Dear Friends and Colleagues

It gives us a great honor and pleasure to invite you to participate in the 10th World Congress of Pediatrics, to be held in the period from 27th to the 30th of January 2016, in Pyramisa Isis - Aswan, Egypt.

The congress will cover various challenging aspects of Pediatrics Medicine, we hope that participants will come from all over the world to and the arrangements we are working on are most satisfactory.

We are arranging an interesting scientific program delivered by eminent national regional and international speakers that will cover the most recent advances in Pediatrics. The society has tentatively arranged an unforgettable social program for attendees of the congress and their companies.

Presidents of the Congress

Prof. Safinaz El-Maraghi         Prof. Talal Abdelaziz Farrag
Congress Board

Honorary President
Prof. Dr. Salah Nassar

Presidents of the Congress
Prof. Safinaz El-Maraghi
Prof. Talal Abdel Aziz Farrag
(President of ISMS.)

Congress Coordinator
Prof. Mohamed Omar

International Guest Speakers

Prof. Ahmed Hussein
Prof. Dennis Cunningham
Prof. Jean Christophe Merciere
Prof. Mohamed Bayari
Prof. Ola Didrik Saugstad

Scientific Committee

In Alphabetical Order

Prof. Ahmed El Beleidy
Prof. Ahmed Saad
Prof. Amira Edris
Prof. Bahaa Hassanin
Prof. Hassan Al Kenany
Prof. Ibrahim Shokry
Prof. Mohamed El Bakry
Prof. Mostafa El Hodhod
Prof. Mostafa El Said
LELIPEL
Montelukast Sodium

Free Breath

Your Smart Choice in Allergic Rhinitis & Bronchial Asthma

FDA and GINA guidelines

Globe International Pharmaceuticals
The Standard for Healthier Life

International Quality Standards
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<td>Registration</td>
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<td>03:30PM - 04:00PM</td>
<td>Opening ceremony</td>
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<td>04:00PM – 04:30PM</td>
<td>Session 1 (Prof. Adel Lotfi Memorial Lecture)</td>
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<td>Session 2 (Genetics 1)</td>
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<td>Session 13 (Home Care)</td>
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<td>03:30PM – 05:00PM</td>
<td>Session 14 (Allergy – Pulmonology)</td>
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<td>Session 15 (Developmental Pediatric)</td>
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<td>Session 16 (Cardio Vascular)</td>
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The 10th World Congress of Pediatrics
“Towards a Better Global Child Health”

Scientific Program
### Wednesday 27th January

#### Time

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<th>Time</th>
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<tr>
<td>03:30PM - 04:00PM</td>
<td>Opening Ceremony</td>
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<td>Prof. Salah Nassar</td>
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<td>Prof. Safinaz El-Maraghy</td>
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<td>Prof. Jelan Osman</td>
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<td>Prof. Talal Abd El-Aziz</td>
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<td>Prof. Bahaa Hassanin</td>
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<td>Prof. Abdul Karim Rasie</td>
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<td>Prof. Safinaz El-Maraghy</td>
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<td>Prof. Jelan Osman</td>
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<td>Prof. Ahmed Hussein</td>
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<td>04:00PM – 04:30PM</td>
<td>MEDICAL ETHICS</td>
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<td>Prof. Ahmed Hussein (UAE)</td>
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**Chairpersons**

- Prof. Salah Nassar
- Prof. Safinaz El-Maraghy
- Prof. Jelan Osman
- Prof. Talal Abd El-Aziz
- Prof. Bahaa Hassanin
- Prof. Abdul Karim Rasie

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**Chairpersons**

- Prof. Safinaz El-Maraghy
- Prof. Jelan Osman
- Prof. Ahmed Hussein

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**Chairpersons**

- Prof. Ahmed Hussein (UAE)

**MEDICAL ETHICS**
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<td><strong>Session 2 (Genetics 1)</strong></td>
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</table>
| 04:30PM – 05:00PM | Prof. Hoda Souod  
                  | Prof. Heba Salah  
                  | Prof. Abdul Karim Rasie |
| 05:00PM – 05:30PM | Prof. Heba Salah (Egypt)  
                  | SELECTIVE SCREENING IN NEONATES SUSPECTED TO HAVE INBORN ERRORS OF METABOLISM |
|               | Prof. Heba Salah (Egypt)  
                  | EMPIRIC MANAGEMENT OF INBORN ERRORS OF METABOLISM |
Wednesday 27th January

Session 3 (Gastroenterology & Nutrition 1)

05:30PM – 07:00PM

Chairpersons

Prof. Nehal El-Koofy
Prof. Mohamed El-Debeki
Prof. Hassan El-Kiki

05:30PM – 06:00PM

Prof. Nehal El-Koofy (Egypt)
DYSLIPIDEMIA IN PEDIATRICS: HEPATIC, CARDIAC AND NUTRITIONAL VIEW

06:00PM – 06:30PM

Prof. Mohamed El-Debeki (Egypt)
HIRSHSPRUNG’S DISEASE: PITFALLS IN SURGICAL PRACTICE AFFECTING OUTCOME

06:30PM – 07:00PM

Prof. Hassan El-Kiki (Egypt)
RECENT ADVANCES IN FUNCTIONIONAL DIAGNOSTIC RADIOLOGY
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<tr>
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<tr>
<td>07:00PM - 07:30PM</td>
<td>Prof. Ahmed El-Beleidy (Egypt) APPROPRIATE ANTIBIOTIC PRESCRIBING: THE SCIENCE AND ART OF CHOOSING AN ANTIBIOTIC</td>
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<td>07:30PM - 08:00PM</td>
<td>Prof. Mohamed Bayari (Morocco) NEONATAL SEPS QW IS UPDATING</td>
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<td>08:00PM - 08:30PM</td>
<td>Prof. Cunningham, Dennis (USA) ANTIPHIOTIC RESISTANCE: EPIDEMIOLOGY AND MECHANISM</td>
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<td>Time</td>
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<td><strong>10:00AM – 11:00AM</strong></td>
<td><strong>Session 5 (Gastroenterology &amp; Nutrition 2)</strong></td>
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</table>
| **Chairpersons** | Prof. Mostafa Hodhod  
                  | Prof. Nehal El-Koofy  
                  | Prof. Mohamed El-Sayed Hashem |
| **10:00AM – 10:30AM** | Prof. Mostafa Hodhod (Egypt)  
                  | A AN APPROACH TO CHRONIC DIARRHEA IN CHILDREN |
| **10:30AM – 11:00AM** | Prof. Nehal El-Koofy (Egypt)  
<pre><code>              | DOES NUTRITION CURES PEDIATRIC DISEASES? |
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<th>Time</th>
<th>Thursday 28th January</th>
<th>Chairpersons</th>
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<td>11:00AM - 12:00 Noon</td>
<td>Session 6 (Genetics 2)</td>
<td>Prof. Mohamed El-Sawy</td>
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<td>Prof. Tharwat Deraz</td>
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<td>Prof. Heba Salah</td>
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<td>11:00AM – 11:30AM</td>
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<td>Prof. Mohamed El-Sawy (Egypt)</td>
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<td>LYSOMAL STORAGE DISEASES</td>
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<td>11:30AM – 12:00 Noon</td>
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<td>Prof. Tharwat Deraz</td>
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<td>CYSTIC FIBROSIS</td>
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# Thursday 28th January

## Session 7 (Liptis Symposium)

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<th>Time</th>
<th>Chairpersons</th>
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| 12:00 Noon – 12:30 PM | Prof. Mortada El-Shabrawi  
Prof. Talal Abd El-Aziz          |
| Lunch Break   | Dr. Sharif Omar  
Vice President, Liptis Nutrition Middle East and Africa (USA)              |
| 01:00 PM – 03:00 PM | Liptis Nutrition, Providing the Highest Quality Swiss Made Nutrition  
- Liptomilk Plus For Healthier Infant Growth and Development.          |
### Thursday 28th January

#### Session 8 (Neonatology 1)

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<thead>
<tr>
<th>Time</th>
<th>Speaker(s)</th>
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<tr>
<td>03:00PM – 04:00PM</td>
<td>Prof. Ola Didrik, Prof. Mohamed Bayari, Prof. Ahmed Saad, Prof. Mohamed Talaat</td>
<td>Oxygenation of the Newborn</td>
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<tr>
<td>03:00PM – 03:30PM</td>
<td>Prof. Ola Didrik (Norway)</td>
<td>Oxygenation of the Newborn</td>
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<tr>
<td>03:30PM – 04:00PM</td>
<td>Prof. Mohamed Bayari (Morocco)</td>
<td>Hyperbilirubinemia, Kernicterus and Then?</td>
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Thursday 28th January

**Session 9 (Pediatric Neurology & Psychology)**

**Chairpersons**

Prof. Ibrahim Shokri  
Prof. Bahaa Hassanin  
Prof. Heba El-Shahawy

**04:00PM – 04:30PM**

Prof. Heba El-Shahawy (Egypt)  
**ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD):RECENT GUIDELINES**

**04:30PM – 05:00PM**

Prof. Ibrahim Shokri (Egypt)  
**ACUTE NECROTIZING ENCEPHALITIS**

**05:00PM – 05:30PM**

Prof. Heba El-Shahawy (Egypt)  
**RECENT UPDATES IN CHILDHOOD ANXIETY DISORDER**
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<td><strong>Chairpersons</strong></td>
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<td>Prof. Ola Didrik</td>
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<td>Prof. Mohamed Omar</td>
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<td>Prof. Salah El-Mahdy</td>
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<td>05:30PM – 06:00PM</td>
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<tr>
<td>Prof. Ola Didrik (Norway)</td>
<td>ILCOR NEONATAL RESUSCITATION GUIDELINES 2015 - WHAT IS NEW?</td>
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<td>06:00PM – 06:30PM</td>
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<tr>
<td>Prof. Mohamed Omar (Egypt)</td>
<td>NEONATAL RESUSCITATION UPDATES 2015</td>
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<td>06:30PM - 07:30PM</td>
<td><strong>Session 11 (Immunology)</strong></td>
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<td>Prof. Moataz Anwar</td>
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<td>Prof. Alaa Al- Wakil</td>
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<td>06:30PM - 07:00PM</td>
<td>Prof. Maha Zain (Egypt)</td>
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<td><strong>FAMILIAL MEDETRANIAN FEVER</strong></td>
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<td>07:00PM - 07:30PM</td>
<td>Prof. Cunningham, Dennis (USA)</td>
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<td><strong>KAWSAKI DISEASE</strong></td>
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<td>07:30PM - 08:00PM</td>
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<td>Prof. Hassan El-Kenany</td>
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<td>Prof. Osama Arafa</td>
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<td>Prof. Salah El_Mahdy</td>
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<td>07:30PM - 08:00PM</td>
<td>Prof. Hassan El-Kenany (Egypt)</td>
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<td><strong>FAMILIAL MEDETRANIAN FEVER</strong></td>
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<td>Time</td>
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<td>03:00PM – 03:30PM</td>
<td>Prof. Ahmed Hussein</td>
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<td>Prof. Hany Riad</td>
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<td>Prof. Osama Arafa</td>
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<td>03:00PM – 03:30PM</td>
<td>Prof. Ahmed Hussein (UAE)</td>
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<td>HOME CARE IN PEDIATRICS</td>
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<td><strong>03:30PM – 05:00PM</strong></td>
<td><strong>Session 14 (Allergy - Pulmonology)</strong></td>
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| **Chairpersons** | Prof. Fatma EL-Henidy  
Prof. Tharwat Deraz  
Prof. Maha Zain |
| **03:30PM – 04:00PM** | Prof. Fatma Heneidy (Egypt)  
TESTING CHILDREN FOR ALLERGIES: WHY, HOW, WHO AND WHEN |
| **04:00PM – 04:30PM** | Prof. Maha Zain (Egypt)  
UPDATE ON CHILDHOOD OBSTRUCTIVE APNEA |
| **04:30PM – 05:00PM** | Prof. Fatma Heneidy (Egypt)  
HIGHLIGHTS ON GINA FOR EARLY DIAGNOSIS AND CONTROL OF PEDIATRIC ASTHMA |
The 10th World Congress of Pediatrics
“Towards a Better Global Child Health”

Friday 29th January

**Session 15 (Developmental Pediatric)**

**Chairpersons**
- Prof. Bander Alrashedan
- Prof. Mohamed El-Debeki
- Prof. Hassan El-Kiki
- Prof. Mohsen Shalaby

**05:00PM – 05:30PM**
- Prof. Bander S Alrashedan
  - RISK FACTORS ASSESSMENT OF PATIENTS DIAGNOSED WITH DEVELOPMENTAL DYSPLASIA OF THE HIP IN SAUDI ARABIA

**05:30PM – 06:00PM**
- Prof. Mohamed El-Debeki
  - PECTUS EXCAVATUM: NEED FOR CORRECTION AND CURRENT SURGICAL OUTCOME

**06:00PM – 06:30PM**
- Prof. Hassan Elkiki (Egypt)
  - BASIC RADIOLOGY
Chairpersons

Prof. Hassan El-Kiki
Prof. Ahmed Hussein
Prof. Ali Mahmoud Abu Zaid

06:30PM – 07:00PM
Prof. Ahmed Hussein (UAE)
HYPERTENSION - CASE PRESENTATION

07:00PM – 07:30PM
Prof. Hassan Elkiki (Egypt)
INTERVENTIONAL RADIOLOGY

07:30PM – 08:00PM
CLOSING & GIFTS
sansovit
FOR HEALTHY GENERATION
Respire to inspire
The 10th World Congress of Pediatrics
“Towards a Better Global Child Health”

Abstract Book
Medical Ethics

Dr. Ahmed Hussein
Senior Consultant of Pediatrics and Neonatology
MRCP (Ireland), DCH (Edinburgh)
Chairman of Abu Dhabi Pediatric Club
CEO of Pyramids Health Services (PHS)

Key Aims and Objectives

- Define Medical Ethics
- Identify the difference between Medical Ethics and Medical Etiquette
- Identify the major sources of medical ethics
- Explain why ethics is important to medicine
- Discuss some Ethical Dilemma
- Recognize different approaches to ethical decision-making, including your own.
- Evaluate the currently implemented ethics

Abstract

‘Medicine used to be simple, ineffective and relatively safe. Now it is complex, effective and potentially dangerous.’

Prof. Sir Cyril Chantler - G.M.C. London

Introduction

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Who decides what Ethical is?

Ethics is pluralistic. Individuals disagree among themselves about what is right and what is wrong, and even when they agree, it can be for different reasons. In some societies, this disagreement is regarded as normal and there is a great deal of freedom to act however one wants, as long as it does not violate the rights of others. In more traditional societies, however, there is greater agreement on ethics and greater social pressure, sometimes backed by laws, to act in certain ways rather than others.

There is a difference between Medical Ethics and Medical Etiquette.

Medical Ethics is the doctor’s-patient relationship while Medical Etiquette is the doctor-doctor relationship.

Medical Etiquette:

there is a Triad of Mandates - Respect other colleagues, Refrain from downgrading and Recognition of abilities/seniority.
This can be evident in, but not limited to, the following:
Keep up to date, Maintain good performance, Give honest reference, Treating or charging colleagues, Non-commercial advertising, Fair dealing with press and media, Teaching and training and Research.
Medical Ethics
There are two important elements for Medical Ethics; these are Good Medical Practice and Good Clinical Care.

Good Medical Practice requires Professional Competence, Good Relation with Patient, and Good Relation with Colleagues & Authorities. It also includes Observance of Professional Ethical Obligations.

Examples of Good Clinical Care would include, but are not limited to:

- Patient comes first, Treat all patients as VIP’s, Be polite and considerate, Respect dignity and privacy, Listen to patients and respect their views and Inform patient in a way to understand.
- Others include adequate investigation and treatment when necessary, Alleviate pain and distress, Refer to another practitioner when indicated, Recognize own abilities and limitations and Recognize clinic/hospital available facilities and equipment or lack of it.

Ethical Dilemmas
- Sensitive confidentiality
- Breaking bad news
- Disagreeing with patient’s request
- Un-resolved moral / religious issues
- Seeking advice / religious fatwa

قسم الطبيب
- أن أراقب الله في مهنيتي
- وأن أصون حياة الإنسان في كافة أدوارها وفي كافة الظروف والأحوال، باذالا وسعين في استنفاذها من الهلاك والمرض
- وأن أحفظ الناس كرامتهم وأسر عورتهم وأكمل سرهم
- وأن أكون على الدواء من وسائل الله ورحمته باذالا رعايته الطبية لل قريب والبعيد للصالح والخاطئ والصديق العدو
- وأن أثير على طلب العلم وأسرع لشف الإنسان .. ل أداه
- وأن أوقر من علمي وأعلم من يصغرني وأكون أخا لكل زميل في المهنة الطبية متعاونين على البر والتقوى.
- وأن تكون حياتي مصدق إهالي في سري وعلاني نقية مما يشيئها تجاه الله ورسوله والمؤمنين
- والله على ما أقول شهيد
The World Medical Association

Declaration of Geneva

At the time of being admitted as a member of the medical profession:
I SOLEMNLY PLEDGE to consecrate my life to the service of humanity;
I WILL GIVE to my teachers the respect and gratitude that is their due;
I WILL PRACTISE my profession with conscience and dignity;
THE HEALTH OF MY PATIENT will be my first consideration;
I WILL RESPECT the secrets that are confided in me, even after the patient has died;
I WILL MAINTAIN by all the means in my power, the honor and the noble traditions of the medical profession;
MY COLLEAGUES will be my sisters and brothers;
I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
I WILL MAINTAIN the utmost respect for human life;
I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
I MAKE THESE PROMISES solemnly, freely and upon my

Declaration of Geneva: Oaths and codes vary from one country to another and even within countries, but they have many common features, including promises that physicians will consider the interests of their patients above their own, will not discriminate against patients on the basis of race, religion or other human rights grounds, will protect the confidentiality of patient information and will provide emergency care to anyone in need.

References

3. Walter, Klein Ed. The Story of Bioethics: From seminal works to contemporary explorations.
15. JM Appel. May Physicians Date Their Patients’ Relatives? Rethinking Sexual Misconduct & Disclosur
Selective screening in neonates suspected to have inborn errors of metabolism

Prof. Heba Salah

**Background:** Inborn errors of metabolism (IEM) have a high morbidity and mortality in neonates. Unfortunately, there is no nationwide neonatal screen in Egypt, so several cases may be missed.

**Objective:** The aim of this work was to detect the prevalence of IEM among neonates with suspected IEM, and to diagnose IEM as early as possible in order to minimize morbidity and mortality in high risk neonates.

**Subjects and methods:** This prospective study included 40 neonates admitted to the ElMahalla General Governmental Hospital Neonatal Intensive Care Unit (NICU) with sepsis like symptoms (lethargy, hypoactivity, poor suckling, and poor crying), convulsions, persistent metabolic acidosis, persistent vomiting, or previous sib death of unidentified cause (neonates with suspected IEM). All included patients were subjected to detailed full history, through clinical examination, laboratory investigations, and metabolic screening by tandem mass spectrometry (MS/MS). Other investigations for IEM including lactate, ammonia, and galactose 1 phosphate levels in the blood, as well as organic acids in urine were done according to each case.

**Results:** 13 patients (32.5%) were diagnosed as having IEM, 7 of them (53.8%) had urea cycle defect, 2 (15.4%) had maple syrup urine disease, while methylmalonic acidemia, fatty acid oxidation defect, mitochondrial disease, and galactosemia were diagnosed in one patient each (7.7%). Out of these patients, 12 patients (30%) were discharged from NICU after therapy, and one patient (2.5%) died (the one who had mitochondrial disease). Two patients were diagnosed as diseases other than IEM, one had hyperinsulinism and another one had congenital myopathy, while 2 patients were proved to be normal. Five patients (12.5%) were suspected to have IEM (tyrosinemia, mitochondrial disease, organic acidemia) 4 of them died before final diagnosis, and one transferred to another NICU. There was a significant difference between diagnosed and undiagnosed patients as regards history of sibling death (p= 0.012), plasma ammonia level (p= 0.002), and discharge from NICU (p= 0.000).

**Conclusion:** IEM represent a high percent (32.5%) of neonates who had sepsis like symptoms, and when diagnosed, patients showed marked improvement after therapy. IEM should be considered in differential diagnosis of the sick neonates, and investigations, and management should be started rapidly to decrease morbidity, and mortality till nationwide screen for IEM is applied in Egypt
Allerdep® Nasal spray 100 ml

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**Adults:**
1-2 squirts in each nostril, 3 times a day.
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1 squirt in each nostril, Once/Twice a day.

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Useful in cases of rhinitis and rhino-sinusitis.

**Directions:**
**Adults:**
1-2 squirts in each nostril, 3 times a day.
**Children from 2 years:**
1 squirt in each nostril, 3 times a day.

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**Influprop**
Nasal spray | 100 ml

Lenitive, antiseptic, anti-inflammatory and decongestant action on the nasal mucosae.
Useful for the treatment of the symptoms of colds.

**Directions:**
**Adults:**
1-2 squirts in each nostril, 3 times a day.
**Children from 2 years:**
1 squirt in each nostril, 3 times a day.

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Empiric Management of Inborn Errors of Metabolism

Prof. Heba Salah

Inborn errors of metabolism (IEM) individually are rare but collectively are common. They usually presents in the neonatal period or infancy. Delay in recognition and treatment of those patients may result in long-term neurologic impairment or death, and so empiric treatment is started as soon as the diagnosis is considered. Initial treatment does not require knowledge of the specific metabolic disease or even disease category. A high index of suspicion is most important in making the diagnosis.

Collection of the specimens for definitive diagnosis is very important especially while the child is acutely ill.

The following investigations should be done, basic laboratory investigations, and investigations for IEM as ammonia, lactate, metabolic screen, organic acids in urine.

The aim of the emergency management for patients with an IEM is to prevent further accumulation of harmful substances, correction of metabolic abnormalities, and elimination of toxic metabolites. This can be achieved by the following steps:

- Assessment and establish airway, breathing, circulation
- Elimination of the intake or administration of potentially harmful protein or sugars.
- Ensure adequate caloric intake.
- Control infection
- Correction metabolic abnormalities as hypoglycemia, acidosis, and electrolyte disturbance, dehydration.
- Correction of hyperammonemia.
- Administration of the cofactors for common metabolic diseases including vitamin B1,2,6,12
Dyslipidemia in pediatrics: hepatic, cardiac and nutritional view.

Prof. Nehal El-Koofy

Significant lipid disorders in pediatrics are commonly missed. The rates of pediatric dyslipidemia all over the world are rising. Dyslipidemias can be caused by primary genetic disorders or by secondary causes, the most common of which is obesity. Guideline recommendations regarding frequency and type of lipid screening vary based on the presence of cardiovascular risk factors. Common risk factors encountered in pediatric practice include overweight and obesity, hypertension, and diabetes. Liver dysfunction secondary to hyperlipidemia could occur. Nutrition together with drug therapy play a role in management of such cases. Discussion of the guidelines with case presentation will be presented.
Pectus Excavatum; Need for correction and current surgical outcome

Prof. Mohamed El-Debeiky

Thoracic wall deformities have been known for long. People born with these anomalies are considered normal individuals with no effect on life expectancy. Current studies confirmed this belief, yet there is evidence that it affect lifestyle due to psychological and physiological impact. Affection of cardio respiratory functions is not lethal but can deny several activities. Psychological drawbacks are perceived with respect nowadays than ever. Surgical correction is satisfactory as regard efficiency and safety despite the possibility of relatively serious complications.
Basic plain radiographs are informative and quick and if necessary, can be performed at the bedside of very ill patients or in the operating room (although the quality of these images may be diminished). For this reason, they are often used as first-line imaging. Although getting a radiograph will expose a patient to radiation, the radiation dose is actually quite little as compared to that of CT (see ‘radiation safety’ section for more information). Likewise, a small dose is still a significant dose, so order plain films prudently; every patient who steps in the hospital does NOT need a chest film.

In general, plain radiography is a good modality for the lung fields, the mediastinal outline, the distribution of air in bowel, the bones (for fractures, systemic osseous diseases, bone dysplasia, alignment of spine, etc. Radiography (plain film) is NOT the best choice for most soft tissue or vessels, or brain or neural tissue, or radiolucent structures such as ligaments, tendons and cartilage.

The aim of this lecture is to focus on, role of basic plain chest, heart, bone and abdominal radiology providing guidance for its clinical application.
NEONATAL SEPSIS UPDATING

Prof. Mohamed Bayari

Neonatal sepsis updating. How to treat an asymptomatic newborn with risk factors of maternally-transmitted bugs? How to manage clear situations (signs of infection and risk factors, borderline situations, what to expect from inflammatory biomarkers and how to use them in a clinical setting, etc.

HYPERBILIRUBINEMIA, KERNICTERUS AND THEN?

Prof. Mohamed Bayari

Hyperbilirubinemia, Kernicterus and then? A reflexion on what should we expect if, unhappily, our NICU graduates suffers kernicterus: what disabilities to expect? How to manage? etc.

HYPERBILIRUBINEMIA, KERNICTERUS AND THEN?

Prof. Mohamed Bayari

Practical aspects of parenteral nutrition: theoretical aspects, how to calculate in a clinical setting, how to monitor, etc.
A AN APPROACH TO CHRONIC DIARRHEA IN CHILDREN

Prof. Mostafa Hodhod
DOES NUTRITION CURES PEDIATRIC DISEASES?

Prof. Nehal El-Koofy

Nutritional therapy goes hand in hand with medical therapy for many pediatric disorders. In some diseases it could be the first line of therapy. Some metabolic disorders cannot be managed without dietetic therapy. Nutrition plays a role in many gastrointestinal tract diseases in children. They are the corner stone of management of celiac disease, and they can replace medical therapy to suppress active state in inflammatory bowel disease. Ketogenic diet is an important tool to suppress epileptic seizures in pediatric patients who are on multiple antiepileptic drugs. Many diseases in pediatric patients, nutrition goes in parallel with other therapeutic modalities. Cystic fibrosis, asthma, constipation, diarrhea and diabetes are good examples. The talk will focus on some of these pediatric disorders with clinical cases discussion.
Cystic fibrosis is a multisystem inherited disease. It is the most common life shortening recessive genetic disease in Caucasians. In United Statues there is more than 30,000 people affected with C.F. and more than 10 million people are carriers of the mutant gene.

Cystic Fibrosis is due to mutation in the cystic fibrosis Transmembrane Conductance regulator (CFTR) gene on chromosome number 7. CFTR gene is coded for a c-AMP regulated chloride channel with subsequent production of abnormally viscous secretion affect most of the exocrine gland all over the body. The hallmarks of the disease include: very salty tasting skin, poor growth and weight gain, greasy, bulky stool or difficulty in bowel movement.

Pulmonary affection is the most common and most serious manifestation with coughing, wheezing, expectoration and shortness of breath. Lung involvement include: bronchitis, pneumonia, emphysema, and atelectasis. Proper management of pulmonary affection need a team work programme includes a comprehensive management of chest infection and colonization with use of systemic and inhaled antibiotics, mucolytic therapy, aggressive chest physiotherapy and airway clearance therapy.

The diagnostic criteria include: suggestive clinical picture or a history of CF in sibling in addition to specific laboratory investigations as sweat chloride test and genetic study for identification of two CF mutations.

Proper management of Pulmonary affection in addition to extensive nutritional therapy may help the patients and prolong life expectancy. Recent therapeutic modalities of CF include gene therapy, Lung transplant, the discovery of targeted therapy as Evacaftor may change the outcome of CF in the near future.
Attention Deficit Hyperactivity Disorder (ADHD): recent guidelines

Prof. Heba El-Shahawy

ADHD is a chronic medical condition that requires long-term and multidisciplinary management. There is no one treatment of ADHD that has demonstrated to assure a good long-term outcome. There are several treatment options which include medications, behavioral therapy, psychotherapy and special education techniques. All treatment modalities should be addressed to ensure better quality of life for the patients. The presentation will facilitate development and implementation of different treatment standards in the care of ADHD patients according to recent Canadian Guidelines.
Acute Necrotizing Encephalitis

Dr. Ibrahim Shoukry

Acute necrotizing encephalitis is a catastrophic central nervous system disease presenting as encephalopathy (fever, coma and seizures) and complicated by motor disability and cognitive dysfunction. Liver affection is a common association. MRI has a diagnostic value showing almost always bilateral thalamic involvement and differentiates ANEC from other viral and autoimmune encephalitis. The clinical course of ANEC is fulminant and affected patients have high mortality.

Five cases of ANEC (3 boys and 2 girls) ranging in age between 10 and 22 month old, presented in the emergency room with fever and disturbed conscious level. MRI was done for all cases as well as liver function and coagulation profile. DNA study was done for two cases out of five.

Seizures were present in three cases, two focal and one generalized. Hypotonia and sluggish tendon reflexes were evident in four cases with inability to sit or stand. Bulbar manifestations were present in two cases, one case had asymmetrical facial palsy and one had ophthalmoplegia. MRI showed symmetrical bilateral thalamic involvement displaying necrosis in all cases. Subcortical white matter lesions in parasagittal areas and parietal regions were present in 4 cases and brain stem signals in two cases. Laboratory investigation show elevated trans-aminase ranging from 215- 453 (ALT) with prolonged prothrombin time in all cases and CSF analysis showed increased protein level in all cases. DNA Study shows RANBP2 mutation in one case.

Regarding the outcome one case recovered completely after hydrocortisone therapy. Two cases with brain stem and white matter lesion developed psychomotor retardation and were assigned on intervention program. The two cases showing hemorrhagic necrosis in thalami died in ICU.
Recent Updates in Childhood Anxiety Disorder

Prof. Heba El-Shahawy

Pediatric anxiety disorder are prevalent, associated with a number of negative life outcomes and currently under-treated and under-recognized. The etiology involves both genes and environmental influence. Comprehensive knowledge of recent diagnostic classification of DSM-V ensures accurate diagnosis. Clinicians should as well differentiate pathological anxiety from normal anxiety, according to childhood stage. Therefore, offering an evidence-based approach for diagnosis and treatment of different types of pediatric anxiety is crucial. The treatment includes both drug therapy and psychotherapy. The current standards for choosing anxiolytics and duration of maintenance treatment, to achieve remission, will be addressed.
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Home care in Pediatrics

Prof. Ahmed Hussein

Key Aims and Objectives

- Define the meaning of Home Health Services (HHS)
- Identify the needs for Home Health Services (HHS)
- Discuss the benefits of HHS
- Evaluate the services provided in UAE (Abu Dhabi)
- Review some of the policies in HHS
- List pediatric conditions that can be treated in the home setting

Abstract

Home Health Care typically describes skilled nursing and therapy services (and not the Non-Medical services provided by a care giver).

It’s a Comprehensive Program that is carried out by specialized medical professionals and requires special medical equipment customized to the home setting.

By Comprehensive Program we mean the Trained Medical Professionals, providing the service along set standards, using the Proper and suitable Medical Equipment customized to the home setting. They should keep Medical Records and follow competent Reporting System. Whenever needed, patient should be safely transferred to hospital via an equipped licensed Ambulance with a trained paramedic.

This program is implemented through many Policy and Procedure Guidelines (PPGs) e.g. Infection Control Policy, Emergency action plan, Medication management policy and Medical waste management policy ---etc.

Generally, this program is directed to Four (4) Groups of patients, The Recovering, Disabled, Chronically and/or Terminally ill Patients.

Under these 4 groups, most medical conditions can be treated at home.

At least three (3) Different Programs are designed:

General Nursing Care (e.g. Monitoring vital signs, Intra Venous Infusions, Administration of Medication and Insertion of ALL catheters ——etc.), Advance Nursing Care Program (Oncology, Dialysis, Neonatal, and Wound Management Programs), Long-term Care Management Program (uncontrolled Diabetes, the Enteral Nutrition Management Programs)

Worldwide, the Neonatal Management Program involves many neonatal conditions that can be treated at home e.g. Oxygen therapy, Respiratory Therapy, Incubator Care, Phototherapy, Tube Feeding and Preterm Management ---etc

The scope of Home care for Pediatric is increasingly recognized and a wide range of diseases can be treated at home
e.g. Asthma Treatment (Nebulizer and other Oxygen Therapy), Physical Handicaps especially CP, Mental Handicaps especially Down Syndrome, Tube Feeding for each and every medical necessity and Obesity —— etc.
Note that Clinical Nutrition is a major area for home care especially education for family members

Conclusion, Recommendations and Remarks
Patients are better treated at home within the family atmosphere. Hospitals will also benefit from this program through early patients’ discharge, reducing the readmission rate and Disease Complications
This service is still premature in the UAE and there is a question mark on its provision. We, as medical professional, should have more involvement in controlling, monitoring and evaluating this service and we have to have Hands-On-Management. If not, we may lose the benefits of this program and, in fact it could be abused, or even hazardous, if left un-supervised.

References
The main reference is the updated Guidelines form the JCI (Joint Commission International)
Other references include:
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• Pediatrics Vol. 73 No. 6 June 1, 1984 pp. 845 -853 - Article: Does Pediatric Home Care Make a Difference for Children with Chronic Illness? Findings from the Pediatric Ambulatory Care Treatment Study - Stein, et al
• Article: Home Care for Children Dying of Cancer - Pediatrics 1978; 62:1 106-113
• Ethical Aspects of Pediatric Home Care - Qual Health Res April 2008 18: 501-508,
Testing children for allergies: why, how, who and when?

Prof. Fatma Elheneidy

Allergy is defined as a hypersensitivity reaction to a specific immunological trigger initiated by immunological mechanisms (mostly IgE- or cell-mediated). The incidence of childhood allergic diseases is increasing. Allergy testing is a very important diagnostic process regarding; specific allergen avoidance, specific allergy treatment, and early identification of patients at increased risk. The aim of presentation is to discuss why allergy tests are needed in children? how to test for allergy and what are the tools? and to clarify who needs testing? and when tests should be initiated?
Highlights on GINA for early diagnosis and control of pediatric asthma

Prof. Fatma Elheneidy

Asthma is the most common chronic disease in childhood. Asthma can begin at any age but most often has its roots in early childhood. 50 to 80% of asthmatic children develop symptoms before the age of 5 years.

The aim of this presentation is to throw highlights on the recent Global Initiative Asthma guidelines (GINA) concerning: the important key points for early diagnosis and prediction of asthma in early life; the need for early asthma control; the assessment of asthma control; and to review the different treatment options.
Risk Factors Assessment Of patients Diagnosed With Developmental Dysplasia Of The Hip In Saudi Arabia

Prof. Bander S Alrashedan

Background: Early detection of developmental dysplasia of the hip (DDH) will prevent future complications on affected patients. We assessed the risk factors of DDH which are (family history, female gender, breech presentation, twin, and being first child), average age of presentation, and DDH type, side distribution on our patients. The study took a place in Two major hospitals where patients are being referred to from all around Saudi Arabia.

Methods: We have conducted a Multicenter case series study on pediatric patients presented to King Saud Medical City, and King Abdulaziz Medical City with DDH from 1/1/2008 to 29/12/2013.

Results: The number of patients identified was 574, 86.5% of them were females. Average age of presentation is 16.3 SD: 13.7 months. Among these patients, 28.75% (P=0.28) had family history, 15% are first child (P=0.049), 9.4% (P=0.03) had breech presentation, and 1% (P=0.33) were diagnosed as either, oligohydramnios, or had a weight more than 4 Kg, or were Twins. 65% percent were primarily diagnosed in Riyadh, While 35% were primarily diagnosed outside Riyadh.

Conclusion: The most significant risk factors in our population are breech presentation, and being first child. Our patients are diagnosed very lately and health care providers must emphasize on screening for all neonates and toddlers especially who present with DDH risk factors. This study was established due to insufficient data registered in Saudi Arabia about the risk factors of DDH, nor in the Middle East. Early management of developmental dysplasia of the hip (DDH) will prevent poor prognosis. Knowing the commonest risk factors of DDH in an area with other screening modalities will help in earlier detection.
Pectus Excavatum; Need for correction and current surgical outcome

Mohamed El-Debeiky

Background: Despite the large number of patients with Hirschsprung’s disease (HD) worldwide and the great experience with various described techniques for surgical correction, failures as well as complications are not infrequently encountered. A lot of studies investigated causes of complications and advised about techniques refinement but still redo-surgery is sometimes required with deficient reports about outcome.

Patients & Methods: Patients operated upon for HD in Ain Shams University hospitals during the period from June 2009 to June 2014 were reviewed retrospectively for any redo-surgeries, reasons, type of operation and redo-operation and their clinical state after the redo-surgery.

Results: 201 patients with HD underwent either transanal or abdominal assisted pull through or Duhamel’s procedure during the revised period. Eighteen were redo surgeries after either approach. Redo operations included 3 myectomies and 12 redo pull through for missed segments. Temporary terminal colostomy followed by delayed abdomino-perineal pull through for major disruption was done in 3 cases. Patients with redo surgery for missed segments had a better prognosis as regards bowel motions, continence, and normal life style in comparison to those who had redo-surgery for major disruption.

Conclusion: HD is still a challenging disease. Proper preoperative preparation of patients and meticulous surgical technique provide better chances than redo-surgeries. Redo-Surgery when required improves clinical outcome of patients with HD.
Basic plain radiographs are informative and quick and if necessary, can be performed at the bedside of very ill patients or in the operating room (although the quality of these images may be diminished). For this reason, they are often used as first-line imaging. Although getting a radiograph will expose a patient to radiation, the radiation dose is actually quite little as compared to that of CT (see ‘radiation safety’ section for more information). Likewise, a small dose is still a significant dose, so order plain films prudently; every patient who steps in the hospital does NOT need a chest film.

In general, plain radiography is a good modality for the lung fields, the mediastinal outline, the distribution of air in bowel, the bones (for fractures, systemic osseous diseases, bone dysplasia, alignment of spine, etc. Radiography (plain film) is NOT the best choice for most soft tissue or vessels, or brain or neural tissue, or radiolucent structures such as ligaments, tendons and cartilage.

The aim of this lecture is to focus on, role of basic plain chest, heart, bone and abdominal radiology providing guidance for its clinical application.
Hypertension - Case presentation
Prof. Ahmed Hussein

Key Aims and Objectives
- Definition of Hypertension
- How to measure it
- 97th percentile values of BP
- Guidelines for pediatric BP measurements
- Severity of Hypertension

Abstract
Case presentation
10 weeks old Saudi Girl, visited the ER twice within 6 hours complaining of colic, and then she was admitted
The patient looked (chubby) with Cushingoid face. Her clinical assessment revealed nothing except for a Napkin rash.

The second day of admission, it was discovered that her BP was sky high and it was intensively investigated (urine, blood, ECG, X-rays and renal scan)
Besides closely monitoring the BP, antihypertensive drugs started pending results of investigations
Within 5 days, all results were available and showed “no answer”

More invasive investigations were performed (Renal arteriography, Rennin level from renal artery and renal biopsy)
The patient was then discharged on the anti-hypertensive treatment pending results of investigations
She was re-admitted. Again, results showed “no answer”

Surprise
It’s only by mere chance that the Resident On-Duty (ROD) saw 2 tubes of ointment and interviewed the babysitter.
The doctor discovered that the babysitter is applying a huge amount of a potent steroid ointment on the napkin areas three times a day since birth (whenever a rash appears).

Diagnosis was then made as Drug Induced Hypertension (Exogenous Steroid).
Discontinuation of the medicine significantly dropped of the BP.

Conclusion
The most obvious statement about children’s BP is that it is Not Taken.
Is it not taken at all, not taken often enough or not taken seriously.
Take home message

1. BP in infants and young children should be carefully considered in our office practice.
2. It’s not true that measurement of BP in infants and children is difficult and time consuming.
3. It’s not true that BP in infants and children is usually normal.
4. Potent Steroids should be avoided in young children, while treating the very common Napkin Rash.

References

Functional imaging (or functional medical imaging), is a method in medical imaging of detecting or measuring changes in metabolism, blood flow, regional chemical composition, and absorption.

As opposed to structural imaging, functional imaging centers on revealing physiological activities within a certain tissue or organ by employing medical image modalities that very often use tracers or probes to reflect spatial distribution of them within the body. These tracers are often analogous to some chemical compounds, like glucose, within the body. To achieve this, isotopes are used because they have similar chemical and biological characteristics. By appropriate proportionality, the doctors or radiologists can determine the real intensity of certain substance within the body to evaluate the risk or danger of developing some diseases.

The imaging Modalities used in functional imaging are: functional magnetic resonance imaging (fMRI) including BOLD, Diffusion MRI, Diffusion tensor imaging (DTI) Perfusion MRI, MR Spectroscopy Positron emission tomography, Computed tomography (CT) perfusion imaging.

The aim of this lecture is to focus on practical issues of recent advances in functional imaging especially fMRI, providing guidance for its role & clinical application.
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The Breath of Nature

★ Nasal dryness
★ Allergic Rhinitis
★ Obstructive Rhinitis and Sinusitis
★ Runny Nose
Indications:

1. Nutritional and malabsorptive rickets.
2. Prophylactic and therapeutic use in neonatal hypocalcemia.
3. Vitamin D-dependent rickets (Type I and Type II).
4. Hypophosphatemic vitamin D-resistant rickets.
5. Secondary hyperparathyroidism.
6. Renal osteodystrophy in CKD.

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