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Does bloody aspirate reflect the state of upper gastrointestinal mucosa in a critically ill newborn

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Background & Aims: Critically ill newborns have many risk factors to develop stress related mucosal lesions (SRML). We used upper endoscopy to evaluate the presence of SRML in these neonates, to know the specificity and sensitivity of the bloody gastric aspirate to detect SRML and to identify the risk factors associated with the presence of SRML and bloody gastric aspirate.

Patients & Methods: This is a cross-sectional study done on 100 critically ill newborn after becoming clinically stable. SRML were diagnosed if there is hyperemia, erosions or ulcers in the oesophagus, stomach and/or the duodenum.

Results: SRML were found in 77% of neonates in the NICU though frank bloody aspirate was detected in only 22% of neonates. The presence of bloody aspirate showed low sensitivity (24.68%) and high specificity (86.96%) for the presence of SRML. The presence of bloody gastric aspirate showed a double fold risk for the presence SRML (OR=2.184, CI=0.584-8.171). Factors associated with SRML included respiratory distress (p=0.000, risk=4.006), the use of nasogastric tube (p=0.017, OR=3.281) and the use of triple antibiotics (p=0.001, risk=1.432). Factors associated with the presence of bloody gastric aspirate included the use of nasogastric tube (OR=1.629, p=0.000) and the presence of haemostatic disorders (OR=3.143, p=0.039). It was also associated with lower hemoglobin levels (p=0.000).

Conclusion: SRML represents an under diagnosed problem in NICUs. Absence of bloody gastric aspirate does not exclude the presence of SRML.

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Hereditary pancreatitis in children

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Chronic pancreatitis (CP), characterized by inflammation-induced continuous damage to the structure and function, or both, of the pancreas, is of rare occurrence in childhood. The etiology of CP in children varies and includes gene mutations, anatomic anomalies, metabolic disorders, and others. Hereditary pancreatitis (HP) is a rare cause of CP, first described by Comfort in 1952. HP is an autosomal dominant disorder with penetrance of approximately 80-90%. In 1996, association between HP and mutation (p.R122H) in the cationic trypsinogen gene (PRSS1) was described by Whitcomb et al., which was further confirmed by an independent study. HP develops mainly in childhood. The precise prevalence of HP in the general population is still unknown. The prevalence of HP patients in the CP group varies from 1% to 8%. Available data from adult patients do not reflect the natural history of HP in children. Although the incidence of HP in pediatric population is low, pancreatitis might cause significant morbidity and even mortality. Most of the information is found within individual case reports or small case studies. The Children's Memorial Health Institute in Warsaw, a leading national pancreatic center, admits the majority of Polish children with CP. Our group of children with CP (over 300 patients) is one of the largest single-center cohorts in the world. Thus, investigations of clinical presentation and treatment in this group could deliver essential findings for medical practice.

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