal practice model for early detection and early intervention in children with special needs –The Kolkata Model

Introduction: Primary Care Physicians were found to be only less than 20% efficient in identifying EBD [Emotional, Behavioural and Developmental problems] in children. Subsyndromal and sub-threshold (sub-clinical) cases of Neuro-developmental Disorders like, Autism, ADHD (Attention Deficit & Hyperactivity Disorder), Learning Disorders and Difficulties and Neuro-disabilities like CP (Cerebral Palsy), Spina bifida occulta etc. are mostly detected after their neural-plasticity are compromised.

Objectives: Refining a model of combination of (1) effective Early Interventional tools for children with special needs and (2) a Universal Practice Mode for them, which works wonders in Kolkata Developmental Model.

Methods: Combining (1) (a) Prechtle's² Methods for General Movements Assessments (GMA) for accurate (98%) Early Detection (ED) for Cerebral Palsy (CP) in At-Risk Population, (b) LEAP-CP Study³ looking at parent delivered Early Intervention (EI) delivered to infants screened positive for CP using GMA (c) use of Measurable Eye Tracking⁴ in Infancy, (d) Infant Start⁵, a Parent-Implemented Intervention for Symptomatic Infants for Autism Spectrum Disorder (ASD) and (e) PACT Study, UK archiving evidence of success for ASD treatment⁶ through parent training, we can identify risks of most neuro-developmental disorders in early infancy, thereby instituting a novel method of interventions based on available science, which is emerging as a clinically highly effective intervention.

This enabled us to propose a Universal Care Pathway for such children, as Kolkata Development Model. This model has already presented at the Glasgow Annual Conference of RCPCH [Royal College of Paediatrics & Child Health], UK on 13th March, 2018; the EACD [European Academy of Childhood Disability] Annual Conference, Tbilisi, Georgia on 26th May, 2018 and Keynote Address at Paris International Pediatric Conference (Allied Health) on 16th August, 2018. At the London Conference, 2019 this Keynote address is presented with members from Child Development Centre, Apollo Gleneagles Hospital, Kolkata presenting some of its key scientific components. This model is adoptable equally, with local adjustments, both in resource-crunched as well as resourced countries, equally!

Speaker Biography

Anjan Bhattacharya has worked in Newham University Hospital and Newham Primary Care Trust, London as a Developmental Paediatrician. He worked for 12 years in the UK in Paediatrics. He has skills in assessing children's mental development using Griffiths tool and Bayley III Scale for Infants and Toddlers. He uses the Gold Standard diagnostic evaluation of children with Autism Diagnostic Observation Schedule [ADOS] and Autism Diagnostic Interview - Revised [ADI - R] technique. He is an RCPCH, UK examiner for MRCPCH UK and DCH, UK examinations. He is also an honorary affiliate tutor and course coordinator of DCH/IPPC of Sydney University Australia. He is ex-head DNB program of AGH, Kolkata and DNB center appraiser of NBE, New Delhi. He worked as an international medical expert in a medicolegal case involving childhood disability in Singapore. He is an office bearer of two chapters of Indian Academy of Pediatrics, nationally.

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