

# 5<sup>th</sup> International Pedia Mediterranea Conference in Collaboration with Istinye University

14-17 December 2023 Granada Hotel & Convention Center, Belek, Antalya

### Invitation

Dear Esteemed Colleagues and Health Care Industry partners;

On behalf of the organizing committee of the 5th International Pedia Mediterranea Conference (IPMC) organized by Istinye University, we invite you to this exciting event.

This conference will feature internationally renowned speakers, scientists, and clinicians presenting topics designed to address concerns of all pediatric professionals who care for children around the world.

We invite you to join in our education sessions, submit your research abstracts, and share your experience and results with the broad pediatric community in the beautiful setting of Antalya, Turkey.

Our scientific sessions, oral abstracts, and poster presentations will encourage thoughtful conversations and fruitful collaboration, with the future of global pediatrics enhanced as a result.

Our children deserve our dedication to building a future of health and safety for them. Our 2023 theme: "Whoever she is, wherever he lives, every child deserves a safe childhood, a future, and a fair chance."

We anticipate your support and attendance at the 5th International Pedia Mediterranea Conference, held in Antalya, Turkey, 15-17 December 2023.

We also encourage health care industries, nutrition and pharmaceutical companies to support this multinational event and be real partners of this noble vision.

**Honorary President** 

Conference President

Conference CO- President

Prof. Sura Abd Alwahab

**Prof. Khalaf Gargary** 

Prof. Ozan Ozkaya

# 5<sup>th</sup> International Pedia Mediterranea Conference in Collaboration with Istinye University

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### SCIENTIFIC PROGRAM

Time	Friday 15 December
08:00-08:45	Registration
08:45-09:00	Opening Ceremony Khalaf Gargary, Congress President Ozan Özkaya, Congress Co-President Mustafa Ayberk Kurt, Dean of Istinye University Faculty Medicine
	Recent Advances in Nutrition Moderators: Fügen Çokuğraş, Sura Abd Alwahab
09:00-09:20	Pediatricians As Advocates For Child Victims Of Armed Conflicts  Colleen Kraft, USA
	Cow Mild Protein Allergy: Updates  M A Benninga, Netherlands
	Constipation In Children: Finding The Way Out Sajjad Yacoob, USA
10:00-10:10	Discussion
	Industrial Sponsored Session  Moderators: Moayad Mohamad Issa, Nizar B-Yahya
	The Situation Of Neonatal Screening In The World, In The Region, And In Iraq: Where We Are Now?  Amer Abdulllah, Iraq
	Advanced Diagnostic Genomic Testing - Revolution And Evolution Naser G Gilani, Iran
10:50-11:00	Discussion
11:00-11:30	COFFEE BREAK
11:30-12:05	Hekim İlaç - Satellite Symposium  Moderator: Khalaf Gargary  Lactoferrin, A Key To Immunity  Canan Seren, Türkiye
12:05-12:10	Discussion
	Day to Day Pediatric Practice  Moderators: Hussein Fadhil Aljawadi
	Diabetes Emergencies (Cases Series)  Azad Al Mezori, Iraq
12.30-12.50	Neonatal Golden Hour Rola Al Zir, UAE
12:50-13:10	The Modern Management and Therapeutic Approach to Pharyngitis <b>Zuhair Mahdi AlMusawi, Iraq</b>
13:10-13:20	Discussion
13:20-14:30	LUNCH

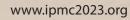


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Time	Saturday 16 December
	ORAL PRESENTATION SESSION I
	Moderators: Khalid Al Aaraji, Shaheen Kuprulu
	O-01 - Mennatallah Farouk (UAE) Accidental Ingestion Of Toxic Materials In The Pediatric Population In Dubai: A Retrospective Descriptive Study
	O-02 - Basim A Al Abdely (Iraq)
	Characteristics And Complications Of Childhood Nephropathic Cystinosis In Al-Fallujah City: A Case Series
08:00-09:00	O-03 - Burcu Karadaş (Türkiye)
00.00 07.00	Evaluation Of Vitamin D Levels In 0-5 Years Old Children With Lower Respiratory Tract Infections
	O-04 - Başak Adaklı Aksoy (Türkiye) The Characteristics Of Catheter-Related Blood Stream Infections In A Pediatric Hematopoietic Stem Cell Transplant Center / Türkiye
	0-05 - Canan Seren (Türkiye)
	Missed Opportunities For Rsv Prophylaxis At Risky Babies
	O-06 - Hadeel Ali Ghazzawi (Jordan)
	The Preventable Effect Of Taekwondo Sports Among Cadets And Junior's Bone Mineral Density: DEXA Assessment
	Pediatric Nephrology; Clinical Approach
	Moderators: Tiraje Çelkan An date on Primary Hyperoxaluria
09:00-09:20	Ozan Özkaya, Türkiye
	Atypical Hemolytic Uremic Syndrome: Beyond Hemolysis and Uremia
09:20-09:40	Oğuz Söylemezoğlu, Türkiye
09:40-09:50	Discussion
	Antibiotics In Clinical Pediatrics
	Moderators: Haluk Çokuğraş, Razaq Alrubeei
09:50-10:10	Antimicrobial Steawardship; Clinical Implication  Mobeen Rathore, USA
	Updates In RSV: Epidemiology And Prevention
10:10-10:30	Colleen Kraft, USA
10:30-10:40	•
10:40-11:20	
	Disability and Care
	Moderators: Colleen Kraft, Ömer Faruk Beşer
11:20-11:40	Care Of Medically Complex Child
	Sajjad Yacoob, USA
11:40-12:00	Child Behavioral Disorders: Therapeutic Approach Francis Dimilanta, Philippines
12:00-12:10	· · ·
12:10-14:30	
	Moderator: Erkan Çakır, Ayşe Ayzıt Kılınç
14.20 14.50	Management Of Asthma Exacerbations In Children
14:30-14:50	İrem Naz Karahan, Azer Kılıç Başkan
14:50-15:00	Discussion

Time	Sunday 17 December
	ORAL PRESENTATION SESSION II
	Moderators: Collen Kraft, Canan Seren
	O-07 - Gözde Ercan (Türkiye)
	Demographic And Clinical Characteristics Of Refugee Children Utilizing Healthcare Services In Turkey, 2021–2022: A Single-Centre Study
	O-08 - Abdulkareem A. Jasim Abushraida (Iraq)
	Socio-Demographical Factors That Influence Breastfeeding Practices (Initiation And Continuation): Review Of Two Researches
08:00-09:00	O-09 - Amal Adnan Rasheed (Iraq)
	Early Identification Of Cow's Milk Protein Allergy In Infants In Kirkuk, Iraq, Using Milk-Related Symptom Scores
	O-10 - Murat Sütçü (Türkiye)
	EPs® 7630 (Pelargonium Sidoides Extract) In The Treatment Of Children With Hand, Foot And Mouth Disease: A Prospective Randomized Multicenter
	Clinical Study
	0-11 - Nadine Abdulrazzak Mahmood (Iraq)
	High-Sensitivity Troponin-T Level After Pediatric Congenital Heart Disease Surgery





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Time	Sunday 17 December
09:00-10:00	ORAL PRESENTATION III: Case Discussions Moderators: Saad Saleh Shahadha AI Ani, Qasim D. Altameemi O-12 - Nawres Aqeel AI-Yaqopy (Iraq) Weight Reduction By Lifestyle Modification O-13 - Tiraje Çelkan (Türkiye) Childhood Sarcoidosis Mimicking Gaucher Disease O-14 - Canan Seren (TÜRKİYE) Propophol: Anti Or Proconvulsant For Newborns? O-15 - Murat Sütçü (TÜRKİYE) New World, Old Enemy O-16 - Murat Sütçü (TÜRKİYE) Mucorales-Associated Osteomyelitis In An Immunocompetent Child O-17 - Lana Ahmed Mohammed (IRAQ) ACTH-Secreting Tumour Causing Cushing Syndrome Discussion
	Day To Day Pediatric Practice  Moderators: Abdulkareem A. Jassim, Lamia Abdulkareem
111.010-10.50	Enteral Nutrition In Preterm Inftants Sura Abd Alwahab, Iraq
	Foreign Body Ingestion In Children  Dier Chalabi, Iraq
	Limping Child Zaher Gardi, Iraq
11.00-11.20	Tips And Tricks Related To The Neonatal Pulmonary Hypertension Aso Faeq, Iraq
11:20-11:30	Discussion



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**Oral Presentation** 

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**Ref No: 3370** 

Bronchiolitis and its Different Ways of Management in Raparin Teaching Hospital, Erbil-Iraq

Sasan L. Hanna Hanna<sup>1</sup>

<sup>1</sup>Hawler Medical University

**Introduction**: AbstractBackground: Despite the prevalence, global impact, financial burden, and mortality and morbidity related to bronchiolitis, clinical management still seems to be difficult. Objectives The main objective of this study was to describe the diversity medical treatment options used to manage bronchiolitis and conclude the safest and most effective way to treat it in order to help the development of an evidence based treatment protocol at Raparin teaching hospital.

Case Presentation: Patients and methods: This current study design was randomized controlled trial, in which total of 125 children presented with bronchiolitis enrolled in our study, we divided them into five groups (A, B, C, D and E), each of 25 cases. All the groups received supportive treatment in the form of oxygen and intravenous (IV) fluid in addition to specific treatment except group A subjects who received supportive treatment only. The treatments were The study was conducted at the inpatient wards of Raparin teaching hospital in Erbil city-Iraq, from the period of 1st January to 1st August 2022. The infants and children's age was ranging from 1 to 60 months with clinical diagnosis of bronchiolitis.Results: There was non-significant statistical association between treatment groups and presence of wheeze after treatment (p:0.538), while statistically significant association between various treatment modalities (groups) and cough after treatment (p:0.006) in the same way the association was significant with accessory muscle use after treatment (p:0.037).

**Conclusion**: Conclusion: Generally patients in groups B (inhaled bronchodilator) and D (inhaled bronchodilator and intravenous steroids) had better response rates in terms of cough, accessory muscle use, respiratory rate (tachypnea), time to resolution of fever and coryza, duration of IV fluid therapy, oxygen therapy and hospital stay. which conclude using of inhaled bronchodilator and IV steroid.

**Keywords**: Keywords: Bronchiolitis, Wheeze, Treatment, Randomized clinical trial, Irag.

# 5<sup>th</sup> International Pedia Mediterranea Conference in Collaboration with Istinye University

14-17 December 2023 Granada Hotel & Convention Center, Belek, Antalya

**Ref No**: 3745

Accidental Ingestion of Toxic Materials in the Pediatric Population in Dubai: A Retrospective Descriptive Study

Mennatallah Farouk<sup>1</sup>, Noura Alsuwaidi<sup>1</sup>

<sup>1</sup>Dubai Health Authority

**Background**: The problem of childhood poisoning in Dubai remains one of the less analysed public health issues.

**Objective**: This study aimed to describe the epidemiology, pattern, duration and the results of treatment of poisoned patientswho were seen in Dubai and Latifa hospitals in Dubai, United Arab Emirates UAE, between the months of September 2017 and September 2019. Additionally, the study examined possible risk factors for childhood poisoning, response toand management of poisoning emergencies.

**Materials and Methods**: This retrospective descriptive study is a hospital-based study which analysed clinical profiles of childrenof 13 years and below taken at two health care centres within the 2 years of study for treatment of poisoning complications.

**Results**: The study found that out of 603 poisoning cases recorded, 579 patients met the inclusion; the majority of thepatients were (n=355; 61.3 %) males and (n=224; 38.7%) females. Data written on the data collection form were transferred into excel and later into SPSS. The data were analysed using frequencies and percentages, and a chi-square testwas used for categorical variables. The most common toxic substances ingested by children were cosmetic and personalcare products (n=130; 22%). The recorded admissions in the course of research period were 104 which accounted for 18% of the total poisoning cases.

**Conclusion**: This research concluded that the most common toxin ingested was personal care products and detergents. Poison ingestion was more predominant in males and children below 5 years of age.

**Keywords**: Poisoning, Accidental ingestion in children, Toxins, Pediatrics.



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**Ref No: 3863** 

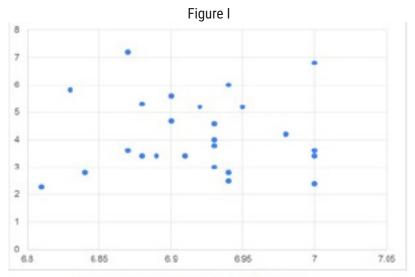
"Clinical, biochemical and imaging correlation in newborns with perinatal asphyxia"

Angel Solana-Rojas<sup>1</sup>, Daniela Reyes-Varela<sup>1</sup>

<sup>1</sup>UNAM

**Introduction**: Introduction. Perinatal asphyxia is a pathology subsequent to an event of perinatal hypoxia. The incidence is 2:1000 births in developed countries and 10 times higher in developing countries. The pH/lactate value (umbilical cord blood gas) are used as prognostic factors and/or severity. Aim. To describe the clinical, biochemical and imaging correlation in newborns with perinatal asphyxia.

Case Presentation: Material and methods. The study carried out is clinical, observational, descriptive, retrospective and cross-sectional. Data were collected from clinical records of newborns with perinatal asphyxia at the Women's Hospital (July 2019 - June 2021). Results. Through Pearson's correlation and chi-square test, the relationship between the degree of clinical, biochemical and imaging severity of perinatal asphyxia was identified, determining:• The greater the compromise in the pH value <7.0 (umbilical cord blood gases) in perinatal asphyxia, the more evident is the degree of clinical severity (Sarnat's classification).• There is a greater relationship between lactate values >2.0 (umbilical cord blood gas) and the degree of Sarnat. The lactate value is more significant than the pH value in perinatal asphyxia. (Figure I)• Newborns with perinatal asphyxia and intraventricular hemorrhage (IVH grade II-III) develop greater neurological damage. (Graph I)• Preterm newborns (33-36.6 SDG) have a higher risk of having seizures secondary to perinatal asphyxia.



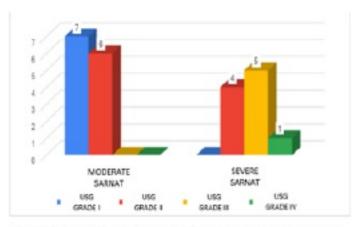
Pearson correlation - pH and lactate.



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Graph I



Graph I. Association between the Samat assessment scale and intraventricular hemorrhage (transfontanelar USG) in newborns with perinatal asphyxia.

Conclusion: Conclusion. Perinatal asphyxia is a health problem with high morbidity and mortality, which requires multidisciplinary treatment and long-term neurodevelopmental follow-up.

**Keywords**: Perinatal asphyxia, Sarnat Scale, pH and lactate values (umbilical cord blood gases)

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14-17 December 2023 Granada Hotel & Convention Center, Belek, Antalya

**Ref No: 3889** 

The use of Normal Saline Compared to Balanced Crystalloid in Children with Diabetic Ketoacidosis(DKA)

Moustafa Kotb Elmala<sup>1</sup>

<sup>1</sup>Nizwa Hospital

**Introduction**: Background:Historically, 0.9% saline(NS) has been the most commonly used solution. However, due to its high sodium (154 mmol/L) and chloride (154 mmol/L) concentrations, its administration has been associated with hyperchloremic metabolic acidosis and may therefore lead to the development or worsening of metabolic acidosis with decreased renal perfusion and acute kidney injury(AKI). On the other hand, a balanced solution like Ringer's lactate (LR) contains sodium, potassium, and chloride content closer to that of extracellular fluid and, when given intravenously, has fewer adverse effects on acid-base balance. Aim: this hospital review was to compare the effect of balanced versus unbalanced fluid bolus therapy on the mean change in serum bicarbonate and pH within 24 hours in children with Diabetic Ketoacidosis (DKA.

Case Presentation: Methods:This review has done at the pediatric ICU unit, Nizwa Hospital, Sultanate of Oman from January to December 2022. 36 participants with ages from 7 to 12 years.All were admitted to PICU with moderate to severe Diabetic Ketoacidosis(DKA).We divided them into 2 groups, group A (n=18)used normal saline (NS) and group B (n=18) used Ringer's lactate (LR). With follow-up blood tests in the form of PH, Bicarbonate, serum Chloride, and Renal function test(RFT). It was done before the fluid and at 2,4,8,12 hours after the fluid use. In all cases, we put an arterial line for easy blood sampling. In both groups, we used the same fluid rate infusion & same insulin infusion.Results:All lab results have been analyzed,Group A used normal saline:persistent metabolic acidosis with hyperchloremia till the sample collected at 12 hours with mild deranged RFT in 16 children(88.8 %).group B used Ringer's lactate (LR):improvement of metabolic acidosis noted in the sample collected at 4 hours with normalized serum chloride, normal RFT in 13 children(72.2 %).

**Conclusion**: Conclusion: The use of balanced fluid boluses may fastly improve serum bicarbonate and blood pH values in children admitted with DAK compared with the unbalanced fluid. Further randomized controlled trials with larger sample sizes and a longer duration of follow-up are recommended.

**Keywords**: balanced crystalloid, diabetic ketoacidosis, normal saline



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**Ref No: 4616** 

Characteristics and complications of childhood nephropathic cystinosis in Al-Fallujah City: a case series

#### Dr. Basim A.Al-Abdely Atallah<sup>2</sup>

<sup>1</sup>Department of Medical Research, School of Medicine, The University of Notre Dame Australia, Sydney, <sup>2</sup>Fallujah teaching hospital for children

**Introduction**: Cystinosis is a rare inherited pediatric health problem. The most severe form of the disease "infantile or nephropathic cystinosis" can lead to serious complications including end-stage renal failure and death. The complications may be prevented with early diagnosis and proper treatment. The objective of the study was to estimate the frequency of nephropathic cystinosis pediatric cases in Al-Fallujah City during year 2013. The primary outcome of study was Nephropathic Cystinosis. The distribution of the characteristics was presented in number and percentages. The continuous variables were presented as mean and standard deviation (SD) and range. The distribution of the cases was assessed among different categorical groups including age, gender, residency and age at onset of diagnosis.

Basim Atallah



**Case Presentation**: Thirty children were diagnosed with nephropathic cystinosis. Mean age of the cases was 4.6 Standard Deviation (2.9) (range 9m-15yr). 18 (60%) females were affected versus 12 (40%) males. Of the 30 cases, 29 (96.7%) were below eight years old. Most of the cases were living in Al-Fallujah city and surrounding villages (n=27, 90%). All of them had polyuria, polydipsia and growth retardation.

Demographic characteristics and distribution of potential risk factors and complications of Cystinosis in

Gender male female Residential area Al-Fallujah Others Age at onset of diagnosis ≤12 months >12 months Consanguineous parents Yes

No



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Clinical factors

Polyuria & polydipsia

yes

no

**Growth Retardation** 

yes

no

Anemia

yes

no

Dental problems

yes

no

Rickets

yes

no

Photophobia

yes

no

Alopecia

yes

no

Interventions

Regular therapy

yes

no

Renal transplantation

yes

no

N (%)

12 (40%) 18 (60%)

27 (90%) 3 (10%)

19 (63%) 11 (37%)

27 (90%) 3 (10%)

30 (100%) 0

30 (100%) 0

27 (90%) 3 (10%)

26 (86.7%) 4 (13.3%)

23 (76.7%) 7 (23.3%)

21 (70 %) 9 (30%)

13 (43.3%) 17 (56.7%)

14 (46.7%) 16 (53.3%)

2 (6.7%) 28 (93.3%)



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**Conclusion**: Nephropathic Cystinosis patients are recognized in Al-Fallujah City and have a large impact on the children and their families. Infant with polyuria, polydipsia, growth retardation and rickets should be evaluated for the possibility of Cystinosis. Lack of medical equipments and medications in the local hospital are adversely affecting the proper management.

**Keywords**: Cystinosis, Cysteamine, Al-Fallujah.

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**Ref No**: 5893

Early identification of cow's milk protein allergy in infants in Kirkuk, Iraq, using milk-related symptom scores

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**Introduction**: IntroductionHealth care professionals (HCPs) often see infants presenting manifestations involving the skin (such as eczema, angioedema, urticaria), gastrointestinal (GI) (vomiting, regurgitation, loose and watery stools, constipation, rectal bleeding), respiratory tract (wheezing, chronic cough), and also general symptoms (poor growth, infantile colic and persistent distress) [1]. These symptoms are common and occur in 15–20% of infants [2], but they can also be associated with the diagnosis of cow's milk allergy (CMA). The reported prevalence of CMA is less than 5.0% [3]. Cow's milk protein allergy (CMPA) is an immune-mediated allergic response to proteins in milk that is common in infants.

**Case Presentation**: MethodologyWe carried out a observational study which was conducted in pediatric gastrointestinal clinic in Children hospital in Kirkuk city from March to December 2021. We enclosed all infants 1–12 month of age who were consulted in our pediatric gastrointestinal clinic. Infants with suspected CMPA were assessed with CoMiSS.

**Conclusion**: The Cow's milk protein allergy (CMPA) score provides primary healthcare clinicians with a simple, fast and easy-to-use awareness tool for cow's milk-related symptoms.

**Keywords**: allergy, cow milk protein, occult blood



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**Ref No: 8259** 

#### Evaluation of Vitamin D Levels in 0-5 Years Old Children with Lower Respiratory Tract Infections

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<sup>1</sup>Kartal Dr. Lütfi Kırdar Research and Training Hospital

**Introduction**: Lower respiratory tractinfections (LRTI) are the main cause of mortality and morbidity in infants worldwide. Vitamin D has different functions; as a cytokine locally in tissues, an immunomodulator and to function as a circulating hormone. If serum Vitamin D levels fall below 20 ng/ml, monocytes and macrophages cannot initiate this immune responses properly. Also, in recent studies, the relationship between low and insufficient serum vitamin D concentrations and hospitalization or death in children has been reported. Many studies have shown that people with vitamin D deficiency have more respiratory tract infections.

Case Presentation: Patients between 0-5 years of age who applied to our hospital's pediatric outpatient and emergency clinics and between January 2011 and June 2011 were included in the study. The study was designed as an open-controlled, randomized, prospective clinical trial. Patients were evaluated in 2 separate groups, study and control group. Demographic, clinical and laboratory values of all patients were examined in the study. Regular or irregular use of vitamin D, frequent infections and history of hospitalization of the patients were questioned. Complete blood count, calcium (Ca), phosphorus (P), alkylene phosphatase (ALP), Creactive protein (CRP) values and 25(OH) D vitamin levels are measured. In this study, statistical analysis were performed with NCSS (Number Cruncher Statistical System) 2007 Statistical Software (Utah, USA) program. The results were evaluated at the level of p smaller than 0.05, with a confidence interval of 95%.

Table 1

		Study Group		Control Group		
Months(Age)		34.0 ± 30.0		29.7 ± 26.8		p: 0.453
Gender	Female	n = 17	34%	n = 23	46%	x <sup>2</sup> :1.5
	Male	n = 33	66%	n = 27	54%	p: 0.221

Evaluation of gender and age distribution

Table 2

Comparison of biochemical and infection parameters							
	Study Group	<b>Control Group</b>	Т	р			
Calcium (mg / dl)	9.8 ± 0.6	10.4±0.6	-5.12	0.0001			
Vitamin D (ng/ml)	18.4 ± 11.2	27.8 ± 13.2	-3.85	0.0001			
Phosporus(mg/dl)	5.1 ± 0.9	5.5 ± 0.7	-2.41	0.018			
ALP (IU/I)	217.3 ± 61.3	207.9 ± 79.2	-0.66	0.508			
Leucocyte count (mm³)	9.84 ± 0.62	4.06 ± 0.24	8.32	0.0001			
CRP (mg/l)	10.9 ± 0.3	1.24 ± 0.43	-8.85	0.0001			

Comparison of biochemical and infection parameters



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Table 3

Distribution and comparison of percentages of vitamin D levels

	Study Group		Control Group		OR (%95 GA)	р
Severe Vitamin D Deficiency	13	%26	5	%10	9.53 (1.85-49.22)	0.013
Vitamin D Deficiency	16	%32	11	%22	5.33 (1.20-23.66)	0.048
Insidious Vitamin D deficiency/Insuffi- ciency	18	%36	23	%46	2.87 (0.70-11.85)	0.240
Total	47	%94	39	%78	5.91 (1.25-28.24)	0.044

Distribution and comparison of percentages of vitamin D levels

Table 4

Rates of infection frequency and hospitalization history

		Study Group		Control Group		р
Frequent RTI	Yes	46	%92	15	%30	p:0.0001
	No	4	%8	35	%70	
Admitted to hospital ward	Yes	32	%64	0	%0	p:0.0001
	No	18	%36	50	%100	

Rates of infection frequency and hospitalization history

Table 5

Vitamin D deficiency distribution by age

	Severe Vitamin D Deficiency	Vitamin D Deficiency	Insidious Vitamin D Defi- ciency/Insuffiency	Normal	р
Age (months)	48.0 ± 30.7	43.3 ± 28.3	21.6 ± 22.9	19.0 ± 23.3	p:0.0001
n=100	%18	%27	%41	%14	

Vitamin D Deficiency distribution by age



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Table 6

		Severe Vitamin D deficiency		Vitamin D Deficiency		Insidious Vitamin D deficiency/ Insufficiency		Nor- mal		
Diagnosis	Pnomonia	1	%66.7	12	%44.4	14	%34.1	2	%14.3	p:0.064
	Bronchio- litis	1	%5.6	4	%14.8	4	%9.8	1	%7.1	
	Control Group	5	%27.8	11	%40.7	23	%56.1	11	%78.6	
Vitamin D use	Regular	4	%22.2	4	%14.8	15	%36.6	11	%78.6	p:0.0001
	Irregular	7	%38.9	19	%70.4	24	%58.5	3	%21.4	
	No use	7	%38.9	4	%14.8	2	%4.9	0	%0.0	
Frequent Infections	Yes	1	%94.4	21	%77.8	21	%51.2	2	%14.3	p:0.0001
	No	1	%5.6	6	%22.2	20	%48.8	12	%85.7	
Admitted to hospital ward	Yes	7	%5.6	8	%29.6	14	%34.1	3	%21.4	p:0.737
	No	1	%61.1	19	%70.4	27	%65.9	11	%78.6	

Comparison of vitamin D level groups at diagnosis, history of vitamin D use, and infection frequency distributions

Conclusion: The groups were similar in terms of gender distribution and age. The calcium, phosphorus and vitamin D levels between groups were highly significant. The average leukocyte count and CRP of the study group was statistically and significantly higher than the control group. In our study; while the average vitamin D level of the patients in the study group was significantly lower than that of the control group, it was seen that the average vitamin D level of the healthy children in the control group was at the insufficiency level. Both in our country and in other developing countries, vitamin D deficiency is an important public health problem. Although our country has made significant progress in terms of the vitamin D use, we still need a serious vitamin D information and support campaign.

Keywords: Vitamin D, Childhood, LRTI



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**Ref No**: 8681

Demographic and Clinical Characteristics of Refugee Children Utilizing Healthcare Services in Turkey, 2021–2022: A Single-Centre Study

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**Background**: The number of refugees in the world has been increasing due to ongoing wars, national and political expulsions. Turkey has a very large refugee population; half the refugees are children with high developmental risk by reason of dislocation and deprivation.

**Objective**: The aim of this study is to describe sociodemographic and medical characteristics of child refugees admitted to our pediatric emergency department (P-ED), outpatient and inpatient services to identify gaps in care for refugee children. Evaluation of service utilization by refugee children will provide important information about health care needs and improvements in preventative health outcomes.

**Materials and Methods**: This was a retrospective observational study using data from medical records of refugee children visiting the University of Health Sciences Sancaktepe Training and Research Hospital, Istanbul, using P-ED, outpatient, and inpatient services between June 2021 and 2022.

**Results**: A total of 4383 refugee children including those cared for in the ED (81.9%), outpatient clinics (15.1%) and inpatient clinics (3%) were analysed. The average age of the children was 5.2 ±4.9; 3.3±4.5; 2±3 years old, respectively. The majority (94%) of the population came from Syria. The most frequently seen problems were upper respiratory infections (51.5%) and gastroenteritis (14.4%) in P-ED; routine child health examination (57.4%), vitamin D deficiency (8.2%) and malnutrition (5.3%) in outpatients; lower respiratory tract infection (51.6), fever (18%) and intoxication (3.1%) in inpatient services. Most of the visits were non-urgent (99.5%). Covid-19 was found in 1.3% children, and most children (89.2%) had already received routine childhood vaccinations.

**Conclusion**: Since child refugees are less studied than adults, there is little data available on their health status. Even though Turkey has made remarkable efforts, the present study shows that refugee child visits to the hospital, especially in P-ED, are increasing. Identifying the reasons of non-emergent ED use might provide additional insights on health care utilization. Primary care providers should be aware of the different types of health problems faced by refugee children in order to better serve their needs

Keywords: refugee children, Syrian refugees, healthcare utilization, primary care, emergency department



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**Ref No**: 9932

Socio-demographical Factors that Influence Breastfeeding Practices (Initiation and Continuation): Review of two researches

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**Introduction**: Background: The World Health Organization, recommend exclusive breastfeeding for at least 6 months and continuation together with other food until 2 years of age. Many factors may influence the initiation, continuation and practice of breastfeeding. Objective: To identify the impact of socio- demographical factors that influenced the initiation, the continuation and practice of breastfeeding amongst women. Methods: Two cross-sectional studies conducted in Karbala teaching hospital for children. In which Semi-structured questionnaires regarding Socio\_ Demographical Factors affecting breast feeding initiation, continuation were administered to two groups of mothers. The first group of 516 mothers who had infant age <6 months, second sample of 400 mothers who had infant age >6 Infant.

Case Presentation: Results: Factors significantly associated with initiation of breast feeding. Duration of infant stay in the NICU had significant effect on type of feeding (p= 0.001)There was a significant relation of feeding practice with employment of the mother (p. =0.009). Education of mother had significant effect on type of feeding (p= 0.001). Type of labor was significantly affecting the type of infant feeding in the 1st sixth months of life as (p = 0.001). Pediatricians (73.9%) have the most positive impact on breast feeding practice of the mothers, followed by obstetrician and gynecologists (16.4%). Out of the 400 recruited mothers in the 2nd research, 190 (47.5%) continued on breast feeding. There was a significant association between continuation of breast feeding with age, educational level, occupation of mothers, monthly income, and crowding index. Factors significantly associated with continuation of breast feeding were previous feeding method (P= 0.013), initiation time (P= 0.001), hospital policy (P= 0.001), the person who advised (P= 0.019), husband opinion (P= 0.001), time of decision about feeding (P= 0.001), and having an isolated place (P= 0.001), and type of labor with (p. value 0.001)

**Conclusion**: •Appropriate practice of breast feeding is still influenced by factors such as the health care system, the social support, mother's education, and cultural attitudes. The most important risk factors for discontinuation of breastfeeding are modifiable and these factors are employee mother, sufficient monthly income, C/S delivery, admission to NICU, no previous breast feeding, and lack of an isolated place.

**Keywords**: Breastfeeding, discontinuation, risk factors, Iraq



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### **Case Presentations**



14-17 December 2023 Granada Hotel & Convention Center, Belek, Antalya

**Ref No**: 2678

**ACTH-secreting tumour causing Cushing syndrome** 

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**Introduction**: Cushing syndrome in pediatrics age group could be due to different causes. One of the rare important causes is ACTH-secreting tumour Cushing syndrome. Treatment is according to the cause, so it is crucial to know the definitive cause of it.

Case Presentation: My patient is 10-year-old girl who presented with history of severe acne for 3-week duration. The condition aggravated day by day with swelling of face. The parents consulted a dermatologist who prescribed a local treatment as 2 creams but with no benefit. When I received this patient, she has severe acne with oedematous plethoric face. She was vitally stable with normal blood pressure, fully conscious, no stria on the abdomen. Investigations revealed glycosuria and elevated serum cortisol level. Further investigations revealed and raised up the suspicion of Cushing syndrome. Starting to investigate for the cause of Cushing syndrome, investigations revealed ACTH-secreting Cushing syndrome, which is very rare in paediatric age group. The patient was operated on about 2-month later. All details about my patient will be clearly mentioned through the presentation (power point slides) in the conference.

Pathological diagnosis



MRI of Thorax

MRI	mass
S.cortisol	Elevated
RBS	Decreased

Finding lesion site

**Conclusion**: Different causes of Cushing syndrome have different lines of treatment, so diagnosing the exact site of the defect is helping so much in the treatment

**Keywords**: Cushing syndrome, ACTH, Cortisol

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**Ref No**: 4515

A rae case of Kawasaki disease with severe CNS complications

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**Introduction**: Kawasaki disease :Idiopathic multisystem disease characterized by vasculitis of small & medium blood vessels, including coronary arteries. The most common acquired pediatric heart disease all over the world.

Case Presentation: Case Report:Gian Amjad, a 3 years old male.Consulting cardiac clinic on 28 /5/2022.Main complain was with fever for 4 days prior to admission then he developed recurrent fit at hospital, associated with DLO.after 5 days admission he start to has skin rash at the napkin area with swelling of hands and feet and his lips cracked with strawberry tongue and cervical LAP with conjunctivitis his fever continued.He was suspected as a case of kawasaki disease based on the diagnostic criteria.

#### MRI brain report



**Conclusion**: CNS complications of Kawasaki disease:Very diverse.Incidence is 1-30 %Includes: irritability, headache, seizures, meningeal irritations signs, hemiplegia, facial nerve palsy.Subdural hematoma is a very rare complication, may be not even reported in the literature.They need prompt recognition & early start of IVIG.

Keywords: Kawasaki disease, CNS complications

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**Ref No**: 7759

PROPOPHOL: ANTI OR PROCONVULSANT FOR NEWBORNS?

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¹ONDOKUZ MAYIS UNIVERSITY

**Introduction**: Propofol is a commonly used anesthetic agent, with strong anticonvulsive properties. We report a baby with Down syndrome who had generalised convulsions after anesthesia induction with propophol, a very rare side effect.

Case Presentation: A term, five days old baby was admitted to NICU for abdominal distention and delay in meconium passage. Physical examination showed dysmorphic features suggestive of Down syndrome. After excluding intestinal obstruction, rectal biopsy for Hirschsprung's disease was planned. Neurological and biochemical status were normal preoperatively, except mild hypotonia. Myoclonic activities started immediately after 3 mg/kg propofol administration for anesthesia induction. Midazolam was given intravenously, seizures gradually decreased in a few minutes. Anesthesia was maintained with sevoflurane and remifentanil infusion via laryngeal mask airway. Rectal biopsy was taken and all the surgery lasted 10 minutes. On awakening period, generalized myoclonic jerks started again. Neuromuscular blocking agent was given, the baby was intubated and transferred to NICU. In NICU the convulsions continued for 30 minutes and ceased after repetitive administration of midazolam and phenobarbital. Biochemical tests, CPK levels, emergency cranial ultrasound and MRI were normal. aEEG showed high narrow band pattern without epileptic activity. He was extubated next day and convulsions did not recur.

**Conclusion**: Since propofol is generally considered as an anticonvulsant drug, its pro-convulsant activity is underrecognized. However, it might lead to a neurotransmitter imbalance and convulsions.

Keywords: propophol, convulsion, newborn, side effect

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**Ref No**: 8072

A CHALLENGING CASE OF MENINGOCOCCEMIA MASQUERADING AS MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C) IN A 16-MONTH-OLD GIRL.

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**Introduction**: Infection with Neisseria meningitidis remains one of the important causes of morbidity and mortality worldwide. In literature, meningococcemia has been misdiagnosed as another entity frequently. Multisystem Inflammatory Syndrome in Children (MIS-C) has been increasingly diagnosed in the pediatric population with the emergence of SARS-CoV-2. Fortunately, the response to early diagnosis and treatment for MIS-C patients has been great while on the other hand, meningococcemia has been unfortunately generally dire.

Case Presentation: A 16 months old, previously healthy girl presented to the hospital with fever (occurring every 4-6 hours, maximum 40°C), cough, nasal congestion and petechial rash for one day. A history of recent travel to The UK before the symptoms were present and she was vaccinated as per the UAE immunization schedule and did not receive the optional meningococcal vaccine. Upon admission, the child was in septic shock with high fever, hypotension and tachycardia. Otherwise, the systemic exam was normal. Initial labs showed leukocytosis with neutrophilia, elevated inflammatory markers and deranged coagulation. She was started on IV ceftriaxone and IV vancomycin within one hour of presentation to the ED and was admitted to the PICU. A lumbar puncture was deferred until stabilization. The child was noted to be febrile even after 48 hours of antibiotics, along with erythematous lips and a rash on the trunk and extremities. Given these data and positive SARS-CoV-2 IgG antibody and elevated cardiac markers such as pro-BNP, MIS-C was suspected, and she was given intravenous immunoglobulin (IVIG). Meanwhile, 96 hours after admission, the blood culture reported gram-negative diplococci, so blood PCR was done which was positive for Neisseria meningitidis. Twenty-four hours after IVIG administration, the child improved clinically, the fever resolved, and the rash was fading away gradually without any new active lesions.

Purpura fulminans Rash developing after 72 hours





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Purpura fulminans Rash that developed after 72 hours.

Purpura fulminans Rash that developed after 72 hours.



Purpura fulminans Rash that developed after 72 hours.

#### Laboratory investigations done for the patint

Labs	Admission	Day 2	Day 11	Normal Range
Full Blood Count				
WBC (10 <sup>3</sup> /mcL)	14.56	25.89	11.9	6.0-15.0
HgB (gm/dL)	9.8	9.0	10	11.0-14.0
Platelet (10^5 /mcL)	194	107	869	200-490
Neutrophils %	86	59.7	18.5	25-55
ANC (10^3/mcL)	12.5	15.4	2.21	1.5-8.0
Lymphocytes %	9.2	34	72.6	33-65
ALC (10^3/mcL)	1.3	8.9	8.65	4.0-9.0
CRP (mg/l)	109.9	240.6	19.5	0-5
Procalcitonin (ng/ml)	130	26.3	0.57	0-0.5
Coagulation Screen				
PT (sec)	17.8	14.1		12.1-14.5
PTT (sec)	45.8	36.9		28.6-35.8
INR	1.3	1		0.92-1.14
D-Dimer (ug/ml)	2.9	2	1.14	0-0.5
Fibrinogen (mg/dl)	442	664	453	162-401
Ferritin (ng/ml)	117	128	93	6-67
Pro BNP (pg/ml)		3830	63	<125

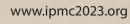


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**Conclusion**: Meningococcemia and MIS-C have multiple points in common regarding the initial clinical presentation. The difference between them still lies in the diagnosis and management. From this case report, important lessons can be learned to optimize the management of invasive meningococcal disease including the addition of IVIg as a modality of treatment because the pathogenesis has many similarities with MIS-C.

Keywords: Neisseria meningitidis, Meningococcemia, Sepsis, Multisystem Inflammatory Syndrome in Children, MIS-C





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