Tension gastrothorax: a case report and review of literature.

BACKGROUND: Tension gastrothorax develops when the stomach, herniated through a congenital diaphragmatic defect into the thorax, is massively distended by trapped air. We report a case of tension gastrothorax and review the literature. CASE REPORT: A previously healthy 8-month-old female presented with severe respiratory distress, misdiagnosed as tension pneumothorax. Intercostal tube was inserted. The tube was noted to drain food as well as air. The patient was investigated by radio-contrast swallow, which demonstrated the presence of the stomach in the chest. The patient was operated upon, and the stomach, transverse colon, and spleen were reduced back to the abdomen. The defects in the stomach and diaphragm were closed. CONCLUSION: Tension gastrothorax is a life-threatening condition leading to acute and severe respiratory distress. The presence of air-filled structure in left hemithorax in a previously healthy child presenting with acute respiratory distress should prompt the inclusion of tension gastrothorax in the differential diagnosis.

Anasarca: not a nephrotic syndrome but dermatomyositis

Abstract Juvenile dermatomyositis (JDM) is a rare autoimmune disease characterized by inflammation of the muscle, connective tissue, skin, gastrointestinal tract, and small nerves. Periorbital and facial edema may also be associated. Although localized edema is a common feature of JDM, generalized edema has rarely been reported. Here, we report a 3.5-year-old boy with JDM presenting with generalized edema. The diagnostic criteria of JDM rely on typical clinical manifestations that include: severe symmetric weakness of the proximal musculature, characteristic cutaneous changes, elevated serum skeletal muscle enzymes, and myopathic electromyographic pattern. Our patient initially received methylprednisolone and intravenous immunoglobulin (IVIG) without significant improvement, so he was given azathioprine and a prolonged course of oral prednisolone. We conclude that JDM should be suspected in patients presenting with anasarca in the absence of laboratory parameters of other causes of generalized edema and an appearance of heliotrope rash with muscle weakness. Also, we suggest that muscle magnetic resonance imaging (MRI) should be considered among the diagnostic tools of JDM.

Rhabdomyosarcoma of the clitoris

http://hemoncstem.net/pdfs/HOSCT-07-2.pdf

Papillary thyroid carcinoma presenting with upper respiratory tract obstruction
and pulmonary metastases

Background: Thyroid cancer is rare in children especially before the age of 10 years. Upper airway obstruction and pulmonary infiltration are rare manifestations of such tumor.

Methods: An 8-year-old school girl was admitted to Mansoura University Children’s Hospital with papillary thyroid carcinoma manifested by severe upper respiratory tract obstruction. CT scan of the chest revealed multiple miliary shadows in both lungs.

Results: Total thyroidectomy was performed and pathological examination confirmed the diagnosis of papillary carcinoma of the thyroid gland. The patient received ablative dose of Iodine 131 and replacement therapy of L-thyroxine.

Conclusion: Thyroid cancer, although rare, should be considered for differential diagnosis of cases presented with upper airway obstruction and pulmonary metastases.

5-

Comparative Study of Two MOPP-Derived Chemotherapeutic Protocols for Management of Pediatric Hodgkin’s Disease: Single-Center 5-years Experience.

Since the mid-1970s, there have been improving strategies to refine diagnostic and therapeutic approaches for children and adolescents with HD. This has resulted in universally adopted strategies, which encompass clinical instead of surgical staging, combined chemotherapy for all stages and low-dose involved field radiotherapy. In long-time survivors of childhood HD, late effects of the combined modality treatment are still issues of major concern.

In 1990s, countries with limited resources accounted for 86% of the world’s children (<15 years), a figure projected to increase to more than 90% by 2030. These countries bear most of the global burden of childhood cancer (World Development Report, 1993). The inability to ensure most of the high-cost chemotherapeutic agents besides the world increment of drug cost with inability of local production of such high-technology medications obligate us among other underdeveloped countries to change the COPP-AV protocol to more available and less expensive COMP or OAP.


6-

Primary hepatic non-Hodgkin lymphoma presenting as acute hepatitis in a 2-year-old male

Non-Hodgkin lymphoma (NHL) is the third most common childhood malignancy with an overall incidence of 10.5 per million.1 Its incidence is higher in the Middle East as a result of an increased incidence of endemic Burkitt lymphoma. It is usually restricted to lymphoid tissue such as lymph
modes, Peyer patches, and the spleen. Primary hepatic NHL is very rare in the pediatric age range. It may be asymptomatic and discovered accidentally or present with non-specific symptoms like abdominal discomfort and/or pain with some constitutional manifestation.

We report a rare case of primary hepatic NHL presenting as acute hepatitis in a child aged 2.5 years who responded to chemotherapy.

Progressive stridor: could it be a congenital cystic lung disease?

Bronchogenic cyst of the mediastinum, a cause of stridor early in life, is the result of abnormal budding of the ventral segment of the primitive foregut. Bronchogenic cysts are often asymptomatic in older children and adults. However, symptomatic cases usually manifest early in life with cough, stridor or wheezing due to airway compression. We report a female infant aged 4.5 months with a normal full-term pregnancy, who developed respiratory distress with stridor. This stridor was preceded by a history of slowly progressive noisy breathing. Physical examination revealed evidence of bilateral obstructive emphysema. Chest radiograph revealed bilateral overinflation. Fibro-optic bronchoscopy revealed posterior mediastinal compression. Possibility of congenital cystic lung disease (CCLD) was considered, emphasizing the value of computed tomography (CT) chest, which revealed a cyst probably bronchogenic. Surgical excision was performed with evident histological confirmation of bronchogenic cyst.

http://www3.interscience.wiley.com/journal/122413513/abstract?CRETRY=1&SRETRY=0

HOW DO EGYPTIAN CHILDREN DESCRIBE ASTHMA SYMPTOMS?

INTRODUCTION

Asthma is a common disease in children that forms a major comorbidity illness. Underdiagnosis of childhood asthma represented one of the pitfalls in the asthma management. History with interpretation of asthma symptoms is still considered the cornerstone in asthma diagnosis. The other limb in diagnosis is through the reversibility and variability of pulmonary function tests (PFTs). However, PFTs require patientsâ€™

™
cooperation that may be not fully feasible in children.(1) Asthma symptoms include wheeze, dyspnea, chest tightness and shortness of breath. Reported wheeze within the last 12 months is considered a surrogate marker for the diagnosis of asthma. This could represent a major difficulty for children in some countries in which no exact equivalent wordings of “wheeze” exist.(2) The prevalence of asthma and allergies is increasing in both western and developing countries. Despite a large volume of clinical and epidemiological research within affected populations, the etiology and risk factors of these conditions remains poorly understood.(3) The prevalence of atopic conditions is lower in rural and less developed areas of the world than that are rapidly urbanizing or modernized. The reasons for these variations are yet to be fully understood. Some researchers have speculated that exposure to infections in early life may have a role in prevention of asthma and atopy in children.(4) Simple methods for measuring the prevalence of childhood asthma, allergic rhinitis and atopic eczema have been developed by phase one of the International Study of Asthma and Allergies in Childhood (ISAAC). These methods are used for international comparisons and are suitable for different geographical locations and languages.(5) So far, there have been few studies of the epidemiology of asthma in Egypt. One of these studies was conducted in Cairo in 2006 reported the prevalence of asthma to be 9.4% among Cairo citizens.(6) This study was planned to determine the prevalence of bronchial asthma in the Delta region of Egypt through relevant questionnaire. Validation of asthma symptoms was done through evaluation of common Arabic wordings describing wheeze, chest tightness, shortness of breath and dyspnea.

9.

**Evaluation of Different Asthma Phenotype Responses to Montelukast Versus Fluticasone Treatment**

We aimed to determine the variability of response to inhaled corticosteroids (ICS) and leukotriene receptor antagonist (LTRA) in asthmatic children according to the patient phenotype. The present
Study comprised 56 children (mean age, 9.54 [SD, 2.3] years) with moderate persistent asthma and 18 healthy controls of matched age and sex. Asthmatics were allocated randomly to receive either montelukast (5 mg at bed time) or fluticasone propionate (100 ?g twice daily) for 28 days. Serum concentrations of inflammatory mediators as soluble interleukin-2 receptor (sIL-2R), soluble intracellular adhesion molecules-1 (sICAM-1), soluble vascular cell adhesion molecules-1 (sVCAM-1), total serum IgE, peripheral blood eosinophils, and forced expiratory volume in 1 second (FEV1) were done before and after treatment to patients, and done once to controls. Significant increase in all inflammatory mediators, with significant decrease in FEV1, was detected in asthmatics before treatment compared to controls. Asthmatics presented with cough and wheeze showed significant increase of FEV1 and significant decrease in eosinophilic percentage in both treated groups, while the differential response between the two medications was found to be insignificant. Those presented with cough and shortness of breath showed significant increase of FEV1 and significant decrease in eosinophilic percentage in fluticasone-treated group only. Other inflammatory mediators showed insignificant changes between studied groups after intervention. Response to montelukast and fluticasone vary considerably according to the clinical phenotypes of asthma. Response to montelukast may be more effective in asthmatics presented with wheeze compared to those with shortness of breath. Whereas ICS provide clinical benefit in both asthmatic phenotypes.

Vitamin E and N-acetylcysteine as Antioxidant Adjuvant Therapy in Children with Acute Lymphoblastic Leukemia

Although cancer therapies have experienced great success nowadays, yet the associated toxic response and free radicals formation have resulted in significant number of treatment-induced deaths rather than disease-induced fatalities. Complications of chemotherapy have forced physicians to study antioxidant use as adjunctive treatment in cancer. This study aimed to evaluate the antioxidant role of vitamin E and N-acetyl cysteine (NAC) in overcoming treatment-induced toxicity in acute lymphoblastic leukaemia (ALL) during the intensive period of chemo-/radiotherapy, almost the first two months of treatment. Forty children newly diagnosed with ALL were enrolled in this study. Twenty children (group I) have taken vitamin E and NAC supplementations
with chemotherapy and the other twenty children (group II) have not taken any adjuvant antioxidant therapy. They were evaluated clinically for the occurrence of complications and by the laboratory parameters (blood levels of glutathione peroxidase (Glu.PX) antioxidant enzyme, malondialdehyde (MDA), tumor necrosis factor-? (TNF-?), liver enzymes, and bone marrow picture). Results revealed reduced chemotherapy and radiotherapy toxicity as evidenced by decreasing level of MDA, increasing level of Glu.Px and decreased occurrence of toxic hepatitis, haematological complications, and need for blood and platelet transfusions in group I compared to group II. We can conclude that vitamin E and NAC have been shown to be effective as antioxidant adjuvant therapy in children with ALL to reduce chemo-/radiotherapy-related toxicities during the initial period of treatment.

The Many Faces of Ewing’s Sarcoma: Difficult to Diagnose Pediatric Cases and Mini-review of Literature.

Abstract: Ewing’s sarcoma (ES) is the second most frequent primary malignant bone cancer, following osteosarcoma. ES is a small round-cell tumor typically arising in the bones, rarely in soft tissues, of children and adolescents. We demonstrate four children aged 3, 3.5, 9, 9.5 years, presented with simultaneous two femur masses (patient 1), a huge mediastinal mass (patient 2), abdominomediastinal mass with dysphagia (patient 3), and a huge abdomino-pelvic mass (patient 4). Our patients were atypical younger age and with abnormal presentations which was difficult in initial diagnosis, simulating different problems encountered in pediatric practice. Biopsy initially revealed round cell tumor and by immunohistochmistry, CD99 was positive, which confirmed the diagnosis of ES.

Our patients were difficult to diagnosis. There was delay in discovery, misdiagnosed initially, and diagnosis required multidisplinary approaches of different radiological imaging and needed a immunohistochemistry to reach the definite diagnosis.

Infantile Hepatic Hemangioendothelioma: Case Report of 8-Month Infant Successfully Treated with Steroid.

Infantile hemangioendothelioma is a rare benign vascular tumor of the liver. We report a case of hepatic hemangioendothelioma in eightmonth-old female infant presented with huge hepatomegaly and respiratory distress which was successfully treated with oral prednisolone for six months.
Prevalence of Bronchial Asthma among Egyptian School Children

Abstract:
Background. Prevalence rate of childhood asthma in urban and rural areas of the Nile Delta region of Egypt need to be determined. This should be based on accurate wordings describing asthma symptoms in questionnaire based surveys.
Aims. a) Determination of the prevalence of asthma among Egyptian children in the Nile Delta region of Egypt. b) Determination of the common Egyptian Arabic wordings actually used to describe asthma symptoms corresponding to wheeze, dyspnea, chest tightness and shortness of the breath.
Subjects and Methods. This is a two-stage study : 1) Determination of the prevalence of asthma through applying a validated questionnaire based on the ISAAC questionnaire and modified according to validated Arabic Egyptian wordings. This was applied on 3410 children (2515 from urban and 895 from rural regions).
2) Validation of Arabic wordings used for description of asthma symptoms. Fifty asthmatic children described their asthma symptoms in Arabic. The children then answered an Arabic translation of the International Study of Asthma and Allergies in Childhood (ISAAC) video questionnaire having been shown the attack scenes. The response of asthmatic children was compared to that of 110 healthy children after watching the same clip.
Results. Of the 2720 positively responding subjects, 209 fitted the diagnosis of asthma with an overall prevalence of 7.7% (8% in urban and 7% in rural areas). Significant association was found with positive family history of allergy and bad housing conditions (p <0.01, OR=4.78 and 5.16 respectively) but not with passive smoking.
Conclusion. We found that the prevalence of asthma among school children in the Nile Delta region was 7.7%. A positive family history of allergy and bad housing conditions were found as a risk factors for asthma. There was disparity of used terminologies in describing wheeze and chest tightness among Egyptian asthmatics and controls. This makes addition of local language terms of these symptoms to international guidelines is a logic approach with potential impact on asthma diagnosis and treatment.

OBESITY IN SAUDI CHILDREN IN THE EASTERN PROVINCE OF SAUDI ARABIA

During the end of the last century, obesity was identified as a worldwide health care problem that is affecting the well-being of the population, previously known in the adult population, but in reality, studies are reporting an increasing problem in children too (1). The Gulf region is not exempt.
Many surveys have reported the prevalence of overweight and obesity in Saudi children. All areas and provinces of the country have been affected through all ages (2,3). Governmental and local authorities have implemented education programs to help weight reduction or prevention. The abnormal weight in children is still considered by experts as an imbalance between diet and habit, although hormonal etiology in children is a diagnosis that should be ruled out first.
In order to add valid information about the status of weight imbalance and
child weight status in our region, this study has been conducted in the Eastern Province of Saudi Arabia with the following objectives:
1. To determine the prevalence of overweight and obesity in children from the Eastern Province of Saudi Arabia and study its basic demographic distribution, and to compare it with the Gulf Countries and other areas of the world.
2. To compare the prevalence with Non-Saudi children living in Saudi Arabia.
3. To propose a prevention and treatment plan for overweight and obesity.

This study collected first 10,509 files, including 9,249 consultations done in OPD in Saad Specialist Hospital, from January to June 2006. After excluding follow-up consultations, repetitions and non-completed file data, a total of 7,497 files were enrolled in the study.

According to our study findings, 42% of Saudi children in the present Eastern Province sample have a BMI greater than the 85th percentile. It was evident that Saudi children start developing overweight when they are 5-9 years of age, and continue to increase up to their precious adolescent years. Twenty-one percent of children at 5-9 years are overweight and 21% are obese. This could be attributed to the fact that children start going to school at that age, and hence, there is poor control of eating habits and nutrition at this stage. Moreover, children have been less active; few, or none, of them walk to school, spending more time in sedentary entertainment activities, including television viewing, and playing computer and video games. On average, a child spends 6 hours per day in front of screens (4).

Our results agree with a previously published study in the country that obesity in both genders is lowest in pre-school children (31%), and highest among adolescents (50-76%) (2, 5, 6). In our sample, the peak of obesity starts at 10-13 years of age (28%) and keeps the same high prevalence at age 14-18 years. Studies have shown that 80% of obese adolescents become obese adults (7). Adolescence has been addressed as the "critical period for the development for adult obesity" (8). Hence, if intervention before this stage is unsuccessful, intervention at this age becomes vital for both future health and ability to sustain long term weight control.

We developed, in our institution, a plan of action for obesity prevention and detection (7). It is oriented towards the community in general and towards children particularly. In our opinion, prevention should start at birth by putting more emphasis on exclusively breast feeding for the first 6 months of age, and continue throughout school age with a special interest starting at the age of 10 years. Regarding screening for early detection and management of these cases, we propose a plan that is based on regular follow-up and supervision. Fifty percent of Saudi children from the Eastern Province in our sample have a body mass index (BMI) greater than the 85th percentile, being overweight or obese. Our study showed that obesity starts early in life (10-14 years), and continues all through the ages of adolescence. Prevalence of obesity is higher among males compared with
females, who show a higher prevalence of overweight rather than obesity. Environmental factors seem to play more of an influence on the prevalence of obesity than do genetic factors, because there was no difference in obesity among Saudi and Non-Saudi children, as well as similar weight distribution between males and females in children below one year of age. It is difficult to reduce excessive weight once it becomes established. Children, therefore, should start prevention of obesity from birth by putting more emphasis on exclusively breast feeding for the first 6 months of life. It is becoming a priority to establish natural settings for pre-school, school and adolescent health programs with the emphasis on increasing physical educational hours, and incorporating health messages into school curricula. Integrated preventative measures, screening for early detection/management and educational programs towards a healthier lifestyle are required at the national level.

15-

**Comparative study of two mechlorethamine, vincristine, procarbazine, and prednisone derived chemotherapeutic protocols for the management of pediatric Hodgkin lymphoma (HL): single-center 5-year experience**

We aimed for the comparison of two protocols (OAP and COMP) as chemotherapy treatment in children with Hodgkin lymphoma (HL). A total of 119 children newly diagnosed with HD were divided to receive either the anthracycline-based OAP protocol or the alkylating-agent-based COMP protocol. Sixty patients received the OAP protocol and 59 patients received the COMP protocol. Complete response was achieved for 81.4% of patients treated with the COMP protocol versus 53.3% for those who received the OAP treatment. Toxic hepatitis or liver cell failure was recorded in 5% of patients treated with the COMP protocol. Complications were more frequent in those treated with the OAP protocol, as 6.8% developed heart failure and 20% showed toxic hepatitis or liver cell failure. The relapse rate was almost equal in both treatment arms. Patients treated with the COMP protocol achieved a better response and less toxicity but with similar survival to those given the OAP protocol.

16-

**Interleukin-12 and peripheral blood invariant natural killer T cells as an axis in childhood asthma pathogenesis**

Interleukin-12 (IL-12) is a key cytokine involved in regulating the balance between TH1 and TH2 cells by promoting TH1 response. A reduced capacity to produce this cytokine could lead to aberrant TH2 development. On the same aspect significant impact of IL-12 on invariant natural killer T (iNKT) cells was reported. Therefore, we examined the serum levels of IL-12 and the absolute number of
peripheral blood iNKT cells from 37 children with controlled asthma and 11 normal controls (age-matched) and correlating these two parameters with clinical asthma severity and Pulmonary function tests (PFTs).

A significant decrease of serum levels of IL-12 and peripheral iNKT cells was found in total asthmatic groups and in children with severe persistent asthma. Serum levels of IL-12 and the numbers of peripheral iNKT cells were positively correlated with PFTs in both total asthmatic groups and in children with severe persistent asthma.

Inverse correlation was found between serum level of IL-12 and different degrees of asthma, whereas the numbers of peripheral blood iNKT cells showed no significant difference between clinical asthma severities.

Impaired IL-12 production in asthmatic children beside decreasing the number of peripheral blood iNKT cells could be considered as a key component in asthma pathogenesis and hence their therapeutic manipulation may be of help in asthma management.

17-

Obesity in Saudi children: a dangerous reality

Obesity in Saudi children: a dangerous reality

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ABSTRACT: Obesity among children is an increasing concern. This cross-sectional study in 2006 determined the prevalence and demographic characteristics of overweight and obesity in children in the Eastern province of Saudi Arabia. A total of 7056 children (aged 2â€“18 years) were selected from schools and the outpatient department of a hospital. The overall prevalence of overweight was 19.0% and of obesity was 23.3%. More than 50% of children between 14 and 18 years had weight above the 85th percentile. More males than females were obese by ages 14â€“18 years (35.6% versus 19.2%). Saudi and non-Saudi nationalities had the same distribution of body mass index. Interventions to encourage healthier lifestyles for children are needed at the national level.

Eosinophilic cationic protein: is it useful in assessing control of childhood asthma?
Impact of Anti-Oxidant Status and Apoptosis on the Induction Phase of Chemotherapy in Childhood Acute Lymphoblastic Leukemia

This study aimed to evaluate oxidative stress and apoptosis in childhood acute lymphoblastic leukemia (ALL) at diagnosis and their impact on outcome at the end of the induction phase. Our study included 50 newly diagnosed children with ALL. Evaluation of oxidative stresses (malondialdehyde and total anti-oxidant capacity) was made at diagnosis and at the end of the induction phase. Peripheral eosinophil counts may be helpful in the assessment of asthma control.

ABSTRACT This study evaluated peripheral eosinophil and serum eosinophil cationic protein (s-ECP) levels as markers of asthma control. A total of 38 children with asthma (16 controlled and 22 partially controlled) were compared with 16 age- and sex-matched healthy children. Total asthma cases had higher eosinophil counts and s-ECP levels than healthy children and partially controlled asthmatics. A negative correlation was noted between degree of asthma control and both eosinophil counts and s-ECP levels (r = -0.60 and -0.75 respectively). s-ECP as well as peripheral eosinophil count may be helpful in the assessment of asthma control.

fluorometric terminal deoxynucleotidyl transferase dUTP nick end labeling system for lymphoblastic leukemia (ALL) at diagnosis and their impact on outcome at the end of the 19 helpful in the assessment of asthma control.

peripheral eosinophil count may be markers than controlled asthmatics. Controlled asthma cases showed non-significant eosinophil counts
patients at diagnosis and after 1 week of treatment. Our study showed that there was increased oxidative stress at diagnosis and after treatment with chemotherapy. Apoptosis index was higher after 1 week of treatment with chemotherapy when compared to its level at diagnosis.

20-

Steroid Phobia among Parents of Asthmatic Children: Myths and Truth.

Asthma is one of the most common chronic diseases of childhood. Inhaled corticosteroids (ICS) are the recommended controller drug for asthma treatment. The aim of our study was to determine concerns and fears of parents of children with asthma towards the use of ICS. One hundred parents of asthmatic children were interviewed using structural questionnaire. Airway inflammation was reported by only 6% of interviewed parents, whereas airway narrowing was addressed by 34%. Interesting data, 71% of parents were concerned with the role of steroids in asthma treatment, but more than half (53%) of them addressed fears from side effects. Apparent gaps were found in knowledge of parents of asthmatic children about ICS as controller asthma medication. So, physician and health providers should explain to asthmatic parents that airway inflammation is the core for asthma management. This may remove fears about ICS and thus improve adherence to treatment.

21-

Bone Mineral Density in Newly Diagnosed Children with Neuroblastoma.

Abstract

BACKGROUND: Neuroblastoma is the second most common extracranial malignant tumor of childhood and the most common solid tumor of infancy which is characterized by bone metastasis. Previous reports on bone mineral density (BMD) in patients with leukemia and solid malignancies concentrate on long-term survivors and on the effect of chemotherapeutic agents and irradiation. Also, evaluation of BMD in neuroblastoma was reported in few studies which were conducted upon adult survivors of childhood cancer. Previous studies on both acute leukemia and lymphoma patients suggested that the disease process itself played a role in decrease BMD.

METHODS: We evaluated 27 patients with newly diagnosed neuroblastoma for both lumbar (L2-L4) BMD and total BMD using dual energy X-ray absorptiometry (DXA) scan to highlight the effect of neuroblastoma as a disease process on BMD as this disease characterized by bone metastasis.

RESULTS: Three out of the 27 patients showed low bone mass in both lumbar and total BMD studies.

CONCLUSION: Low bone mass may occur in early disease process of neuroblastoma and it is important to consider BMD assessment during the early course of the disease as well as the long-term survivors as a part of the patient screening in suspected cases.

22-

Montelukast as an episodic modifier for acute viral bronchiolitis: A randomized trial

ABSTRACT

This study was designed to evaluate the effect of once-daily montelukast therapy on the clinical progress and the
cytokine profile of patients with acute viral bronchiolitis. A randomized, double-blind, placebo-controlled trial included 85 patients (mean age, 3.5 ± 2.35 months), clinically diagnosed as first-episode acute bronchiolitis in addition to 10 healthy controls of matched age and sex. Patients were randomly assigned to receive either montelukast (4-mg sachets; n = 47) or placebo (n = 38) daily from the time of admission until discharge. The primary outcome measure was the length of hospital stay (LOS), and clinical severity scores (CSs) and changes in plasma levels of interferon gamma and interleukin-4 were secondary outcomes. LOS for the montelukast group was found to be significantly lower than that of the placebo group (p < 0.05). This effect was also found at nonsignificant levels among patients with a positive family history of asthma or allergy. Moreover, cases receiving montelukast showed lower CSs all through the hospital stay that were significant in the first 24 hours (p < 0.05). Montelukast is probably of benefit as an episodic modifier in infants with acute viral bronchiolitis. (Allergy Asthma Proc 31:147â€“153, 2010; doi: 10.2500/aap.2010.31.3324)

23-

Reverse hybridization StripAssay detection of beta thalassemia mutations in northeast Egypt

Reverse Hybridization StripAssay Detection of ²β-thalassemia Mutations in Northeast Egypt

By Othman Soliman, Sohier Yahai, Amany Shouma, Hala Shafiek, Ashraf Fouda, Hanan Azzam*, Nashwa Abousamra*, Rabab Mahfouz*, Enas Goda*, Solafa El-Sharawy*

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Background: ²β-thalassemias are widely distributed in the Mediterranean and middle eastern countries. Carrier rates in Egypt range between 2.6-13%. The relative frequency of ²β-thal mutations was studied in different regions by PCR, ARMS, heteroduplex analysis which are difficult, time-consuming methods. Reverse hybridization StripAssay method is characterized by rapid time, reproducibility and low cost. Aim: This study was designed to evaluate reverse hybridization StripAssay method for detection of ²β-thal mutations in Egyptian children and explore for possible genotype/phenotype correlation. Subjects & Methods: The study included 40 children with thalassemia major (20 males) with age range (3.5-17 y) who consecutively attended the outpatient hematology clinic, MUCH from Jan, to April, 2009. Diagnosis was based on clinical examination and confirmed by Hb electrophoresis. All patients were subjected to thorough history and clinical examination. A 5 ml blood sample was taken from all for laboratory evaluation before blood transfusion. Mutation analysis was done by beta globin StripAssay MED (Vienna Lab, Austria). Results: The commonest alleles detected were; IVS 1.110 (G>A) (33.75 %), IVS 1.1 (G>A) (27.5 %), IVS 1.6 (T>C) (18.75%). The most frequent genotypes were; IVS 1.110/IVS 1.6 (20%), IVS 1.110 (15%). There was no significant phenotype/genotype relation. Conclusion: Beta globin StripAssay provides rapid,
accurate and easy to perform screening method of detection of beta thal mutations in Egypt. IVS 1.110, IVS 1.1 and IVS 1.6 are the most commonest while codon 39 (C>T) was the least frequent alleles. No significant genotype/phenotype relation was observed.

24-

Not a true tumour, but a renal pseudotumour: a case report of an 11.5 year old mild haemophilic child

We report a 11.5 year old male who was misdiagnosed initially as left renal mass (neuroblastoma), but further detailed family and past history revealed possibility of bleeding tendency disease, which by laboratory investigations proved to be mild haemophilia A. The patient was managed with plasma and FVIII replacement therapy. To the best of our knowledge, our case is unique in the literature, and no similar case has been reported related to renal haemophilic pseudotumour in a child with mild haemophilia.

25-

Does Decline of Lung Function in Wheezy Infants Justify the Early Start of Controller Medications

http://www.springerlink.com/content/v5w5vjk787p88667/

26-

Does Decline of Lung Function in Wheezy Infants Justify the Early Start of Controller Medications?

Objective To compare lung function in wheezy infants, with risk factors of asthma and with some immunological parameters which may be useful as predictors of subsequent asthma. Methods The data of 241 infants aged 5â€“36 mo, with recurrent wheeze (≥3 episodes of physician confirmed wheeze) prior to receiving inhaled corticosteroids or anti-leukotrine agents was retrospectively analyzed. They were subdivided into 2 subgroups; those with asthma risk factors (132 patients) and those without (109 patients) Also, 67 healthy, age and sex matched children without recurrent wheezes were taken as control group. Total serum IgE, eosinophilic percentage, tPTEF/TE (time to peak expiratory flow to total expiratory time), total respiratory system compliance (Crs) and resistance of the respiratory system (Rrs) was done for patients and control groups. Results Wheezy infants had a significantly higher eosinophilic percentage and total serum IgE as well as a significantly lower pulmonary function parameters when compared to healthy controls. Wheezy infants with positive family history of asthma and those who had not been breast fed showed
significant reduction in the mean values of tPTEF/tE and increased both eosinophilic percentage and total serum IgE. Crs was significantly decreased in wheezy infants with positive seasonal variations and those who had increased both eosinophilic percentage and total serum IgE. Rrs showed significant increase in wheezy infants with positive family history of atopy and those who had increased eosinophilic percentage and increased total serum IgE.

Conclusions Lung function, eosinophilic percentage, total serum IgE and asthma risk factors could be used as predictors for ongoing wheeze in this subset of children.

27-

**Pandemic influenza A (H1N1) viral infection in children hospitalized at Mansoura University Children’s Hospital, Egypt**

Pandemic influenza A (H1N1) viral infection in children hospitalized at Mansoura University Children’s Hospital, Egypt

By

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Abstract:

Background and aims: Pandemic influenza A (H1N1) has not been systematically studied in Egyptian children. This study was conducted to identify the characteristics of laboratory-confirmed H1N1 infection in children admitted to our hospital from 1 December 2009 to 15 March 2010

Methods: Suspected cases of severe influenza A (H1N1) or mild flu-like illness in the presence of risk factors were admitted to isolation wards. Real-time PCR, chest radiography, complete blood count were done for all patients. Those who confirmed positive for (H1N1) were treated with oseltamivir for 5 days and included in the study

Results: Thirty-six cases were confirmed positive for influenza A (H1N1), of whom 17 (47.2%) were males. Twelve cases were

Conclusion: Influenza A (H1N1) 2009 should be considered during the pandemic in any child with dry cough and fever. Infants < 2 years were affected even without co-morbidities but most of children from 6-12 years had co-morbidities especially bronchial asthma. This population sub-groups should be among the first groups targeted for influenza A (H1N1) vaccine

28-

**Renal complications in children with malignancies: single-centre experience**

Abstract

Background and aim of the work: Renal complications in cancer patients are serious and
may cause more morbidity and mortality. Acute renal dysfunction may affect optimal cancer treatment by requiring a decrease in chemotherapy dosage or by contraindicating potentially curative treatment. Our study aimed to evaluate different types of renal involvement before and after treatment of childhood malignancies.

Patients and Methods: All oncology patients at Mansoura University Children’s Hospital diagnosed with different types of malignancies in seven years period (January 2003 to December 2009) were retrospectively reviewed for renal involvement before or after treatment.

Results: We evaluated 954 pediatric patients with different types of malignancies. Patients encountered renal involvement were 152 (15.9%). A total of 105 patients diagnosed with acute renal failure (ARF), 18 had renal masses, 3 had nephrotic syndrome and 26 had hemorrhagic cystitis.

As regard outcome of acute renal failure, 70 patients (66.7%) showed complete recovery of renal function, while 27 patients died (25.7%). The remaining 8 patients (7.6%) were maintained on chronic replacement therapy.

Conclusions: Renal involvement in children with cancer is a common problem. ARF is the commonest renal complication and most severe. It results from various causes. Early prediction and anticipation of renal insult and prompt management may reduce the risk of renal injury. All oncologists should keep in mind that they are not treating cancer only, but they are treating patient with cancer and should save the kidney as much as possible.

Associations with hypoglycemia are useful: A case report of Allgrove syndrome

Ilgrove syndrome, also known as triple A syndrome, is a rare autosomal recessive disorder characterized by the triad of adrenocorticotropic hormone (ACTH)-resistant adrenal failure, achalasia of the cardia and alacrima (1). We report a six-yearold boy who presented with recurrent hypoglycemic attacks associated with convulsions. His perinatal history was uneventful. There was no family history of hypoglycemia; his parents were first cousins. His weight and height were at the 25th and 50th percentiles, respectively. He had normal blood pressure and normal male external genitalia. Neurological examination was normal. Electrolytes, 24-hour glucose profile and basal cortisol level were normal. Both short and prolonged ACTH stimulation tests showed subnormal responses (lack of increase in basal cortisol level). Brain magnetic resonance imaging (MRI) was normal. Treatment with oral glucocorticoid was initiated. The patient was lost to follow-up for three years, after which he presented with chronic fatigability and failure to thrive. He had a history of repeated vomiting and progressive dysphagia more to fluids than solids, which is a characteristic finding in achalasia. This raised the suspicion of triple A syndrome, especially when the parents reported that the child used to cry without tears.