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SCIENTIFIC TRACKS & ABSTRACTS

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Pediatric headache: Ocular approach.

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Headache is common in adolescents and children and it is a frequent reason to seek medical care for pediatric patients. The Global Burden of Disease study found that the headache disorders are the second-leading cause of disability globally in 2017. In children (age <7 years) headaches are slightly less common in young girls than boys but this ratio begins to change around the time of puberty, where the prevalence of headache is significantly lower in men than in women. In adolescence, 20% of boys and 27% of girls describe frequent or severe headaches, and 5% of boys and 8% of girls have had a migraine in the past year. In adults, over 60% of men and 80% of women have had a headache, and 6% of men and 15% of women report having had a migraine in the past year. Headache disorders are classified into primary and secondary headaches. Primary headaches are further classified into migraine, Tension-type headache and cluster headache. Migraine is common in pediatric patients, with a prevalence of 1% to 3% in children age 3 to 7 years and 8% to 23% in adolescence, when migraine is less common in boys than in girls. Migraine headaches with aura are less common than those without aura, but both can affect children. Other types of less common migraine headaches are basilar, confusional, and hemiplegic. Secondary headaches are classified into to ocular or non-ocular causes. Non-ocular causes can be due to elevated ICP, Meningitis or encephalitis, Chiari I malformation, intracranial hemorrhage and posttraumatic headache.

Ocular causes of headache are Refractive error, Accommodative dysfunction, Binocular vision abnormalities and Ocular health. Regarding refractive errors, Fasih U et al, in 2017, reported refractive errors represented 16.4% of the cases who presented with headache. Where the astigmatism was more frequent (65%) followed by hypermetropia (25%) and myopia (10%). Accommodative dysfunctions such as insufficiency, infacility and spasm can cause headache. In accommodative insufficiency the AA is lower than expected for the patient's age. Those patients have a decreased PRA and usually fail the +/− 2.00 D flipper test. Accommodative infacility patients report blurry vision at distance after prolonged near focusing and vice versa. Spasm of accommodation is spasm of Ciliary muscle that produces excess accommodation secondary to overstimulation of the parasympathetic nervous system, cholinergic drugs, trauma or MG. those patients usually have impairment of distance vision and MEM lead. Binocular vision abnormalities include convergence insufficiency/excess, divergence insufficiency/excess, vergence insufficiency and vertical phoria. Fasih U et al, in 2017, demonstrated other causes of headache; they found 3.96% patients with glaucoma, 0.53% with papilloedema and 5.80% with corneal ulcers.

In conclusion, it is very important to do comprehensive eye examination for patients present with headache to r/o ocular causes. Based on the previous studies, the majority of patients with headache had associated ocular causes

Biography:

Dr. Abdulrahman J Alharbi was graduated from Qassim University and he is currently working as a Optometry Doctor (OD) in Ministry of health. Dr. Alharbi is also specialized in clinical optometry, contact lens and low vision rehabilitation. Dr. Alharbi has published papers in international journals and presented his research work in various national and international conferences.

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Obesity – eat great, move a bit & loose weight!

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Aim:

Obesity is the big issues with developing world & post covid so in this article we work on Sugharsize Diet to rehab with eat great, move a bit & loose weight!

Background:

Since generations obesity is a big problem & has been a focus of our life! Being overweight is really common nowadays! But what is obesity & overweight & how are they different? Our nation is plagued with obesity & a host of digestive problem! There are likely so many remedies for obesity i.e. hurt burn, indigestion, gas, belching & bloating! Abundance of research available on these health issues! Basic idea behind writing this article is we alleviating our national health issues i.e. obesity & intestinal difficulty? The answer is absolutely no! Most of us are getting fatter & develop health issues! And we spend loss of money hoping that things will improve!

Methods:

Solution to obesity lies in what we eat, how we should move! So is above article include a weekly diet & exercise plan to beat out obesity! Three rules of before starting anything:

1. Motivation is primary tool!
2. Know your ideal body weight!
3. Work on water retention!
4. Move your body!

Change your lifestyle:

1. Avoid crash diet!
2. Start food packets whole day!
3. Split size food!
4. Separate food items!
5. Eliminate the funky foods!

Conclusion:

With these principles of food combing easy to follow & utilize when eating out or social gathering at home! After all eating great & lose weight is good combo we had like to experience! One can loose weight immediately weight & get ideal body weight by correcting diet, half hour physical routine & getting out of sedentary lifestyle! But when you are obese it takes more time, effort, dedication & discipline to get into shape!

Biography:

Dr Deeksha has completed her MP degree at the age of 24 years from MP Medical Science University, India. She is the published author of two books on OBGYN name it's all about Pregnancy & It's all about Periods! She has been serving as an editorial board member of two reputed Journals. She is the life member of IAP, AWID & PCOS Society of India. She is the founder of group Hormonalwings. She is blog writer & also run you tube channel on women's health rehab. She also does volunteerd for United Nations. She also is an active member of man & women's health sites. Her aim is to make 'Pelvic health more integrated & universal practice for all individual regardless of gender, age & stages of life'. She is also a passionate speaker on many international platform include world physiotherapy conference. She is certified in Prenatal & Postnatal Rehab, Canada.

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Highly elevated c-reactive protein (CRP) with normal leukocyte count among febrile pediatric patients: Clinical implications

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White blood cells count (WBC) is routinely used to assess children with fever, though the test has low sensitivity. The C-reactive protein (CRP) has a higher sensitivity for the diagnosing of bacterial infection. However, there is a lack of information about conditions where WBC is normal while CRP is increased. We aimed to identify the prevalence of this phenomenon and to describe its clinical features.

The study included children aged 3mo – 18y who presented at our emergency department with fever during 2018-2020. Included were children with CRP>15 mg/dL, a value considered highly specific for bacterial disease. Patients were divided into two groups: normal versus abnormal blood count (age-adjusted). Out of 15,961 children, 1173 were diagnosed with CRP> 15 mg/dL (7.3%). A bacterial diagnosis was determined for 74.5% of the 471 (40.1%) children with normal WBC, who had longer duration of fever (p = 0.008); were more likely to be of Arab/African descent (P = 0.011); had more GI symptoms (P = 0.017); and fewer fever ≥ 39.50c (P = 0.035). In terms of final diagnoses, they were less likely to have pneumonia or urinary tract infections and more likely to have bacterial enteritis (p<0.001).

In conclusion, approximately 40% of patients with CRP > 15 mg/dl had a normal WBC, and the majority a bacterial infection. Children with diarrhea at presentation, fever > 2 days, fever < 39.5, and who were of Arab/African descent were at increased likelihood for normal leukocytes; for these cases CRP should be routinely considered alongside WBC.

Table 1 – Final diagnoses among pediatric patients with fever and CRP≥15 mg/dL. Patients are divided into 2 groups: normal leukocyte count ("discrepancy group") and abnormal leukocyte count ("both abnormal").

Variable n/N(%)	Group 1 – CRP≥15, abnormal leukocyte count (both abnomal) n=702 (59.8%)	Group 2 – CRP≥15, normal leukocyte count (discrepancy) n=471 (40.2%)	p-value
Final diagnosis Bacterial Viral Inflammatory Unclear	604 (86.0%) 45 (6.4%) 26 (3.7%) 27 (3.8%)	351 (74.5%) 68 (14.4%) 26 (5.5%) 26 (5.5%)	<0.001
Pathogen type Gram positive Gram negative Polymicrobial	64 (33.9%) 108 (57.1%) 12 (6.3%)	37 (33.0%) 55 (49.1%) 12 (6.3%)	0.234
Pathogen - specific Streptococcus group A Staph. Aureus E. coli Pneumococci	21 (11.1%) 6 (3.2%) 93 (49.2%) 20 (10.6%)	16 (14.3%) 8 (7.1%) 33 (29.5%) 4 (3.6%)	0.234 0.114 0.001 0.030
Final diagnosis (bacterial) Pneumonia vs. other diagnoses UTI vs. other diagnoses Dysentery vs. other diagnoses	264 (37.6%) 154 (21.9%) 13 (1.9%)	132 (28.0%) 73 (15.5%) 39 (8.3%)	0.001 0.006 <0.001
Bacterial infection site Urine GI Throat / ENT Multibacterial process/abcess	103 (53.9%) 1 (0.5%) 12 (6.3%) 17 (8.9%)	47 (41.2%) 13 (11.4%) 12 (6.3%) 3 (2.6%)	0.032 <0.001 1.0 0.0331

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Biography:

Dr. Tarek Zoabi is an expert in the field of pediatrics and inflammatory conditions. He is a senior physician at Schneider Children's Medical Center of Israel, one of the largest tertiary headache clinics in Israel. During the last decades he has published many studies who dealt with the pathophysiology and clinical aspects of inflammatory and infectious diseases among pediatric patients. He is a member of international pediatrics and rheumatology societies and a regular participant in international congress in the field of pediatrics.

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Recent advances in the management of thalassemia

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Abstract:

Thalassemia mainly β-thalassemia is a clinically heterogenous group of inherited disorders caused by mutations in the β-globin gene, leading to a decreased or absent production of the β-globin chain. In this disease there is imbalance in the α/β-globin chain production, which results in variable grades of ineffective erythropoiesis, chronic haemolytic anaemia, compensatory haemopoietic expansion, hypercoagulability, and increased iron absorption. Approximately 1.5% of the global populations are carriers for a β-thalassaemia mutation, with traditionally higher prevalence in populations of Middle East, the Mediterranean region, and Southeast Asia. However, large scale migrations have recently made thalassemia distribution worldwide. Improved public health measures have prolonged life expectancy of affected individuals in low- and middle-income countries, making β-thalassemia now a significant global health problem.

Current guidelines have adopted a clinical classification of thalassemia based on the magnitude and frequency of transfusion requirements, reflecting the severity of the disease. Patients with transfusion-dependent thalassemia present with severe anaemia as early as 6 months of age and require life-long blood transfusion to survive. Whereas in non-transfusion-dependent thalassemia, patients usually maintain haemoglobin (Hb) levels between 7 and 10 g/dL and may require transfusions less frequently. Thalassemic patients gradually develop clinically significant iron overload, mainly as a consequence of erythron expansion and increased iron absorption driven by hepcidin suppression.

CONCLUSION

The last 50 years have witnessed dramatic improvements in thalassaemia understanding and patient care. These improvements have built a series of previously unimaginable therapeutic opportunities for patients with thalassaemia, with many more on the way. All of this was made possible by a synergy between the various fields of biological and clinical research, which have mutually reinforced one another to lead to shared success.

Having access to many therapeutic opportunities is undoubtedly beneficial for patients, but as opportunities have grown, the cost of optimal therapies has increased dramatically, and so has the demand for a better selection of the appropriate sequence of treatments in terms of cost/benefit ratio. When compared to HCT (the only other available curative option), gene therapy results in, on average, an additional 300,000–400,000 EUR/patient, justified by the high costs of the viral vector and preparation procedures. On the other hand, as competition between different suppliers grows and follow-up monitoring becomes less stringent, the whole procedure should become more affordable; nonetheless, requirements in terms of professional skills, quality efficacy, and regulatory compliance still make it an unattractive approach in low-income countries. In conclusion, an effort must be made to progress, consistent with resource availability and still crucially impacting the real opportunities for benefiting from these advances in the real world.

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Biography:

Dr Vijay Kumar Dahiya MBBS MD PEDIATRICS. He live in Jagadhri Town of District Yamunanagar in Haryana (INDIA). He retired in February 2022 as District Medical Chief (civil surgeon Yamunanagar) after 29 years of service in Health Deptt Govt of Haryana. He had an inclination towards writing start from his early student days. He remained editor and chief editor of college magazine ROHMEDCOL of Medical college Rohtak. Many of his articles got published in national and international journals of repute. He had written two books and 2 brochures of information till date. His first book titled "Thalassemia and its management" has been published by Lambert Academic Publishing and it has been translated in more than 10 international languages. His second book titled "Stress during examination and ways to cope it up" has been published by spotwrite publications recently.

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The effect of swedish massage on children's sleep during hospitalization: A clinical trial study

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Background:

Hospitalization impairs sleep patterns. The present study aimed to determine the effect of massage on sleep quality and quantity in hospitalized children.

Method:

This was a prospective clinical trial designed according to the CONSORT checklist. The participants were 70 hospitalized girls of 4-12 years of age, randomly assigned to intervention and control groups. The research instrument was Owens' Children's Sleep Habits Questionnaire and the Sleep Quantity Index. The control group received routine care, while the intervention group underwent Swedish massage by a nurse for 30 minutes for three nights. Independent t-test, paired t-test, repeated measures analysis of variance, and the generalized linear model (GLM) were used to analyze the data.

Results:

There was no significant difference in the mean scoresof sleep quality between the two groups before the intervention ($p = 0.3$), but there was a significant difference between the groups in terms of sleep quality ($p < 0.001$) after the intervention. Massage therapy increased sleep quality in all dimensions except for parasomnia ($p = 0.13$). There was no significant difference between the changes in the sleep quantity scores of the control and intervention groups over time ($p = 0.09$).

Conclusion:

Although the use of massage affected sleep quality of sleep, it did not affect sleep quantity. Therefore, in addition to using massage and teaching it to parents and nurses, other factors affecting sleep quantity should be identified and the necessary measures should be taken.

Biography:

Dr. Yosra Raziani is an experienced lecturer with a demonstrated history of working in the higher education industry. Skilled in Philanthropy, Nutrition, Research, Nursing and Public Speaking. Strong education professional with a Master's degree focused in Pediatric Nursing from LUMS (Lahore University of Management Sciences).

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