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Editorial Open Access

Insights in Neonatal and Pediatric Medicine Research

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Editorial Note

Firstly, I am honoured to be an Editor for this Prestigious Journal namely Journal of Neonatal and Pediatric Medicine, which is a scholarly Open Access journal, that aims to publish the most comprehensive and reliable source of information on a wide range of nutrition topics, including neonatal-perinatal medicine, neonatal intensive care, neonatal treatment, neonatal drugs, neonatal feeding, neonatal nursing, and neonatal infections, in the form of original research and review articles, as well as case reports, short communications, commentaries, and case studies.

I would like to enclose some points about the articles enlisted in the previous issue of the journal. The article entitled “Prediction of Resistant to Intravenous Immunoglobulin (IVIG) Treatment in Patients with Kawasaki Disease in the Tertiary Care Hospital.” very well explained the Kawasaki disease,(KD; also known as mucocutaneous lymph node, syndrome or Kawasaki syndrome), which is an acute autoimmune systemic vasculitis disorder that primarily affects infants and young children aged 6 months to 5 years. The acute disease is self-limiting and is characterized by fever more than five days and at least 4 of the following symptoms: Bilateral non-exudative bulbar conjunctivitis, changes in lips and oral mucosa, polymorphous rash, cervical adenopathy (greater than 1.5 cm), and changes in peripheral extremities, such as swollen hands and feet, red and edematous palms and soles, and later subungual peeling.

Although coronary artery lesions (CALs) are the most clinically significant aspect of the disease, which includes coronary artery dilatation, coronary aneurysm, coronary fistula, myocardial infarction, and thus sudden death, Inflammation occurs in numerous organs and tissues in KD, according to autopsy investigations of fatal cases. The respiratory, digestive, dermatologic, urinary, neurological, and lymphoreticular systems are all affected.

Kawasaki disease is an autoimmune systemic vasculitis that affects small and medium-sized arteries, particularly coronary arteries. Coronary artery lesions are the most dangerous complications of Kawasaki disease, occurring in around 20-25 percent of children who do not get early IVIG therapy. In this study, the IVIG resistant group had a 29 percent chance of acquiring CALs.

The incidence of abnormalities in head magnetic resonance imaging (MRI) grew significantly in children with hyperbilirubinemia as total blood bilirubin levels raised by 342 mol/L. Early MRI imaging alterations cannot predict the fate of early neurodevelopment in new-borns with hyperbilirubinemia. It is crucial to follow up on growth and development in children with MRI abnormalities over the long term.

Another article entitled “Updates in Medication for Sturge-Weber Syndrome: A Mini-Review” by the author's Pooja Vedmurthy and Anne M. Comi stated that Sturge-Weber Syndrome (SWS) is a non-inherited neurovascular disease characterized by a port-wine birthmark, glaucoma, and a leptomeningeal capillary venous malformation, which in most instances results in supratentorial hemisphere atrophy and brain damage. An activating somatic mutation in the gene GNAQ, which codes for the Gq subunit, causes the illness. The neurological symptoms of Sturge-Weber syndrome range in severity, according to the different extents of brain involvement. Cerebral atrophy, seizures, acquired hemiparesis, and different degrees of intellectual impairment are common neurological symptoms of SWS. Epilepsy develops in 75 percent to 90 percent of patients with SWS brain involvement, usually within the first year of life. Extensive brain involvement and early start of seizures suggest a worse prognosis. Thus early diagnosis and early treatment of symptoms remain the priority in this syndrome's therapy. With the emphasis on early and aggressive seizure therapy, a complete review of recent data on pre-symptomatic and post-symptomatic treatment is necessary. This review aims to find new ways to treat and manage the severe neurological effects of Sturge-Weber disease.

Sturge-Weber syndrome is a life-threatening illness that is followed by severe refractory seizures. Seventy-Five percent of children with Sturge-Weber-related brain involvement will develop seizures during the first year of life when they're not treated. This prognosis, along with the worse neurologic result associated with early-onset seizures, highlights the need for more research into targeted and aggressive seizure therapy. As research progresses, evidence supports treatment approaches that target the mTOR pathway and other GNAQ mutation downstream consequences.

Finally, on behalf of the journal, I'd like to thank and express my gratitude to all of the editors, reviewers, authors, and readers for believing in us and collaborating with us over the years to make this journal a successful open-access journal. I look forward to their continuous support in the upcoming years.