

Child India

March
2024



Monthly e-Newsletter of Indian Academy of Pediatrics



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Editor's Note

Dear friends,

Greeting from Child India through our March 2024 issue!

March kicked off with the World Hearing Day which is observed annually on March 3. The theme for 2024, designated by the WHO, is "Changing mindsets: Let's make ear and hearing care a reality for all." The focus of World Hearing Day 2024 is to address societal misperceptions and stigmatizing mindsets through awareness-raising and information-sharing, targeting both the public and healthcare providers.



This year March 9th, 2024, World Kidney Day was celebrated with the theme "Kidney Health for All – Advancing Equitable Access to Care and Optimal Medication Practice". The campaign focuses on raising awareness of the importance of equitable access to appropriate treatment and care for people living with kidney disease.

The 17th World Sleep Day was observed on March 15, 2024 (the Friday before the March Equinox and so the date changes every year) with the theme 'Sleep Equity for Global Health'. This theme highlights the differences in sleep health across populations, and how these differences can contribute to health inequities.

This year, March 20th 2024, the World Oral Health Day theme was 'A happy mouth is a happy body'. It is important to note that most risk factors for oral diseases are modifiable including excess sugar consumption, tobacco consumption, poor oral hygiene, alcohol use and more. Therefore, encouraging individuals, especially children and adolescents, to take care of their oral health can make a huge impact in reducing the long term burden of oral disease.

World Down Syndrome Day 2024 on March 21st was celebrated widely by our fellow IAP members with the theme was "End The Stereotypes" – an attempt to reduce the stigma that people with Down's Syndrome cannot achieve or succeed like their peers; an opportunity to create a single, global voice against the stereotypes and discrimination associated with Down syndrome. It also aims to highlight the beauty and uniqueness of people with this condition, and to encourage them to feel supported and valued.

World Tuberculosis Day 2024, observed on 24th March, continues with the theme "Yes! We can end TB". TB is still one of the world's deadliest diseases and recent years have seen a worrying increase in drug-resistant TB. World TB Day is an opportunity to renew commitment, inspire and take action to end TB.

Our President 2024 Dr Basavaraja GV, HSG Dr Yogesh Parekh, OB, EB along with all our friends in IAP are continuously working towards care of children in our country, The IAP Action Plans for 2024 will contribute tremendously towards achieving these goals.

We continue in this issue of Child India, to focus on pediatric emergencies with articles on Emergencies in Pediatric Neurology. We thank Dr Mohammed Kunju for coordinating submissions and all the esteemed authors for their timely contributions.

Jai IAP!

Dr Jeesson C Unni
Editor-in-Chief

President's Address

Dear Readers

Greetings!

Welcoming the warm embrace of summer, I'm excited to share the remarkable activities that unfolded throughout the month of March within the Indian Academy of Pediatrics (IAP).

I extend heartfelt congratulations to all our members for their active participation in our Presidential Action Plan initiatives happening across India. Your dedication and commitment are truly commendable, and it is through your collective efforts that we continue to make strides in pediatric healthcare.



One of the highlights of March was the initiation of "Down Syndrome Awareness Campaign" under our groundbreaking Project, "IAP Ki Baat, Community Ke Saath." This campaign, aligned with the objectives outlined in our Presidential Action Plan for 2024 and 2025, aims to address critical issues in child health over a two-year period.

On the occasion of World Down Syndrome Day, the campaign's third segment shone a spotlight on Down syndrome, emphasizing the importance of awareness, screening, counseling, and developmental support for individuals with Down syndrome launched by Dr. Shobhna Gupta, Deputy Commissioner & Incharge (Child Health & RBSK) and Dr. Shaji Thomas John, Kerala State Awardee, Chief & Sr Consultant, Dept Of Pediatrics, Baby Memorial Hospital. Led by an esteemed team of experts, including Convenor Dr. Shreelekha Joshi and dedicated members Dr. Shubha D Phadke, Dr. TI Ratnakumari, Dr. Priyanshu Mathur, Dr. Meenakshi Bhat, and Dr. Bappaditya Das, our campaign endeavors to engage communities and disseminate crucial information on child health topics. It's inspiring to witness the community-level initiatives taking place for Anemia, Obesity, and Down Syndrome as part of "IAP ki Baat, Community Ke Saath." Your enthusiasm is truly motivating, and I encourage you to continue this momentum for all the planned topics.

In addition to our campaign, our members were actively engaged in various educational and outreach activities nationwide. From conducting workshops on vaccinology and early childhood development to addressing media and organizing training sessions, our collective efforts continue to make a meaningful impact on child health across regions.

Eastzone Vaccinology ToT at Kolkata

Healthcare professionals gathered in Kolkata for a Training of Trainers workshop focused on vaccinology. Led by experts, this event aimed to equip attendees with the latest knowledge and skills in immunization, empowering them to become effective trainers in their respective regions.

Vaccicon 2024 at Kolkata

Vaccicon 2024 brought together experts, researchers, and healthcare professionals to Kolkata for a conference dedicated to advancements in vaccinology. Through discussions and presentations, attendees delved into current research, best practices, and innovations in vaccine development and delivery.

President's Address

AOP Yavatmal's REAP Module under the guidance of Dr. Sanjeev L Joshi & team

AOP Yavatmal conducted the REAP (Resuscitation in Essential Areas and Pediatrics) Module under the guidance of Dr. Sanjeev L Joshi and his team. This training program focused on essential pediatric skills, ensuring healthcare providers are equipped to handle pediatric emergencies effectively.

Meeting with IAP Overseas Branch (UK) at Kolkata

IAP members convened with the Overseas Branch of the Indian Academy of Pediatrics in the UK in Kolkata. This meeting fostered collaboration and knowledge exchange between pediatric healthcare professionals from different regions, enriching the collective expertise of the IAP.

Addressing Media in Kolkata for "IAP ki Baat Community ke Saath"

In Kolkata, IAP leaders engaged with the media to raise awareness about critical child health issues through the "IAP ki Baat Community ke Saath" campaign. By leveraging media platforms, they reached a broader audience, disseminating valuable information and promoting community engagement in child health initiatives.

ABC of Antibiotics Module at IAP - Madhurai Branch

The Madhurai Branch of IAP organized an educational module on the "ABC of Antibiotics." This workshop aimed to enhance understanding among healthcare professionals regarding appropriate antibiotic usage, antimicrobial stewardship, and combating antibiotic resistance.

NC-ECD Workshop by IAP Dharmasala Branch

IAP's Dharmasala Branch conducted a workshop on Nurturing Care for Early Childhood Development (NC-ECD). Through interactive sessions and discussions, attendees explored strategies for promoting optimal early childhood development and fostering nurturing caregiving environments.

IAP Mumbai organized the IAP - FM workshop

IAP Mumbai organized a workshop focusing on Family Medicine (FM). This workshop provided insights into the role of family medicine in pediatric healthcare, emphasizing comprehensive and holistic approaches to patient care.

Nurturing Care - ECD Program organized by Mizoram state

The state of Mizoram organized a Nurturing Care - Early Childhood Development (ECD) Program, emphasizing the importance of nurturing caregiving environments for young children. This initiative aimed to raise awareness and promote practices conducive to optimal child development.

President's Address

Vaccinology workshop

A workshop dedicated to vaccinology convened healthcare professionals to delve into the latest advancements, research, and best practices in vaccination. Participants gained insights into vaccine development, delivery, and safety protocols, enhancing their expertise in immunization.

IAP FM Zonal ToT at Delhi

In Delhi, a Zonal Training of Trainers workshop focused on Family Medicine (FM) was organized by IAP. This event provided attendees with the knowledge and skills needed to train others in family medicine practices, strengthening primary care services for pediatric patients.

NC - ECD Workshop at TCB Branch

The TCB Branch of IAP hosted a workshop on Nurturing Care for Early Childhood Development (NCECD). Participants explored strategies for promoting optimal early childhood development and nurturing caregiving environments, contributing to the well-being of young children.

NC- ECD workshop at Sangli

Sangli witnessed an NC-ECD workshop organized by IAP, focusing on strategies for promoting early childhood development and nurturing caregiving environments. This workshop aimed to empower caregivers and healthcare professionals with knowledge and skills to support optimal child development.

These activities showcased our commitment to providing comprehensive healthcare solutions and promoting awareness on critical child health issues. I express my deepest gratitude to all members for their tireless dedication and unwavering commitment to our cause. Together, we continue to strive towards a healthier and brighter future for every child in our nation.

May this month shine brightly with brilliance! Sending warm wishes to all for a fantastic April ahead!

Warm regards,

Dr. G V Basavaraja

National IAP President, 2024

Secretary's Message

Dear Friends,

“The value of achievement lies in the achieving.”

I am pleased to report that in the month of March, we have achieved remarkable milestones in our various projects and initiatives. We have successfully conducted several workshops, campaigns, and events to promote child health and development across the country. We have also strengthened our collaboration with other organizations to advance our common goals and vision.



Various Committee Meetings were conducted in the month of March that consist of SOP Committee, ACVIP Committee, Bio Ethics Committee, Website Committee, Finance Committee, dIAP Academic Committee, Membership Drive Committee, NTEP Committee, IAP SOP Book Committee, Legal Assistance and Benefit Scheme Committee to roll out the functioning of the committees. Under the president flagship program called “IAP Ki Baat, Community Ke Saath” two topics were launched, “Obesity - Rising Demon” on 04th March under the gracious presence of Dr Mrudula Phadke and “Recognise and Empower Down’s Syndrome” on 21st March with Dr Shobhna Gupta as the Chief Guest of the event.

Followed by CME program on ‘Addressing Productive Cough in Children’ Meeting on 12th March and IAP Manchester International Fellowship Program Meeting on 22nd March.

Along with this, Indian Academy of Pediatrics conducted Zonal ToTs on the following modules under the Presidential Action Plan 2024 - Central Zone : Vaccinology at Lucknow on 03rd March, West Zone : Vaccinology at Gandhinagar on 10th March, East Zone : Vaccinology at Kolkata on 16th March, , North Zone : IAP FM at Delhi on 24th March.



National CME on iLEAP at Gandhinagar was conducted on 09th March and ABC OF ANTIBIOTICS at Thane was conducted on 31st March respectively.

Workshops of the following modules conducted in the month of March are as follows

ABC OF ANTIBIOTICS – (2) workshops on 17th March at Madurai Branch and 31st March at Jabalpur Branch; CODE- (1) workshop at Murshidabad Branch on 10th March; VACCINOLOGY – (3) workshops at Krishna and Bhubaneswar Branch on 24th March and 1 on 31st March at Kolhapur Branch ; DIAGNOSTICS STEWARDSHIP – (3) workshops at Kozhikode, Banaskantha and Kolkata-West Bengal State Branch on 10th and 31st respectively; REAP – (1) workshop at Yavatmal Branch on 17th March; IAP FM – (4) workshops at Kanyakumari, Mumbai, Trivendrum And Thanjavur Branch; TINY TO TALL – (1) workshops at SURAT on 31st March .

Secretary's Message



Also, this month observed successful conduction of total 42 Basic NRP workshops. Regarding NC ECD, a total of 200 workshops of ECD have been conducted till date, including 25 workshop in the month of March 2024 i.e Hingoli, Tanjavur and Jaunpur workshops were conducted on 31st March.

Along with some other activities conducted on 31st March are Autism Awareness and Down Syndrome health checkup camp at Yavatmal Branch and Press conference at Surat

On behalf of IAP, I urge you to organize various activities in the best interest of the health and welfare of the country's children.

“Let's Lead IAP Into A New Era of the Growth”

In service of Academy,

Dr Yogesh N Parikh,

Secretary General, IAP 2024 & 2025

In service of Academy,

Dr Yogesh N Parikh

Secretary General, IAP 2024 & 2025

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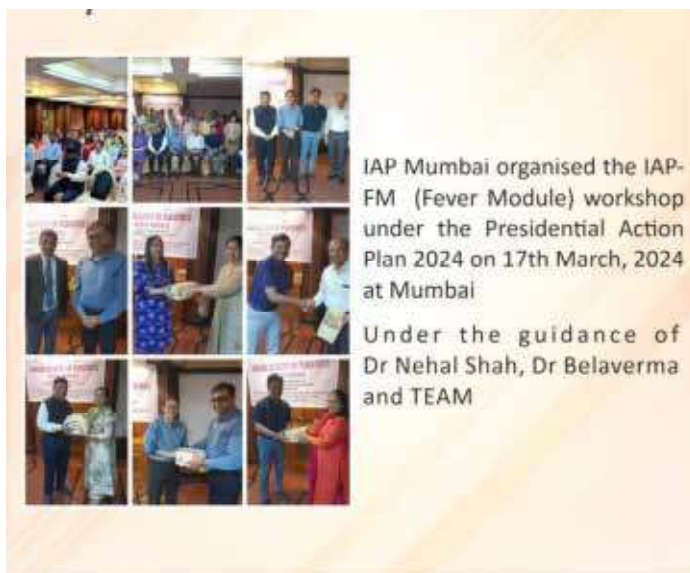
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Use Hashtags :- #IAPkiBaat #IAP #indianacademyofpediatrics #anemia #mukt Bharat

President's Engagements

IAP Presidential Action Plan



President's Engagements

IAP ki baat Community ke Saat Anemia Mukta Bharat, Kolkata, West Bengal.



Meeting IAP - Overseas Branch (UK)
at Kolkata on 16-03-2024



Addressing Media in Kolkata on
16-03-2024



ABC OF ANTIBIOTICS MODULE at IAP-Madurai Branch Tamil Nadu
on 17-03-2024 More than 100 participated under
National Vice President Dr Singaravelu



President's Engagements

Presidential action plan Vaccinology Workshop at Bhubaneswar Branch, attended by more than 70 members on 24-03-2024.



President's Engagements

IAP-FMZonal TOT conducted under the guidance of North Zone Vice President Dr Satish Sharmaji more than 75 delegates Participated on 24-03-2024 at New Delhi



President's Engagements

Presidential action plan NC-ECD Workshop at TCB Branch, Tamilnadu attended by more than 60 members on 24-03-2024 under the guidance of Dr Singaravelu dynamic South Zone Vice President



President's Engagements

On 24th march, NC ECD workshop successfully conducted under the guidance of Dr Renu Boralkar ,WZ coordinator 2024



President's Engagements

IAP Ki Baat Community ke Saath to Prevent Obesity

Runathon by IAP-North Delhi under the leadership of Dr Ravindra Kumar, Dr Anurag Agarwal and TEAM on 24-03-2024



Headache emergencies in children



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Introduction

Headache is one of the most common neurological symptoms and an important cause for visit to emergency department in children. It is estimated that around 35% of children with headache present to the emergency department at least once a year for any reason, compared with 17% of the general paediatric population [1]. Majority of these headaches are benign and self-limiting in nature. However, headache may be a presenting symptom of more serious illness like meningitis, intracranial haemorrhage, tumours etc. Hence it is essential to identify the red flags while evaluating a patient with headache by proper history taking, examination and relevant investigations in emergency room.

Causes of paediatric headache

The patterns of paediatric headache can be grouped into acute headache, recurrent acute headache, chronic progressive headache, and chronic non progressive headache. Some common causes of each category are illustrated in table 1 [2].

Table 1:
Causes of pediatric headache [2]

1. Acute headache
a. Migraine
b. Intracranial hemorrhage
c. Meningitis

d. Encephalitis
e. Brain tumors
f. Trauma
g. Stroke
h. Hypertension
i. Drugs/toxins
2. Recurrent acute headache
a. Migraine
b. Tension type headache
c. Hypertension
d. Cluster headache
e. Sinusitis
f. Hyperthyroidism
3. Chronic progressive headache
a. Raised intracranial pressure
b. Subacute or chronic meningoencephalitis
c. Brain tumors
d. Hydrocephalus
e. Idiopathic intracranial hypertension
f. Endocrine disorders like hyperthyroidism, pheochromocytoma etc.
4. Chronic non-progressive headache
a. Tension type headache
b. Sinusitis/ obstructive sleep apnea
c. Eating disorders

Approach to a child with headache

Emergency room physicians should approach children with headache in a structured way with targeted history taking and focused examination. History pertaining to onset, duration, site, temporality, severity, and frequency of headache should be asked for. History of unilateral headache associated with aura, photophobia and phonophobia can be a pointer towards migraine. History of early morning headache with projectile vomiting is a pointer towards raised intra cranial pressure. Children with subarachnoid hemorrhage present with severe thunderclap headache. Any history regarding drug or toxin poisoning should be asked for especially in smaller children and adolescents. Family history of migraine is an important cue for migraine. Any history of seizure or focal neurological deficit is important and points towards more serious illness like epilepsy, stroke, or meningoencephalitis.

A focused examination should include monitoring the vitals including blood pressure as hypertension itself is an important cause of headache and it may be associated with more serious illnesses like raised intracranial pressure which warrants urgent investigation. A detailed neurological examination including assessment of higher mental functions, meningeal signs, looking for any focal neurological deficit, cranial nerve assessment should be done. Also, visual acuity, heart murmur, thyroid swelling, lymphadenopathy should be checked for. Fundus evaluation is important to look for any signs of papilledema which is one of the red flags requiring detailed investigations. One must look at the red flags, some of which are shown in table 2 [3].

Table 2: Red flags in a child with headache [3]

a. Early morning headache with projectile vomiting
b. Cognitive decline and behavioural changes
c. Meningeal signs
d. Focal neurological deficit
e. Seizures
f. Visual field changes
g. Papilledema on fundus examination
h. Acute severe headache or change in frequency or severity of existing headache
i. Cranial nerve palsies
j. Systemic symptoms like fever, rash, joint pain, weight loss, lymphadenopathy
k. Hypertension

Investigations and treatment

If ICHD-3 (International classification of headache disorders) criteria for primary headache disorder are met, no further investigations are necessary. Patient is asked to maintain a headache diary and supportive management in the form of non-pharmacological and pharmacological measures including an analgesic is usually offered and the patient is followed up by a paediatric neurologist in an outpatient department. The most useful investigation to differentiate secondary headache forms remains to be neuroimaging, which, in ED which is usually ordered in children with red flags [4]. Sudden onset severe headache which is sometimes referred by the patients as the worst headache of their life is a cue towards intracranial haemorrhage especially when preceded by trauma or a history of bleeding disorder. An urgent CT should be done in such cases. Urgent CT should also be done when raised intracranial pressure is suspected due to any cause. Lumbar puncture is done if infectious diseases like meningitis or meningoencephalitis is suspected but is contraindicated in the setting of raised

intracranial pressure. Urgent consultation with a paediatric neurologist is indicated in cases presenting neurological signs or symptoms.

Hospitalization is indicated for patients who, irrespective of age have signs and symptoms suggestive of benign secondary forms whose causes require further diagnostic and therapeutic investigation. It is also indicated in patients with red flags as mentioned above. In most of these cases, an analgesic is first given followed by an urgent referral to a paediatric neurologist. An urgent neuroimaging is ordered along with fundus examination and patient is kept under observation. Other interventions vary on case-to-case basis. For example, osmotic diuretics like mannitol and raised intracranial measures are started for patients with suspected raised intracranial pressure. Intravenous antibiotics and antivirals are started in cases of suspected bacterial and viral meningitis respectively.

In a patient presenting with acute severe migraine, analgesics and other supportive measures like anti-emetics are used as first line therapy. Triptans are used in non-responder. In status migrainosus which is migraine lasting for more than 72 hours, intravenous hydration and analgesic therapy is used. Intravenous dihydroergotamine is used in case of severe non responding status migrainosus [5,6].

Conclusion

Though most of the children presenting in emergency room with headache pertains to benign aetiologies, however it is essential to look for red flags for secondary headache and do a focussed history and clinical examination of the patient followed by relevant investigations to look for the cause and manage accordingly.

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Management of Raised Intracranial Pressure



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Raised intracranial pressure is most often due to brain edema, usually associated with brain tumor, trauma, hemorrhage or infection. Idiopathic intracranial hypertension

is not covered in this article. Cerebral edema refers to the accumulation of excess fluid in the intracellular or extracellular spaces of the brain.

**Table 1 :
Types of Cerebral edema and response to treatment**

Characteristics	Cytotoxic edema	Vasogenic edema	Interstitial edema	Osmotic edema
Pathophysiology	Failure of the Na ⁺ K ⁺ ATPase pump. Swelling of neurons, glia and endothelial cells	Increased permeability of the blood brain barrier. Accumulation of extracellular fluid.	Transepithelial flow of water and solutes into the periventricular extracellular space. Seen in hydrocephalus and impaired absorption of cerebrospinal fluid	When the brain is hyperosmolar compared with plasma, fluid moves along the osmotic gradient
Composition of fluid	Accumulation of water and sodium within cells	Ultrafiltrate of plasma	Cerebrospinal fluid	Water accumulation
Location of extra fluid	Grey and white matter	White matter	Periventricular white matter	White matter
Response to treatment	Fair	Good	Good	Fair
Steroids	Not effective	Effective	Not effective	Not effective
Diuretics	Transient effect	Transient or no effect	Transient effect	Not effective
Other modality	Reversal of insult	Reversal of insult	Reversal of insult	Reversal of insult

In reality, it is difficult to compartmentalize the exact type of cerebral edema. Patients with cytotoxic cerebral edema, will show areas of low density and loss of grey/white matter differentiation, on an unenhanced Computerized Tomogram image of the brain. There may also be loss of cisterns and sulcal spaces and compression of the walls of the ventricle. In vasogenic edema, there is low density confined to the white matter and the grey-white differentiation becomes more prominent. A magnetic resonance image (MRI) of the brain may show T2 and Flair hyperintensity in the brain and brain herniation. The diffusion weighted image shows restricted diffusion in cytotoxic edema and facilitated diffusion in vasogenic edema. It is useful to keep in mind that there may be combined cytotoxic and vasogenic edema in some children with trauma or metabolic disease. Untreated, severe cerebral edema can be fatal due to brain and brainstem compression and herniation.

Treatment of cerebral edema is two-pronged (prevent further injury from the cerebral edema and tackle the root cause of the cerebral edema if possible). The primary aim should be treatment of the primary insult which could be treatment of a metabolic cause like renal or hepatic failure, removal of a brain tumour, placing a shunt tube in a case of hydrocephalus, decompressive craniectomy in case of a massive infarct, control of high blood pressure or treatment of an intracranial infection. Management of airway, breathing and circulation is important as hypoxia increases intracranial pressure (ICP) by vasodilatation and cerebral edema. Coughing during laryngoscopy and intubation can cause further increase the ICP. Hence, the child should be sedated before intubation even if unresponsive. Propofol, Midazolam, ketamine, dexmedetomidine, barbiturates or isoflurane may be used for sedation.

It is also important to control the raised intracranial pressure to prevent injury to the

brain. Glucocorticoids have shown benefit in patients with vasogenic edema but have limited utility in other forms of edema. Hypotonic fluids should be avoided as they can lead to aggravation of the condition. Other modalities proven to be useful include positioning (head end raised), hyperosmolar therapy, antipyretics, sedatives, muscle relaxants, modulation of PCO₂ and surgical intervention. Osmotic agents create an osmotic gradient across the blood brain barrier, drawing fluid into the intravascular space and thus lowering cerebral edema. Mannitol is the primary drug used (0.25 to 1 g/kg body weight). Mannitol reduces blood volume by vasoconstriction and CSF volume by decreasing water content. It improves cerebral perfusion by decreasing viscosity and altering red blood cell rheology. Side effects of mannitol are osmotic diuresis, dehydration and renal injury if serum osmolality exceeds 320 mOsm. Lower doses have been shown to be quite effective with less chances of problems due to hyperosmolarity. Three percent saline is also used to decrease cerebral edema and can be given as a 5 ml/kg bolus or a continuous infusion, with serial serum sodium levels recorded. The serum sodium should be maintained < than 160 mEq/dl and serum osmolality less than 340 mOsm. Glycerol in a dose of 30ml every 4-6 hourly also helps to reduce raised intracranial tension.

General measures that are proven to be effective are elevation of the head of the bed to greater than 30 degrees and keeping the neck in the midline to facilitate venous drainage from the brain, avoiding coughing and straining, treatment of hyperpyrexia and seizures, paralyzing patients who are intubated and barbiturate coma. Control of hypertension must be done with caution as in children with reduced cerebral blood flow, systemic hypertension may help in sustaining cerebral perfusion. However, we have to be cautious in some situations, like cerebral trauma and haemorrhagic stroke. Hypercarbia lowers serum pH and can increase cerebral

blood flow contributing to raised ICP. Hence, hyperventilation to lower pCO₂ to around 30 mm Hg can be transiently used. In patients with ventricular dilatation, extra ventricular drainage of cerebrospinal fluid should be done on a case-to-case basis. Hypothermia helps to suppress cerebral metabolism and has been used with mixed results.

A decompressive craniectomy is considered as a last resort, but it is better done before the damage is irreversible. It is a neurosurgical procedure which involves removing a part of the skull, so that the brain can swell without being compressed.

Currently, the routine use of ICP monitoring, is controversial as the direct measurement of ICP has not been consistently beneficial.

Suggested reading

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Non Convulsive Status Epilepticus (NCSE) - Must Know Vignettes



DR. PAM KUNJU, Prof and Senior Consultant
DR. AARTHI SREEMATHY BALAJI, Postdoctoral Fellow
DR. VARSHA H, DNB Resident
 KIMS Health, Trvandrum Kerala



Convulsive status epilepticus was discussed in one of the previous issues of IAP Child India. Since non-convulsive status epilepticus is an unrecognised entity in paediatric practice, clinical diagnosis and its implications are discussed in this article.

Case report

A 12-year-old girl with history of improving cerebral palsy with spasticity on baclofen, and history of seizures treated with phenobarbital up to 5 years of age with no reported seizure recurrence was admitted for intermittent confusion. She has been having paroxysmal episodes of altered mental status (AMS) requiring multiple hospitalization in the past year with no clearly identified etiology.

Pediatric Neurology was consulted for evaluation of AMS. On exam she was oriented only to person with confused talk. Brain CT scan was unremarkable and EEG showed high voltage generalized sharply contoured theta activity (Figure 1). Non convulsive status epilepticus (NCSE) was considered and IV Lorazepam followed by Levetiracetam 500 mg was administered. Complete clinical and electrographic recovery occurred a few hours after starting AED therapy (normal EEG in Figure 2). She was discharged home the next day on levetiracetam 500 mg twice daily. She reported no seizures upon follow-up 3 months later.

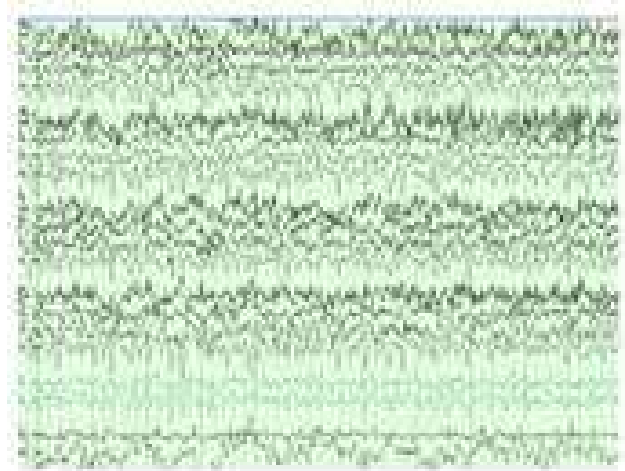


Figure 1 : Abnormal EEG showing high voltage generalized continuous spike and sharp activity suggestive of NCSE

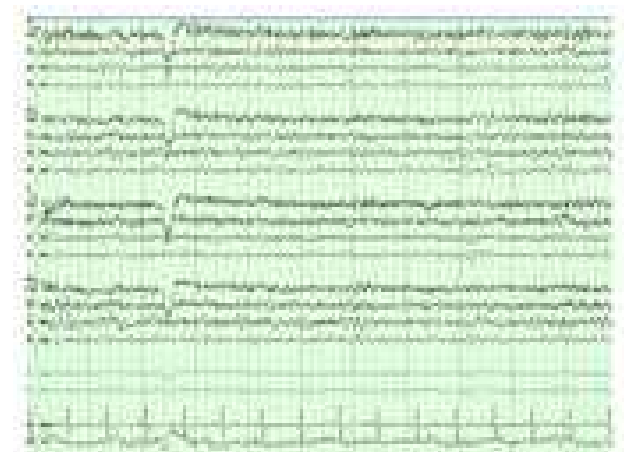


Figure 2 : Improvement following IV Lorazepam treatment

Non convulsive status epilepticus is defined as a change in behaviour and/or mental processes from baseline associated with continuous epileptiform discharges in the EEG. The clinical scenario must include both clinical symptoms coupled with electrographic evidence of seizures. Isolated EEG changes in the absence of neurobehavioural abnormalities or vice versa do not amount to the diagnosis of electrographic seizure.

severe impairment of consciousness; (2) there are no or only minimal motor features taking the form of facial or limb twitching; (3) the EEG displays generalized, lateralized or regional periodic or rhythmic patterns.

This condition can present in a myriad of clinical features like prolonged focal, absence, myoclonic, or atonic seizures. altered mental status, speech disturbances (15%), myoclonias (13%), bizarre behavior (11%), anxiety, agitation, or delirium (8%), extrapyramidal signs (7%), and hallucinations. Fluctuating levels of consciousness, acute ongoing confusional state, comatose state are tricky scenarios warranting investigation of NCSE.

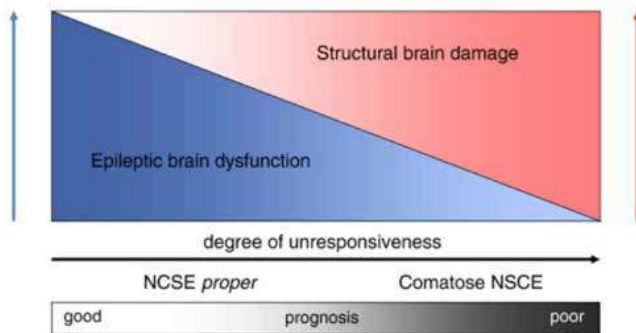


Figure 3 : Outcome of NCSE

NCSE proper must be distinguished from comatose NCSE, which includes coma with continuous lateralized discharges or generalized epileptiform discharges (coma-LED, coma-GED).

The presence of coma-LED and coma-GED can occur due to various etiologies without any clinical motor signs of status epilepticus but have a characteristic epileptiform EEG pattern. Hence coma-LED and coma-GED can be diagnosed only with EEG.

Various causes of NCSE are as described diagrammatically below.

PATHOPHYSIOLOGY OF NCSE

The pathophysiology of NCSE is attributed to asynchronised interplay between the excitatory and inhibitory influences. During epileptic attacks, insufficient ATP causes the sodium-potassium pump to fail, resulting in over-excitability and acidosis. GABA receptors become altered and reduced in number, leading to less inhibitory influence. Glutamatergic receptors are synthesized in response to sustained epileptic activity, flooding neurons with glutamate and causing cell death. Inflammatory processes are activated, reducing seizure threshold and promoting seizure.

Seizures can cause systemic effects such as hypoxic brain injury, lactic acidosis and sympathetic stress, which can result in both neuronal and cardiotoxicity with sudden death. Thus rapid vigorous treatment is necessary.

Hallmarks of NCSE IN ICU setting are: (1) the patient is comatose or suffers at least from

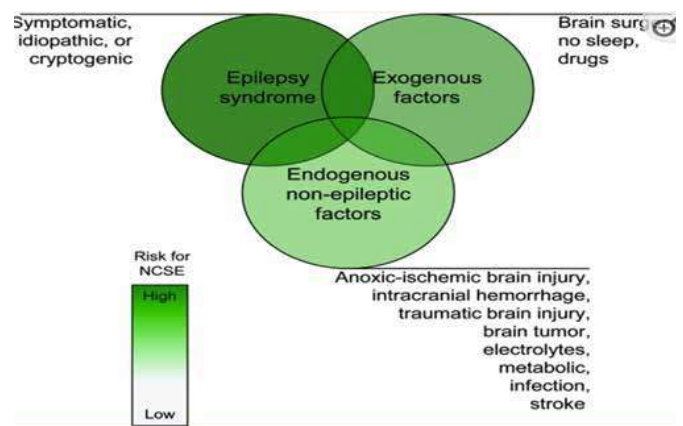


Figure 4 Causes of NCSE

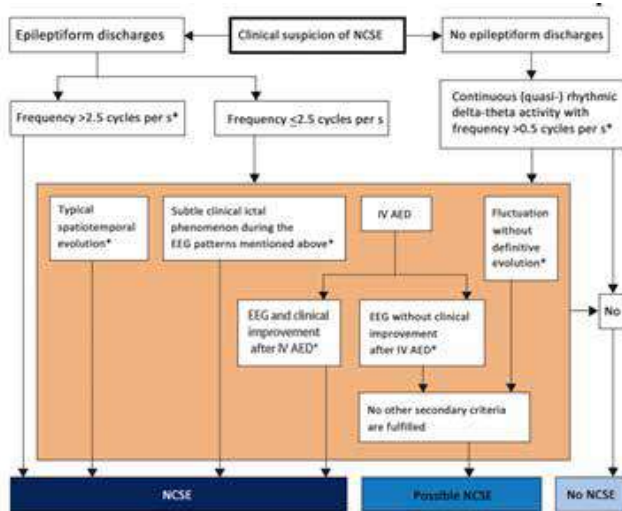


Figure 4: Modified salsbury criteria for Non convulsive status epilepticus

NCSE is treated in a phased manner. For de novo absence status epilepticus (ASE) or Complex partial status epilepticus (CPSE), IV benzodiazepines are effective. Conversely, for atypical ASE or subtle SE, status is refractory to IV benzodiazepines in ~80%–90%.

In case of first line treatment failure with subtle SE, rapid escalation of treatment is necessary. Valproic acid, Levetiracetam and Phenytoin are commonly used. Cases with ASE have good responses to first-line benzodiazepines and second-line valproic acid, while atypical ASE and tonic SE show poor or late responses. Phenytoin and Valproate are often effective in de novo ASE in elderly, simple partial SE, and nonlimbic complex partial SE when benzodiazepines fail.

Pentobarbital, midazolam, propofol, and high-dose phenobarbital induce iatrogenic coma, necessitating intubation and mechanical ventilation. These medications have to be used judiciously keeping in mind

the risk of multi system toxicity including renal shutdown, propofol infusion syndrome, cardiotoxicity and hepatotoxicity.

Conclusion

It is prudent to diagnose Non convulsive status epilepticus at the right time. Early diagnosis and initiation of treatment can go a long way in ameliorating the morbidity and disease burden.

Pearls on Nonconvulsive Status Epilepticus

1. Think about nonconvulsive status epilepticus in patients who have had seizures with prolonged post ictal phases or no cause found for their decreased level of awareness
2. For patients whom you have ruled out all the usual causes of decreased level of awareness, try administering a dose of midazolam – if the patient's level of awareness improves, the diagnosis is likely nonconvulsive status epilepticus
3. Most patients with nonconvulsive status epilepticus will have very subtle abnormal eye (eg: blinking), face (eg: grimacing) or limb motor activity – take your time to look for these movements in your patients who are found down

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Movement Disorder Emergencies in Children



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Movement disorders are a group of neurological conditions that cause abnormal movements, which could be increased movements and/or decreased or slow movements. They can adversely affect voluntary movements or cause uncontrolled (involuntary) movements. Common movement disorders in children are dystonia, ataxia, chorea, tremors, bradykinesia etc.

Movement disorder emergencies refer to those neurologic conditions where movement disorders are the main feature, which develop acutely or sub-acutely and require immediate medical attention. Failure to promptly diagnose and treat these conditions can lead to significant morbidity and even mortality (1). Table 1 gives an overview of movement disorders emergencies in children.

Table 1 : Common movement disorder emergencies encountered in pediatric practice

Drug induced movement disorder emergencies
Oculogyric crisis
Acute dystonic reaction
Neuroleptic Malignant syndrome
Malignant hyperthermia
Serotonin syndrome
Status dystonicus
Paroxysmal Autonomic Instability Syndrome (PAID)

This article summarises the movement disorder emergencies commonly encountered in pediatric practice.

Drug induced movement disorder emergencies

Oculogyric crisis- Oculogyric crisis (OGC) is an uncommon neurological condition characterized by sustained dystonic, conjugate, and often upward deviation of the eyes for seconds to hours. Clinical severity varies. It may be mild, manifesting as only isolated subtle upward deviation of the eyes. Severe forms are associated with other clinical features like neck flexion, tongue protrusion and blepharospasm (2). Sometimes these episodes are associated with autonomic manifestations like excessive sweating, variation in heart rate, blood pressure and pupillary dilatation. Common medications causing oculogyric crisis include antipsychotics like haloperidol, chlorpromazine, risperidone, olanzapine, quetiapine etc. Oculogyric crises can also occur in some neurometabolic conditions like neurotransmitter diseases.

Acute dystonic reaction- Acute dystonic reaction may manifest as abnormal contractions of the head, neck or face. Severe dystonic reactions may cause extreme neck extension (retrocollis), opisthotonic posturing, tongue protrusion, trismus and rarely life threatening laryngeal spasm (3). Children are at increased risk to drug induced dystonic reactions. Common drugs are anti-emetics like metoclopramide, psychostimulants like methylphenidate, some antipsychotic and antidepressant drugs. Prompt identification, withholding the offending drug with or without anticholinergics may result in resolution of symptoms.

Neurolept malignant syndrome (NMS) – It is a relatively rare, but often a life-threatening neurologic emergency associated with use of antipsychotic (neuroleptic) agents, and rarely other drugs like metoclopramide, promethazine and levosulpiride. The cardinal features include altered sensorium, rigidity, hyperthermia and dysautonomia (manifesting as fluctuation in blood pressure, tachycardia, tachypnoea, excessive sweating, flushing and pallor). The symptoms

usually develop within hours or days, and sometimes upto 2-4 weeks following exposure to the offending drug. Altered sensorium like confusion, delirium and stupor may also occur. Though most often reported in young adults, it can occur in any age group. Pathogenesis is not completely understood, and an idiosyncratic reaction to the offending drug is the proposed mechanism. There is no confirmative laboratory investigation for neuroleptic malignant syndrome. Blood investigations may reveal marked elevation of creatine kinase due to muscle rigidity and rhabdomyolysis. CK is typically more than 1000 IU/L but can be as high as 1 lakh IU/L. If the rhabdomyolysis is severe it can lead to renal failure, sometimes requiring haemodialysis. NMS is a life threatening condition and requires intensive care in a tertiary care multidisciplinary setting.

Serotonin syndrome- Caused by the SSRIs (Selective Serotonin Reuptake Inhibitors), this syndrome presents with altered mental status and autonomic changes within hours to days of initiation of medication. Rigidity and hyperthermia if present, are less severe. It can be distinguished by the presence of nausea, vomiting and diarrhoea, which are rarely seen in NMS.

Malignant hyperthermia – This syndrome also has similar clinical features to NMS, consisting of fever, muscle rigidity and dysautonomia. It occurs in the clinical setting of the use of depolarising muscle relaxants or inhalational anaesthetic in genetically predisposed cases like RyR1 mutations.

Milder forms of movement disorders like dyskinesias, chorea and tremors may also be seen as an adverse reaction to drugs, though they may not present to the emergency.

Status dystonicus

Dystonia is a common movement disorder characterised by sustained or intermittent muscle contractions causing abnormal, often

repetitive, movements, postures, or both (4). Dystonia in children is often secondary to acquired brain injuries like perinatal asphyxia, neonatal hyperbilirubinemia, perinatal infections etc. Usually, it co-exists with other neurological abnormalities like spasticity, intellectual disability and epilepsy. Dystonia in such children is often a fluctuant problem, with variations in intensity and duration (over minutes to hours or days), occurring with certain triggers like pain, febrile illness etc. Some dystonic episodes may evolve into a severe and sustained dystonia which may lead to a life threatening situation, termed status dystonicus. Other terminologies used are dystonic storm, dystonic crisis etc. However, the term status dystonicus is not a well-defined entity like status epilepticus. At which point a fluctuant dystonic episode transitions and evolves into status dystonicus is difficult to exactly delineate. Hence, in the absence of a clear biomarker, the diagnosis of status dystonicus is often missed, which makes it an under-reported and undertreated entity (5). A recent modified definition of status dystonicus is proposed as “a movement disorder emergency characterised by severe episodes of generalised or focal dystonic with or without other hyperkinetic movements that have necessitated urgent hospital admission because of the direct life-threatening complication(s) of these movements, regardless of the patient’s neurological condition at baseline” (6,7). This definition is operationally useful as it highlights the urgency of the condition and the need for a high index of suspicion, than a precise time of onset of status dystonicus.

The annual incidence of pediatric status dystonicus in a hospital based study was 0.4/1000 fresh admissions (8). Pediatric patients constitute up to 60% of the reported cases, but the true incidence of status dystonicus is not known (9).

The etiologies of status dystonicus is varied, but keeping a high index of suspicion in at-risk population helps in early identification of this

emergency. The susceptible population includes children with cerebral palsy, post hypoxic injury (like drowning), post encephalitic sequelae, neurodegenerative and neurometabolic disorders with involvement of basal ganglia, acute withdrawal of drugs like baclofen etc (10). A recent cross sectional study on 45 Indian children with status dystonicus found that the most common diagnosis in children coming to the emergency with status dystonicus was cerebral palsy (11).

Status dystonicus is often triggered due to a systemic illness. The same Indian study listed the triggering factors of status dystonic episodes as intercurrent illness/infection in 18 (75%), progression of underlying disease in 2 (8.3%), drug-induced or withdrawal in 1 (4.2%), and the cause was unknown in 3 Children (12.5%) (8). Other pediatric studies have also reported triggers like pain, surgery, reflux disease, sleep disturbance, calculi, or constipation (12). An abrupt withdrawal or change in medications such as tetrabenazine, clonazepam, baclofen, and haloperidol has also been reported as a common trigger, as several of these children have an underlying neurologic disorder, and on these medications.

The natural history of a status dystonicus episode and the immediate recovery period can be unpredictable, and may show varying levels of recovery to worsening and death. Muscle contractions during status dystonicus may result in respiratory compromise and severe metabolic disturbances, notably rhabdomyolysis and acute renal failure.

Management of status dystonicus starts with early and prompt diagnosis. Lumsden et al proposed a simplified Dystonia Severity Action Plan (DSAP) for identification of status dystonicus, which grades the severity of an ongoing dystonic episode [Figure 1, (13)]. Application of the grading system facilitates prompt recognition of status dystonicus, which by the scale, comes under grade 4 and 5.

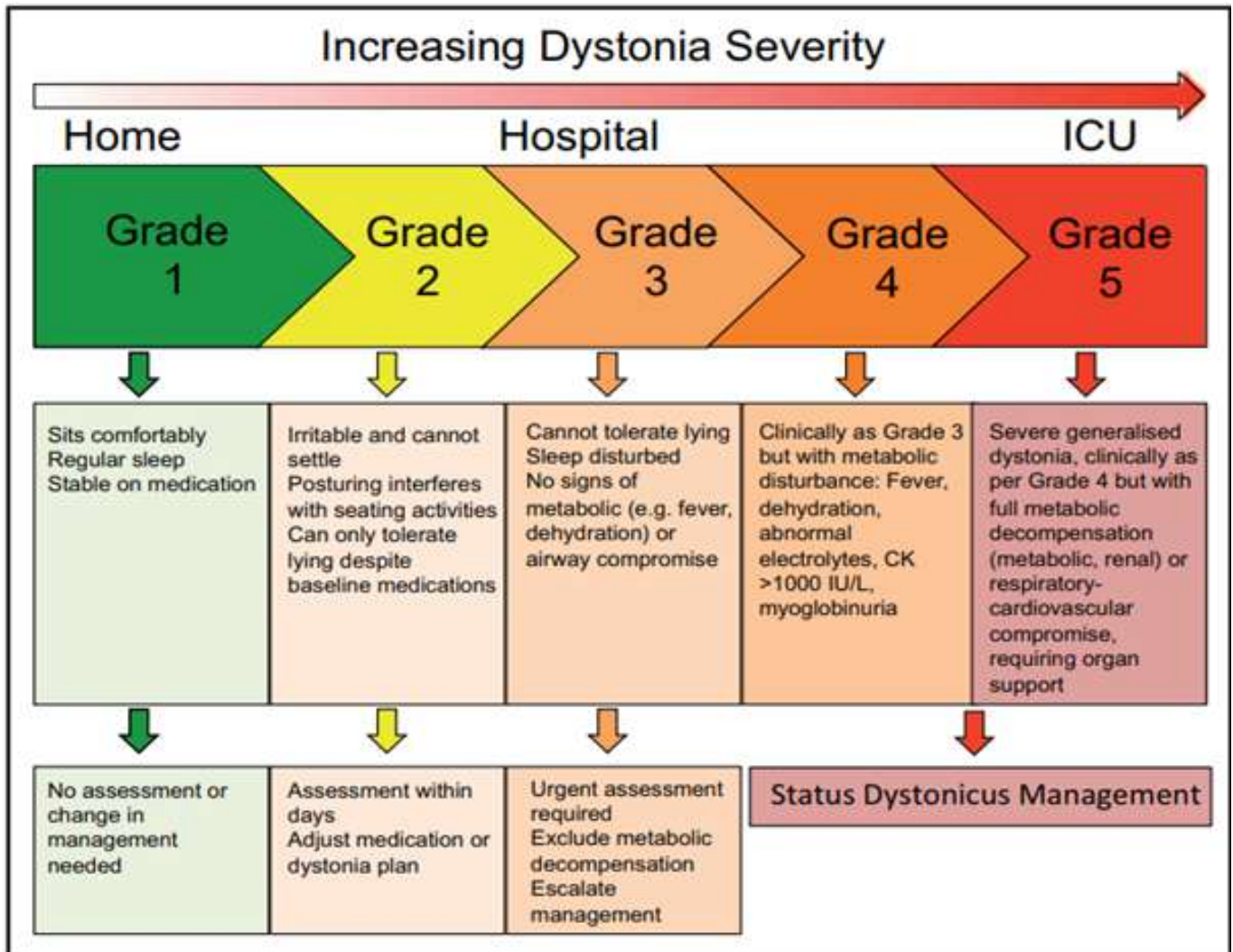


Figure 1 : Screening for dystonia severity (grade) and action plan. Dystonia severity action plan (DSAP) for established dystonia patients; Lumsden et al [13].

Management of status dystonicus is summarised below into parallelly executable strategies.

- Address precipitants- Antibiotics in case of infection, identify pain causing etiologies (hip subluxation, colic etc), treat constipation, GER.
- Supportive care- Admission to PICU, hydration, antipyretics and cooling blankets, analgesia, sedation. Monitoring of creatine kinase, renal and liver parameters. Intubation and ventilation if required, dialysis if required
- Sedation - Chloral hydrate, enteral clonidine, iv midazolam. Consider anaesthesia.
- Dystonia specific medications- Trihexyphenidil, gabapentin, baclofen, tetrabenazine, haloperidol, L-DOPA. No medication can be taken as first line, and decision on a particular medication must be based on the pre-existing medication of the child. Rapid escalation of dose as tolerated. Polypharmacy is acceptable and may be necessary.
- Surgical intervention in very severe and refractory cases- Intrathecal baclofen, Deep Brain Stimulation (DBS), pallidotomy. At what stage the surgical intervention should be considered is not defined. It may depend

on the etiology and the expected outcome of a particular patient.

Monitoring serum creatine kinase levels may serve as a biomarker for impending renal failure when there is a rising trend, while a fall in levels may signify status dystonicus control. Transaminase levels also correlate with dystonia severity (14). Mortality in childhood status dystonicus ranges from 10 to 20% (11,13). Among those who improve, return to pre-status dystonicus baseline may be seen in one third, while another third may not return to their baseline neurological status (9).

The most important aspect of management of status dystonicus is its prompt identification and escalation of care. Management is multidisciplinary which involves the intensive care, neurology and pediatric teams. Status dystonicus in childhood has several unanswered questions which include the epidemiology, defining clinical features, biomarkers for diagnosis, uniform guidelines for management and long term outcomes. Management strategies are mostly based on expert opinion. Multicentric prospective studies on children with status dystonicus may pave the way for better management guidelines in the future.

Paroxysmal autonomic instability with dystonia (PAID) syndrome

This is a unique syndrome commonly encountered in the ICU, in children with severe brain injuries (hypoxic injury, traumatic brain injury and infections). Paroxysms (lasting hours to days) of altered sensorium, severe opisthotonic posturing and life threatening dysautonomia are the cardinal features of this condition. Most of the time, this is confused with seizures. Prompt recognition will limit the need for further unnecessary investigations and help in planning and executing proper care strategies to reduce the morbidity and mortality.

Conclusion

Movement disorder emergencies are often encountered in pediatric practice, but they are often under recognised. In a child with a pre-existing neurological disorder, they are often triggered by a systemic illness. Drug induced movement disorder emergencies constitute another unique group, and knowledge of the commonly implicated drugs and the modes of presentation is of utmost importance. Management is multidisciplinary, many times requiring robust intensive care. General pediatrician should be aware of the common movement disorder emergencies seen in children. High index of suspicion along with early recognition and escalation of management may help decrease the morbidity and mortality in most of these conditions.

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IAP Maharashtra

[Activities conducted from 1st March 2024 to 23rd March 2024]

Maharashtra IAP marched ahead with a month full of innovative academic activities.

1. JOURNAL JOURNEY: 01.03.24

MAHAIAP & Raigad IAP successfully conducted interesting JOURNAL JOURNEY.

The session **Experts** were:

1. Dr. Swarup Kumar Dash

Senior Neonatologist, Latifa Women & Children Hospital, Dubai (UAE)

2. Prof. Dr. Subramanya NK

Medical Superintendent & Prof. of Pediatrics (Kuppam, AP)

CIAP VP South Zone 2022

Speakers & Topics:

1. Dr. Mitali Borgaonkar

Senior Resident, VMGMC, (Solapur)

Research paper: Non Breast-Milk-Fed Very Preterm Infants Are at Increased Risk of Iron Deficiency at 4–6-Months Corrected Age: A Retrospective Population-Based Cohort Study

2. Dr. Vikram Patra

Consultant Pediatric Allergist (Navi Mumbai)

Guidelines: GINA Guidelines 2023: What is New?

Moderators:

1. Dr. Chitra Kulkarni, President, AHA Raigad

2. Dr. Neha Singh, Editor & EB IAP Raigad, Jt. Sec AHA Raigad

IAP Maharashtra



QR code of recorded session.

Youtube Link : <https://www.youtube.com/live/oBtm2vtuijc?si=FN-X8Dtlg7lsoupA>

IAP Maharashtra

2. "PATH": 03.03.24

Maharashtra Academy of Pediatrics (MAHAIAP) with Nashik IAP & AHA conducted **PATH (Pediatrician's Action for Teenager's Healthcare)** discussing extremely relevant topics.

1) Topic: **Selfitis** -

Speaker: **Dr. R G Patil** (Child & Adolescent Care Pediatrician, Nagpur)

2) Topic: **Cybercrime, Cyber Protection** - 30 Min

Speaker: **Dr. Kalyani Patra** (Child & Adolescent Care Pediatrician, Navi Mumbai)

3) Topic: **Acts & Laws related to Cyber Safety**

Speaker: **Mr. Danish Mansuri** (PSI, Cyber Police Station, Nashik)

Moderator:

Dr. Prachi Birari EBM MAHAIAP WC, Treasurer Nashik IAP



IAP Maharashtra

3. CASE BOOK LIVE LAUNCH: 06.03.24

MAHAIAP's "Case Book Live" – an Interactive Online Event for Pediatric Doctors was launched. with **Dr. Atanu Bhadra**, National Treasurer IAP as Guest of honor

Experts:

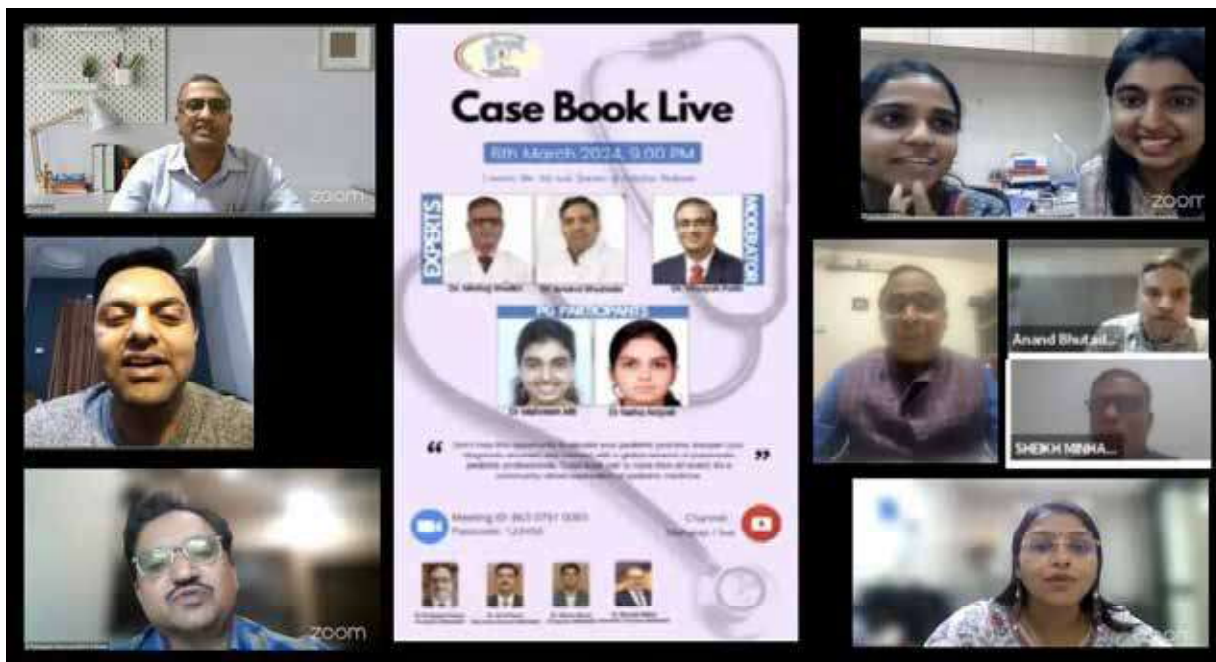
Dr. Minhaj Sheikh and **Dr. Anand Bhutada**

Moderated by **Dr. Vinayak Patki**

PG Participants: **Dr.Mehreen Mir** and **Dr.Neha Nayak**

The session provided the PGs a unique opportunity to decode a case LIVE as presented by the moderator and understand the insights and strategies used by Experts.

CASE BOOK LIVE



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Youtube Link: <https://www.youtube.com/live/lDhoyDtzARs?si=509sCaV6bolZbfMO>

IAP Maharashtra

4. Protocols in Pediatric Practice: 08.03.24

MAHAIAP also launched the fantastic "Protocol in Pediatric Practice", a monthly Online Webinar with Mentor **Dr. Vijay Yeole**, Past President IAP as the **Guest of Honor**.

Spotlight : "**Approach to a Comatose Child.**"

Expert : **Dr. Sachin Jangam** (Pediatric intensivist ,Miraj)

Moderated by **Dr. Suhas Kumbhar** (Sangli)

The recent protocols were discussed in detail and practical key points were shared in this session.



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IAP Maharashtra

The clinical pictures and videos shown by experts mesmerized and empowered the attendees with knowledge.

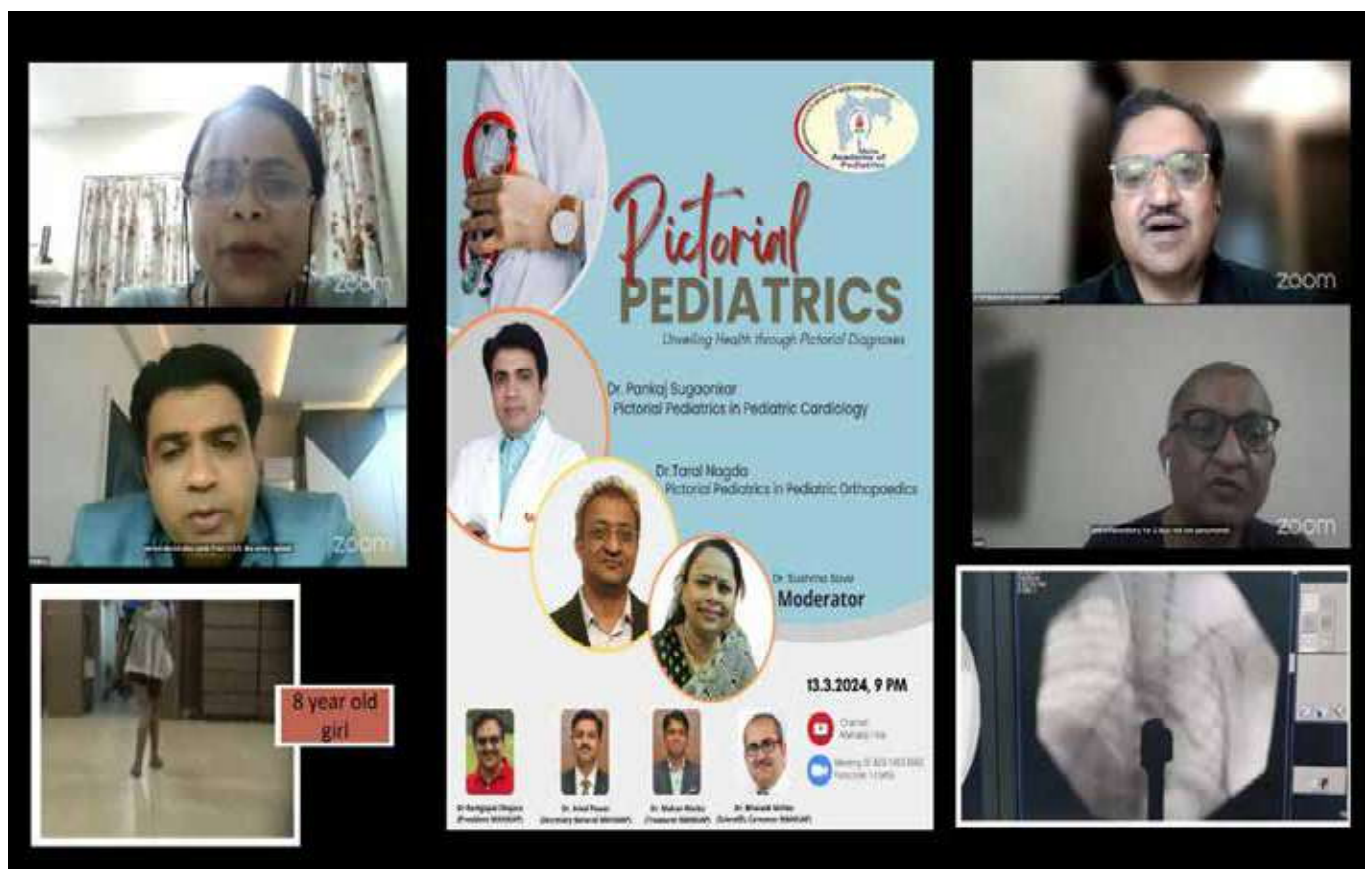
Experts:

Dr. Pankaj Sugaonkar : Pediatric Cardiologist

Dr. Taral Nagda : Pediatric Orthopedic Surgeon

Moderator

Dr. Sushma Save, EBM MAHA IAP.



IAP Maharashtra

6. WEDNESDAY WISDOM: 20.03.24

Maha Academy of Pediatrics (MAHAIAP) & MAHAIAP Women Committee together organized "Wednesday Wisdom"

Theme - World Obesity Day - "Let's Talk About Obesity and..."

Experts:

1. Dr Rahul Jahagirdar

Senior Pediatric Endocrinologist, Professor Bharati Vidyapeeth University Medical College (PUNE)

2. Dr Tushar Godbole

Senior Pediatric Endocrinologist, Professor Dr. Vasantrao Pawar Medical College (NASHIK)

MMC Observer:

Dr Prashant Bhadane

Pediatric Cardiologist, Nashik

Topics & Speakers:

1. Definition, Change in epidemiology, rising incidence, recognition and etiology of Obesity

: Dr Diana Raheesh (Thane IAP)

2. Clinical And Laboratory evaluation of Obesity: Dr Sachin Vahadane (Ahilyanagar IAP)

3. Health Consequences of Obesity : Dr Madhur Karwa (Jalna IAP)

4. Prevention and Management of Obesity in Primary care settings: Dr Satish Ghatol (Akola IAP)

5. Comorbidities in Obesity and Surgical Management of Obesity in Adolescents: Dr. Drakshayani Gadve (Sangli IAP)

Moderators:

1. Dr Manjusha Sherkar , Chairperson MAHAIAP WC

2. Dr Amruta Shirodkar ,Zonal EBM MAHAIAP WC

IAP Maharashtra

Mahaiaip & Mahaiaip WC Presents
WEDNESDAY WISDOM

Obesity in Children and adolescents
20.3.2024, 9 PM

Tap to join
Meeting ID: 841 1206 7801
Passcode: 123456

Tap to join
Channel: Mahaiaip / live

Grid of video thumbnails showing participants:

- Top row: Man with glasses in a pink shirt; Man in a white lab coat.
- Second row: Woman with long dark hair; Woman in a red sari.
- Third row: Woman with long dark hair; Grid of small participant icons.
- Fourth row: Woman with long dark hair; Man with glasses; Man with glasses; Man with glasses; Woman.
- Fifth row: Woman with glasses; Woman; Man with glasses; Woman in a pink sari; Woman.

IAP Maharashtra

7. LEARNING WITH LEGENDS: 21.03.24

On occasion of **World Down Syndrome Day**, 21st March 2024, 2nd episode of

"**Learning With Legends**" was conducted with **Dr. GV Basavaraja**, National President, IAP as Guest of Honour.

Topic :-

Downs But Not Down: End the Stereotypes

Expert:

Dr Dnyandeo Chopade

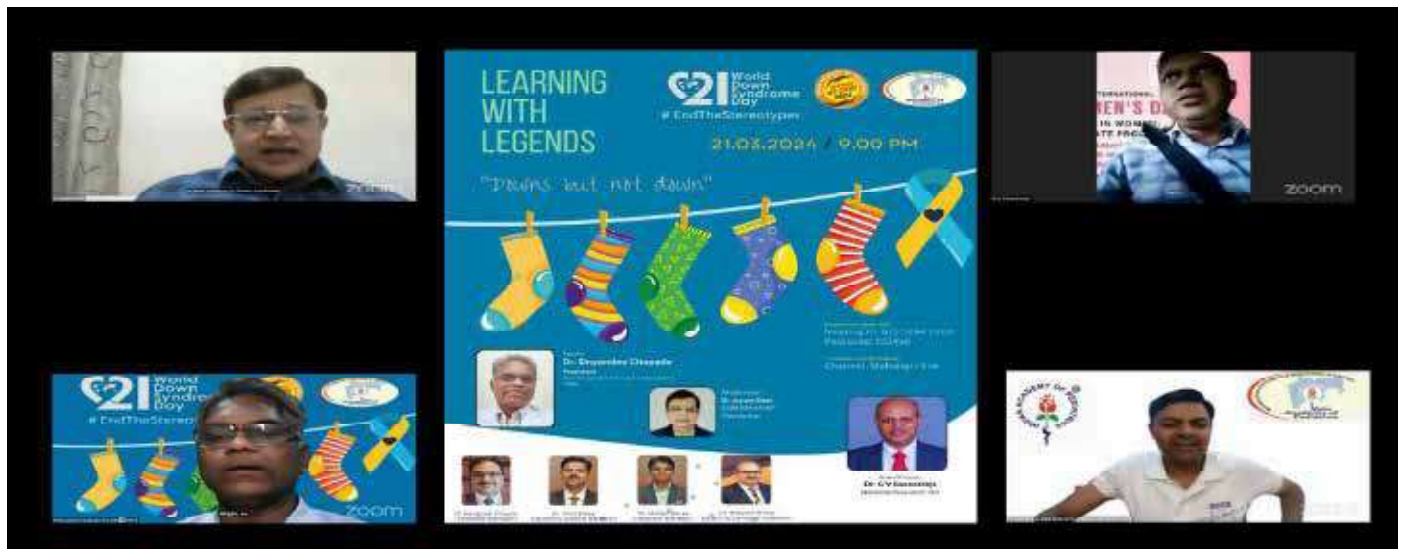
President, Downs Syndrome Care Association, India

Moderator:

Dr Jayant Shah, EBM MAHA IAP, Nandurbar

MMC Observer:

Dr Sanjay Gosavi, Senior Pediatrician, Nashik



QR code of recorded session.

Youtube Link: <https://www.youtube.com/live/Ea7WSMFiQO8?si=Ek1CReZPLL8tvBlc>

IAP Sangli



IAP Sangli District Branch

Reg. No. MH/372/2016

Monthly Report – February 2024

Dr. S.S. Wagh
President

Dr. Mateen R. Shaikh
Secretary

Dr. Jeevan S. Mali
Treasurer

Activities conducted by IAP Sangli District Branch in February 2024

13 Feb. 2024

World Anemia Awareness Day

- Programs conducted in two schools (Dr. Ashok Mali School & NESM Miraj)
- Short talk on Anemia, Deworming Program, Distribution of Iron Rich Foods, Anemia screening program by Hb detection – Finger Prick Method.

Guest Lecture on 17th February 2024

- Dr. Abhilasha S. Pediatric Hemat onchologist from Belgavi, Karnataka presented an informative lecture on Approach to Anemia in children to IAP Members

16 Feb. 2024

IAP Sangli

Venue: Dr. Ashok Mali English
Medium School Malgaon



Program 1: Highlights



Short Talk on Anemia

- Dr. Mateen Shaikh delivered an informative lecture explaining the importance of hand washing
- He highlighted the importance of Iron rich foods in diet



Venue: Dr. Ashok Mali English Medium School Malgaon

IAP Sangli



Deworming

- Dr. Mateen Shaikh distributing Tab. Albendazole to all the students after explaining the importance of hand washing

Venue: Dr. Ashok Mali English Medium School Malgaon

Date: 13/2/24 Time: 8:30 am



Hemoglobin Checking done for screening of Anemia

- Dr. Mateen Shaikh along with his team performing test to check Hb by finger prick method.
- Sampling of 26 students from 11th Std (Science) was done
- 3 students were diagnosed with Anemia

Venue: Dr. Ashok Mali English Medium School Malgaon

Date: 13/2/24 Time: 9:15 am

IAP Sangli

Highlights



Program 2: New English School Miraj



Chikki Distribution

Iron rich foods – Peanut Jaggery
Chikki was distributed to students



IAP Sangli

Lecture on Anemia

- Dr. Mateen Shaikh presented an informative lecture to New English School Students
- Importance of Hand washing and iron rich food were the highlight
- 250 students attended the lecture



Students receiving Tab. Albendazole

IAP Sangli

- Hb checking done by finger prick method by Dr. Mateen Shaikh & team at New English School Miraj



Local News Channel covering the World Anemia Awareness Day Event



IAP Sangli

Guest of Honor Joining the event virtually

- Dr. Amol Pawar, Secretary General MAHAIAP & CIAP EB Member joined the meeting virtually on zoom.
- Dr. Mateen Shaikh interacting with Dr. Amol Pawar



Dr. Abhilasha S.
talking on
Approach to
Anemia

IAP Sangli

Good response from Audience

- 38 IAP Sangli Members attended the lecture.
- 12 PG Students were also present.
- 26 delegates attended the lecture on Zoom
- 56 views on YouTube



BEST BRANCH AWARD

- IAP Sangli District Branch received Best Branch Award at Pedicon 2024
- IAP Sangli EB members with the trophy and & certificates

[From Left to right: Dr. Jeevan Mali (Treasurer), Dr. S.S. Wagh (President), Dr. Mateen Shaikh (Secretary), Dr. Harshal Wagh]



IAP Palghar



Rare Disease day is celebrated worldwide to raise awareness and generate support for everyone who is on RARE Disease journey.

Eminent Genesist from Purple Gene Clinic Dr Shruti Bajaj enlightened the paediatricians from Palghar about the Timely Genetic Diagnosis of Rare diseases & its impact on their families.

Total 48 paediatricians gained the knowledge on zoom platform on 28 th February 2024

Dr Jayashree Deshpande

Dr Anjali Gokarn and

Dr Anuradha Palwankar was

IAP Palghar

NATIONAL ANAEMIA DAY



IAP, Palghar



Anemia, in our Future Citizens!



Anemia OPD at DMPettit Hospital



Addressing Asha Workers



**DMPettit Hospital and
IAP, Palghar Members**



Addressing Parents

IAP Yavatmal

Anemia Awareness Day

13th February 2024



Happy to announce that in continuation with the central IAP mission

“IAP Ki Baat Community Ke Saath”

Yavatmal AOP celebrated

Anemia Awareness Day

On 13th February 2024, By taking following activities

1. Anemia awareness talk at Nagar Parishad Urdu School No. 19, Yavatmal. By Dr. Sanjana Lal and also health check up camp free distribution of hematinic syrup as well as tablets at same school
2. Talk on difficult to treat anemia By Dr. Atish Bakane Pediatrics hematologist from nagpur for pediatricians from yavatmal district and resident students of Dept of Pediatrics SVNGMC Yavatmal
3. Anemia awareness talk at Nagar Parishad Hindi School No. 13, Yavatmal. By Dr. Leena Mankar and also health check up camp free distribution of hematinic syrup as well as tablets at same school
4. Anemia awareness talk By. Dr. Sanjana Lal Medical officer and health check up camp at Urban health Center Athavdi Bajar Yavatmal
5. Anemia awareness talk By. Dr. Nazia Quazi Medical officer and health check up camp at Urban health Center Talav Fail Yavatmal
6. Anemia awareness talk By. Dr. Harshalata Gaynar Medical officer and health check up camp at Urban health Center Patipura Yavatmal

IAP Yavatmal

"World Obesity Day"

3rd March 2024



Happy to announce that in continuation with the central IAP mission

"IAP Ki Baat Community Ke Saath"

Yavatmal AOP celebrated

"World Obesity Day"

by taking

Child Obesity Check-up and Counseling Camp

On 3rd March 2024, in which check-up of near about 20 obese child done by Dr. Nikhil Lohiya (Pediatric Endocrinologist) from Nagpur and further investigations and treatment advised.

Also a Special session taken in which Dr. Lohiya talked about the rising trends of child hood obesity and their adverse effect and efforts to be taken to avoid this with parents of the obese child. Also one to one discussion done with parents answering their queries and questions.

IAP Yavatmal

"World Down Syndrome Day"

21st March 2024



Happy to announce that in continuation with the central IAP mission

"IAP Ki Baat Community Ke Saath"

Yavatmal AOP celebrated

"World Down Syndrome Day"

by taking

By taking CME on Downs syndrome and Genetics By

Dr. Naresh Tayade from Amravati

AOP also planned Awareness complaining of Downs Syndrome at various Urban Health centers across the city in coming week

Dr. Sanjeev Joshi
EB CIAP 2024

Dr. Ravindra Chavan
President

Dr. Leena Mankar
Secretary

IAP Kolhapur



Dr Sainath power spoke on obesity day at school.
Media activity by DR Shishir mirgunde on obesity day.



Journal club meeting on 10 march
Dr Vilas Jadhav – New investigations in IEM.
Dr Mohan Patil- Recent Mumps outbreak in India- Remedial Measures

IAP Kolhapur



World downs syndrome was celebrated on 21 march at IGM hospital ichalkaranji and at RCSM GMC and CPRH Kolhapur. DR Kashmiri Badbade and Dr Dipti Chavan addressed patients , students .



IAP BLS and ALS course was conducted on 23 and 24 March at DY Patil hospital, simulation lab. Dr Bhavesh shaha, dr Nivedita patil, dr Amol Murkute, Dr pravin kale, dr nanivadekar were the faculties. 36 delegates registered for the programme.

IAP Mumbai

Activities Conducted by IAP Mumbai

- World Hearing Day
- World Obesity Day
- World Kidney Day
- National Immunization Day
- World Down Syndrome Day
- IAP Child and Adolescent Health Care Week
- IAP Healthy Lifestyle Day
- Writing Antibiotics Responsibly (WAR Module)
- Perinatology CME
- IAP- FM (Fever Module)
- SSS program
- Media Coverage by IAP Mumbai Members
- WIN BULLETIN



Team IAP Mumbai 2 March 2024

WIN BULLETIN

Weekly Interesting News
Alprostadil / Prostaglandin E1

What are the indications for use in neonate?

- Prostaglandin E1 is used to keep ductus arteriosus patent in congenital heart disease with duct dependent pulmonary blood flow ie Pulmonary atresia and pulmonary stenosis and duct dependent systemic blood flow ie Coarctation of aorta, interrupted aortic arch and poor arterial-venous mixing (Transposition of great arteries)
- It is also used in persistent pulmonary hypertension with severe Right ventricular dysfunction to off-load right ventricle.

How it works?

- By increasing cAMP production, it reduces the influx of calcium in vascular smooth muscle causing vasodilator and smooth muscle relaxant.

What is the dose?

- 0.05 to 0.1 μ /kg/min as continuous infusion.

What are side effects?

- Apnea, hypotension, tachycardia, flushing and fever.



Any specific contraindication?

- Obstructed total anomalous pulmonary venous connection (TAPVC)

Team IAP Mumbai 2 March 2024

WIN BULLETIN

Spot the diagnosis

A 1.5 year old boy is brought to the ER with H/O poor feeding and lethargy. On examination, capillary refill time is prolonged and peripheral pulses are feeble. This is 12 lead ECG. Spot the diagnosis?

IAP Mumbai



World Obesity Day



On the occasion of **World Obesity Day**, we requested the pediatricians and health care providers to use the correct growth charts, in their routine practice. In case, if this is not possible, they can even use the IAP Growth Chart Application which is available online on playstore for Android and iOS phones.

Clinical markers for Overweight and Obesity for the practicing pediatricians by Dr Nikhil Shah, pediatric endocrinologist :

<https://youtu.be/wcvp8xYXVg0>



IAP Mumbai



World Kidney Day



On the occasion of **World Kidney Day** a **health talk** and a **drawing competition** was held for the patients suffering from kidney disorders at the pediatric department of **Dr R N Cooper Municipal Hospital, Juhu** in collaboration with IAP Mumbai. The event was held on **12 March 2024**.

25 patients and their parents attending the Nephrology OPD were present for the event. **Dr Pratichi Kadam**, pediatric nephrologist gave a talk on **Healthy Lifestyle for Healthy Kidneys**. **Dr Jagruti Sanghavi**, EB Member IAP Mumbai explained the basics of genital hygiene to the parents.

All children were given **drawings** and asked to colour them using **colouring kits**. The children were also given **participation certificates** for the event.

The event was coordinated by **Dr Amruta Shirodkar** and **Dr Jagruti Sanghavi** on behalf of IAP MUMBAI and **Dr Pratichi Kadam** on behalf of **Dr R N Cooper Municipal Hospital**.



IAP Mumbai



National Immunization Day



On the occasion of **National Immunization day**, a health talk on **Vaccine Awareness** was organised at **Charkop Maternity Hospital (MCGM hospital)** by IAP Mumbai. The event was held on **16th March 2024**.

35 mothers and few fathers along with their children who visited the hospital in pediatric OPD and **5 staff nurses** were present for the talk.

Dr Arpita Shah gave a talk on importance of vaccination and the **Indradhanush project** of vaccination by MCGM till 6 months age. **Dr Tanushri Mukherjee** delivered a talk on vaccines beyond 6 months & also shared information about other vaccines not covered in the Indradhanush project. **Dr Nita Jagad** explained the management of minor side effects of vaccination, the red flag signs, rabies vaccines and pulse polio vaccination.

The event was coordinated by **Dr Nita Jagad** with the help of **Dr Devesh Tiwari** on behalf of IAP Mumbai and **Dr Shraddha Tiwari**, gynecologist on behalf of Charkop Municipal maternity Hospital.

IAP Mumbai expresses special thanks to **Sisters Nisha and Swati** of Charkop municipal maternity hospital for their help.



IAP Mumbai



World Down Syndrome Day



“It’s not about celebrating disabilities, it’s about celebrating abilities.”

World Down Syndrome Day, was celebrated by team IAP Mumbai in collaboration with **B.J.Wadia Hospital for Children**.

It was attended by around **54 people - 18 kids** with Downs Syndrome along with their parents.

Dr Sikha Agarwal and **Dr Ami Shah** - welcomed all with an introduction to the event.

An awareness talk was taken by **Dr Shilpa Kulkarni** on development issues and **Dr Urmila Kamat** on Physiotherapy.

This was followed by screening of the kids by - **Dr Sumitra Venkatesh** (cardiologist), **Dr Ami Shah** (geneticist), **Dr Ashwin Sainani** (ophthalmologist), **Dr Tejas** (otorhinolarygologist), **Dr Urmila Kamat** (physiotherapist). Entertainer **Ms Monika** had a fun activity and engaged the kids as a clown.

The event was organised by **Dr Sikha Agarwal** on behalf of Team IAP Mumbai.



IAP Mumbai



Talk on Cyber Awareness and Cyber Security



IAP Mumbai kick started the **Child and Adolescent Healthcare Week** by celebrating **Teenage Day** with the teen students of **Shree Bhagubhai Mafatlal Polytechnic College**, by arranging a talk on "**Cyber Awareness and Cyber Security**" on **19th March 2024**.

Our EB member, **Dr Jagruti Sanghvi** introduced the session lauding the Mumbai Cyber Crime department for saving over Rs 50 crore rupees from cyber fraud this year, thanks to the police cyber cell helpline 1930.

Thereafter, **Mr. Ajay Patil, PSI** and **Mr. Rajesh Khushalani, ASI** from **Cyber Crime Branch, Mumbai Police- BKC** took an exhaustive **session on Cyber Crime** and how to prevent ourselves from becoming cyber victims. They explained in detail about how fraudsters employ social engineering and emotional engineering tactics to lure people to fall prey to them. Their presentation was replete with practical demonstrations and ways to protect our digital data. They also touched upon **dangers of dating sites, online investments, OTP scams, child pornography and cyber bullying**- all relevant to the Gen Z!!

The session was attended by **150 students of IT and Computer science** and **10 staff members**. Our EB members **Dr Tanushri Mukherjee** and **Dr Harwinder Palaha** took active participation in the event.

The entire session was coordinated by **Dr Jagruti Sanghvi** on behalf of IAP Mumbai, along with **Mrs Radhika Patwardhan** of Bhagubhai College.



IAP Mumbai



Seminar at the KES International School Kandivali



On occasion of the **IAP Child and Adolescent Health Care Week** celebrations, IAP Mumbai had organized an **interactive Seminar** at the **KES International School Kandivali**, on **Thursday, 7th March 2024**.

Dr Rajesh Kasla discussed various issues related to **PUBERTY** and **Adolescent Health** using very interesting Audio Visuals.

The session was conducted in a classroom of **40 students** of the **7-9th grade**, in the age group of **12 - 15 years** & **4 Class Teachers**.

There was an enthusiastic and active participation from all the students.

The entire program was co ordinated by **Dr Rajesh Kasla** on behalf of Team IAP Mumbai



IAP Mumbai



Health Talk and Health Check



On the occasion of **Child and Adolescent Health Care Week** celebrations, a **health talk and health check up** was organised at the **Gyanvardhini High School, Charkop** by **IAP Mumbai** on **19th March 2024**.

70 adolescent kids were examined and educated on various topics. **5 teachers** of the school participated in the session.

Dr Nita Jagad, explained about good nutrition, balanced diet, how to read food labels and do's and don'ts for good health. **Dr Sunila Jathar** gave a talk on screen time and importance of exercise. **Dr Arpita Shah**, gave a talk on importance of personal hygiene, daily lifestyle modifications for a healthier body and mind.

The event was coordinated by **Dr Arpita Shah** on behalf of IAP Mumbai. We thank **Mr Dhumal** and **Mr Bhosale** of Gyanvardhini School for their support.



IAP Mumbai



Teaching Session on First Aid to adolescent students



With this thought, **Dr Jagruti Sanghvi**, EB member, IAP Mumbai was invited to teach **First Aid** to adolescent students of **KDN Shruti School for Hearing Impaired** at Juhu as a part of **Child and Adolescent Health Care Week** celebrations.

The session was attended by **106 students along with 64 parents, 7 teachers and 8 members of Rotary Club of Bombay West and Inner Wheel Club of Bombay West**. **Dr Jagruti Sanghvi** taught **First Aid Do's And Don'ts** in various accident situations including injuries, bleeding, fall, fractures, fainting, heat stroke, seizures, burns, electric shock, choking, checking for airway-breathing-pulse, etc. with live demonstrations on the students.

In spite of being hearing impaired, these students who could lip-read, interacted very well and asked a lot of queries and it was gratifying to answer them all. Their parents expressed deep gratitude for such a useful session. The school teachers and principal were extremely grateful.

The entire session was coordinated by **Dr Jagruti Sanghvi**, on behalf of IAP Mumbai along with **Dr Bhavna Patel** (Rotary Club of Bombay West and Inner Wheel Club of Bombay West)



IAP Mumbai



Writing Antibiotics Responsibly (WAR Module)



IAP Mumbai in Collaboration with CTC PHO BMT Centre, Borivali organized a half day MODULE - WRITING ANTIBIOTICS RESPONSIBLY (WAR module) on 10th March 2024 from 09.00 am – 2.00 pm.

Eminent faculties were : Dr Suhas Prabhu, Dr Tanu Singhal & Dr Vijay Yewale

They delivered talks on Definitive -Empirical- Prophylactic Antibiotic therapy, Know your Antibiotics, How to use Antibiotics & Changing Antibiotics.

The module was attended by **50 Delegates** - Practicing Pediatricians (Senior & Junior), Postgraduate students & Fellows in Pediatric Haematology. It was an **Overwhelming response** to the WAR Module, with full house participation & interaction.

Project Coordinators: **Dr Rajesh Kasla, Dr Mamta Manglani and Dr Pranoti Kini.**



IAP Mumbai



Perinatology CME



IAP Mumbai in collaboration with ISPAT (Indian Society for Prenatal Diagnosis and Therapy) organised a **Perinatology CME** on 10th March, 2024 at Hotel IBIS, Vikhroli.

The CME was attended by around **30 delegates** which were a mixed crowd of Pediatricians and Obstetricians.

The important aspects of Genetics in clinical practice, Newborn Screening Tests, Breastfeeding and KMC, Previous Neonatal Deaths were discussed.

Panel comprising of both Obstetricians and Neonatologists, discussed various aspects of Severe Prematurity Management. The sessions were well appreciated by all the delegates.

A sponsored session on importance of **HPV vaccination** was also conducted.

The whole programme was organised by **Dr Vinay Mishra** on behalf of IAP Mumbai.



IAP Mumbai



IAP- FM (Fever Module)



IAP Mumbai organised the IAP- FM (Fever Module) workshop under the CIAP Presidential Action Plan 2024 at HOTEL PARK VIEW, Andheri (West) on 17th March, 2024.

Dr Nehal Shah gave a welcome speech and invited EB member, Dr Jagruti Sanghvi as the MOC to conduct the module.

The esteemed Faculty comprised of -Dr Abhay Shah, Dr Sanjay Deshpande, Dr Upendra Kinjawadekar, Dr Sudhir Sane and Dr Bela Verma. They gave extensive information on the basics of fever physiology and discussed fevers in various situations with case scenarios.

61 delegates attended the module with full enthusiastic interactive participation.

Delegates were asked to fill the pretest & the post test questionnaire and a feedback form at the end of the module.

Dr Rajesh Kasla was the local co ordinator for the module on behalf of Team IAP Mumbai.



IAP Mumbai



SSS Program



The **SSS program** was conducted by IAP Mumbai members, **Dr Anita Patil** and **Dr Paula Goel** on the **21st March, 2024**.

It was attended by **55 doctors** and **nurses**. There was a very enthusiastic participation from the attendees with good interaction through all the modules.



IAP Navi Mumbai

NAVI MUMBAI IAP BRANCH REPORT MARCH 2024

ACADEMIC -

1. 1st March 2024 - **JOURNAL JOURNEY !**
Dr. Vikram Patra Consultant Pediatric Allergist (Navi Mumbai)
Guidelines: GINA Guidelines 2023: What is New?
<https://us02web.zoom.us/j/81908490206?pwd=SDkyS216OFIzNVJYVWR6OUVFVDRMQT09->
2. 1st March 2024 - **Navi Mumbai IAP PG teaching clinic**
Experts – Dr S Balasubramanian & Dr S Srinivasan
<https://us06web.zoom.us/j/6877427723?pwd=UWZXL3p0Q2J3YlZpbWFzWUFPV2h6UT09&omn=81458584129>
3. 3rd March 2024 - **Maharashtra Academy of Pediatrics (MAHAIAP) with Nashik IAP & AHA "P A T H" (Pediatrician's Action for Teenager's Healthcare)**
Topic: **Cybercrime, Cyber Protection**
Speaker: **Dr. Kalyani Patra**, Child & Adolescent Care Pediatrician
<https://us02web.zoom.us/j/82851816797?pwd=dGNUMjd3Yy9Zbm9CVnV6T1Z3QXI1QT09>
<https://tinyurl.com/mahaiaplive>
4. 9th & 10th March 2024 – International conference on childhood allergies 7th Edition
The Global Summit 2024
Panelist – **Dr Vikram Patra**
Topic – **Adenoid Hypertrophy**
Faculty for workshop on Allergy skin Prick Test – **Dr Vikram Patra**
Poster on Anaphylaxis in adolescent with mango allergy – **Dr Vikram Patra**
5. 15th March 2024 - **Navi Mumbai IAP PG teaching clinic**
Experts – Dr S Balasubramanian & Dr S Srinivasan
<https://us06web.zoom.us/j/6877427723?pwd=UWZXL3p0Q2J3YlZpbWFzWUFPV2h6UT09&omn=81458584129>

IAP Navi Mumbai

- 21st March 2024 - Master class in Down syndrome care from our multi pediatric speciality panel discussion on “ clinical nuggets not to forget “ .

Topic: Down Syndrome Masterclass - Multi Pediatric speciality Panel

Expert : Dr Snehal M.

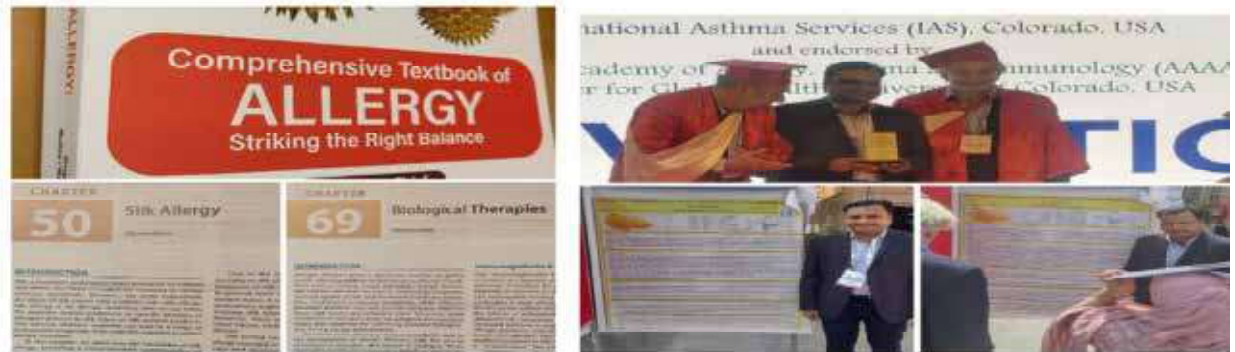
<https://us06web.zoom.us/j/85210290481?pwd=pFVeG4ZSYsrtKwgOmikL0gVz6aRM7k.1>



AWARDS, PUBLICATIONS & ACHIEVEMENTS –

- Dr Vikram Patra, was given the honour to be a faculty for the International Conference on Childhood Allergies & Authored 2 chapters Biological Therapies and Silk Allergy in the largest Indian book on allergies - Comprehensive Textbook of Allergy.

IAP Navi Mumbai



SOCIAL –

1. **World Obesity day 2024** was celebrated in an enthusiastic, fun and fitness style by NMAP in a **Walkathon** held on Sunday, 3rd March at Kharghar, Navi Mumbai. The walkathon was punctuated by banners and slogans carrying emphatic messages related to Obesity, a growing pandemic day by day! This was followed by a street play (Nukkad Natak) enacted by NMAP members enlightening the public about what is Obesity, the causes and effects of Obesity and how it can be prevented by collective efforts of the community and health care workers. The street play was appreciated by all and zeroed in on the messages effectively.

Link to **Nukkad Natak**: <https://youtu.be/uW9UzOAwit4?si=-ita94DXEpEVEazm> scripted by Amog Shahane.

Coordinators - **Dr Amog Shahane, Dr. Kalyani Patra**

2. To celebrate World Obesity Day Navi Mumbai IAP along with Sri Satya Sai hospital Kharghar has organised **Mega Health Camp at Taloja Slums Navi Mumbai for early detection of Obesity and anaemia in children**. Our dynamic central IAP president Dr Basavraja's Nation program IAP ki Baat Community ke Saath was motto behind this grassroots based camp where we were interested in finding hidden problems of obesity in slum areas children. It was our surprise that almost out of **179 children examined and plotted with BMI almost 1 percent children were lying in overweight to obese category according to IAP Growth Charts** which is an eye opener for obesity problems in developing countries, Anaemia still holds the major issue.

Mentors and program supporters for this mega event **Dr Vijay Yewale sir, Dr Jeetendra Gavhane, Dr Vijay Kamale HOD MGM Hospital Kamothe, Dr Kotrashetty sir HOD, Dr DY Patil Hospital Nerul Navi Mumbai, Dr Wadke HOD, Dept of public health Sri Satya Sai hospital Kharghar, Dr Satish Shahane President Navi Mumbai IAP, Dr Sonal Raut, Dr Amit Saxena.**

IAP Navi Mumbai

- World Obesity day 2024 kickstarted well with Navi Mumbai walkathon and Nukkad Natak and our efforts to continue the zeal even at the primary level with good nutritional counseling and importance of physical activity helps in maintaining the momentum. Our Dynamic Central IAP President Dr Basavraja good initiative IAP Ki Baat Community Ke Saath Carrying this forward, our fitness enthusiast from **Navi Mumbai & EB member Dr Amog Shahane took a session on the same at Cambridge Montessori preschool, Kharghar where the 70 kids were explained the importance of Balanced diet, food plate and the importance of physical activity and outdoor play which was interactive and thoroughly enjoyed by the kids.**

Navi Mumbai IAP will continue its endeavours for a healthy and safe future of our tiny tots.

- iCAN child development centre in association with NMAP (Navi Mumbai Association of Pediatrics) started i-PAT (iCAN's Parent Autism Training) program for parents of young children (upto 5 years age) so children can learn in a fun way at home.**
- Continuing with Navi Mumbai IAP's zest for curbing Childhood Obesity in the bud, **EB member and fitness enthusiast Dr Amog Shahane conducted a physical session for the preschool children of Cambridge junior high and Montessori preschool Kharghar on healthy food, play therapy and had a physical demonstration of nutrients present in food groups for the tiny tots.** This was made more enjoyable by a live interactive physical session for the youngsters and was appreciated by teachers and staff alike.
- The right to the right information to the right population at the right time is often underplayed in our country due to poor resources. But, as a community if we take the right initiative to reach out to these less fortunate people, we can make a huge difference in their lives. Caring for the needs of adolescent girls living in over- populated construction sites away from their native land and people, by small significant actions goes a long way in making their lives a little better. One such initiative was carried out by our **enthusiastic Navi Mumbai EB member and AHA Treasurer Dr Amog Shahane at Shirke construction site (which houses more than 1000 families from all over Maharashtra), at Taloja Phase 2 (near Pendar) for around 30 adolescent girls living there by taking a session on 'Puberty changes in teenage girls and menstruation' and how to improve their health in this difficult but significant part of their lives. A free health checkup of these girls was conducted in collaboration with Sri Satya Sai Sanjeevaani hospital Kharghar and haematinics and sanitary napkins were distributed to the girls as part of Navi Mumbai Initiative.** The efforts were appreciated by the healthcare personnel on site and the girls' families.
- World Obesity Day, celebrated on 4th March - is a unified day of action that calls for a cohesive, cross-sector response to the obesity crisis. This year's campaign theme is **'Let's Talk About Obesity And...'** **In order to leverage the power of World Obesity Day, to start cross-cutting conversation, World Obesity Day was celebrated at General Hospital, Vashi on 4th March 2024 by our NMAP EB member, Dr Madhavi Ingale. The celebration included an awareness session on obesity - a silent pandemic and the most neglected part of non-communicable diseases.** The session was attended by nursing students of first and second year from different nursing colleges. The awareness talk emphasized the role of diet, lack of

IAP Navi Mumbai

exercises. They were addressed about the causes of obesity, the risks associated with obesity in terms of hypercholesterolemia, hypertension, diabetes, stroke, early cardiac arrest etc. Significant stress was given upon preventive measures to be taken from early childhood. The participants were divided into different workstations in which they were taught to calculate body mass index, proper application of growth charts in the pediatric age group with respect to age, weight, height and the significance of deviation from the road to health chart.

They were also taught about taking blood pressure in the kids with emphasis upon proper cuff size and the correct technique. It was an interactive session and the participants cleared their doubts with the take home message that the preventive measures about the adult onset obesity must be started from the pediatric age group and sensitisation towards their role in this vital cause.



ICAN'S PARENT AUTISM TRAINING
i-PAT

PROGRAM DIRECTOR - DR. LEENA DESHPANDE
PROGRAM COORDINATOR - DR. NIGAMALIA HARIMARAN
PROGRAM CONVENER - MRS. TASHNA K. HARIYANI

Starts 31st March, 2024
15 hours module
Every Sunday- 1:30pm to 4:30 pm
AT ICAN, Kharghar

FOR DETAILS WHATSAPP ON- 9833135109



IAP Navi Mumbai



IAP Kerala



- 1st -IQRRA Thottilpalam (D)
- 2nd-PARCO hospital (E)
- 3rd -Co operative Hospital Vadakara (G)



IAP Vadakara - World Down Syndrome Day Poster Competition

IAP Kerala



IAP Wayanad - World Down Syndrome Day

IAP Kerala



IAP Malanad - Purple Day

IAP Kerala



IAP Trivandrum - BLS Training

IAP Kerala



IAP Kottayam - Green Army Programme



IAP Kottayam - Monthly CME

IAP Kerala



IAP Kozhikode - CIAP Diagnostic Stewardship Programme

IAP Kerala



IAP Kozhikode - World Obesity Day Panel Discussion

IAP Kerala



IAP Cochin - BNRP Programme

PRESS RELEASE BY NCDPA (IAP) ON WORLD OBESITY DAY



The NCDPA (IAP) issued a press release on the occasion of World Obesity Day on 4th March raising concern about the rising incidence of Obesity and the associated co morbidities among Children and Adolescents in the country. The Release got a wide coverage. It was published in Punjab Kesari, Jag Bani, Navodaya Times and Hind Samachar in the Editorial Page and was given a prominent space in the newspapers. It was also published in Dainik Jagran, Dainik Bhaskar (UP) and Uttam Hindu and given good space. Dainik Savera also covered it as important news and we got an estimated 2 million coverage in Northren India. It was also published in a Marathi newspaper Samachar. It was also covered by all the Hindi Newspapers in Chhattisgarh. A TV channel Punjabi Media Bulletin on reading our Press release approached Dr. Anil Sud. Chairperson NCDPA and recorded his interview and it has been podcast on Facebook also. The coverage ranges from Punjab, Haryana, Himachal, Rajasthan and Canada. FM Radio has also recorded Dr. Anil Sud's interview and is going to run in their Channel 94.3 Big FM. Uttam Hindu and Dainik Savera editors wrote Editorials in their newspapers giving reference of our Press Release.