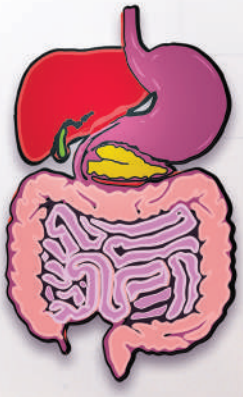

30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY & NUTRITION

Congress President
Prof. Mortada El-Shabrawi

ISMS President
Prof. Talal Abd El-Aziz

4/7 Sep 2024 *Hurghada*

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30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY

WELCOME *Message*

Dear Professors and Colleagues,

On behalf of the International Congress of Pediatric Hepatology Gastroenterology and Nutrition (ICPHGN) board, we are delighted to invite you to the 30th (ICPHGN), which will be held in Hurghada, Egypt from 4-7 Sep 2024.

We promise to bring together field experts from around the globe to promote worlwide cooperation and education in the fields of Gastroenterology, Hepatology, and Nutrition. Following the success of the previous years, we are happy to return back with the same vision and theme and hope to see you in Hurghada.

The scientific program will include a diverse set of fascinating speakers presenting cutting-edge lectures and educational sessions to make the 30th (ICPHGN) a must-attend event for enthusiasts in the world of pediatric gastroenterology, hepatology and nutrition.

We promise all our participants to have a dynamic scientific program, as well as an interesting cultural and social gathering.,

we believe this Congress will rekindle old friendships and create new ones.

In the 30th congress, you will have the opportunity to meet the top-notch international and regionaexperts in these vibrant pediatric fields and to take the most advantages of their presence here in Egypt, especially in Hurghada (The golden capital of the Red Sea) one of the Egyptian beautiful cities, and exceptional destination with the wonderful foremost touristic resort of the Red Sea coast.

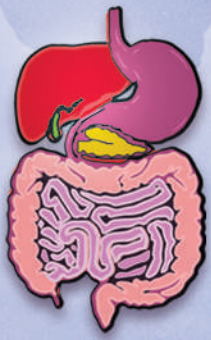
We look forward to seeing you in Hurghada and trust you will find your participation at the 30th (ICPHGN) fruitful and enjoyable.

President of the Congress
Prof. Mortada El-Shabrawi

President of ISMS
Prof. Talal Abdel Aziz

DAY 1

WEDNESDAY 4 SEPTEMBER 2024



30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY & NUTRITION

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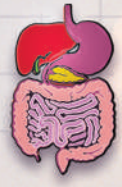


30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY

TIME	03:00 – 09:00 pm	**Registration**

TIME	05:00 – 06:00 pm	**Opening and Session 1**

Chairpersons: :

- Prof. Mortada El-Shabrawi
- Prof. Talal Abd El-Aziz
- Prof. Mostafa Hodhod
- Prof. Bahaa Hassasnin
- Prof. Nabil Abdelaziz
- Prof. Mourad Al Alfy
- Prof. Mohamed Omar El Hossainy
- Prof. Nehal El Koofy
- Prof. Tarek Barakat

TIME	05:00 – 05:30 pm	**Prof. Nehal El Koofy** Biliary Atresia: A Journey from Diagnosis to Nutritional Management

TIME	05:30 – 06:00 pm	**Prof. Ranya Hegazy** Heart and Liver Disease in Children: A Two-way Street

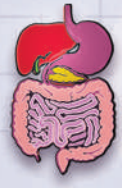
TIME	06:00 – 07:30 pm	Session 2

Chairpersons: : Arranged in Alphabetical order

- Prof. Kamal Eldin Hussein
- Prof. Mohamed Eissa
- Prof. Nabil Abd El Aziz

TIME	06:00 – 06:30 pm	Prof. Dalia A. Abdelrahman Gastrointestinal Bleeding in the Emergency Room
TIME	06:30 – 07:00 pm	Amira Abdelfattah A New Light for Better Future
TIME	07:00 – 07:30 pm	PROF. Dalia A. Abdelrahman Fulminant liver cell failure in NICU and PICU settings, Is it different?

DAY 1 WEDNESDAY 4 SEPTEMBER 2024



30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY

TIME	07:30 – 09:00 pm	Session 3

Chairpersons: : Arranged in Alphabetical order

- Prof. Abdelnasser Hussein
- Prof. Amira Abd El-Fattah
- Prof. Dalia A. Abdelrahman
- Prof. Gamal Gharib

TIME	07:30 – 8:00 pm	**Prof. Nehal El Koofy** Know the Unknown about Pediatric Dyslipidemia
TIME	08:00 – 08:30 pm	**Prof. Ranya Hegazy** Sports screening in children: What every pediatrician should know?
TIME	08:30 – 09:00 pm	**Naglaa M Kamal1, Sara AS Abosabie2, Salma A Abosabie3** PINS: Challenges in Nutritional Management of Chronic Neurological Diseases

END OF DAY 1

For Healthcare Professionals Only

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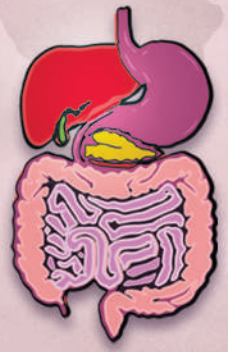
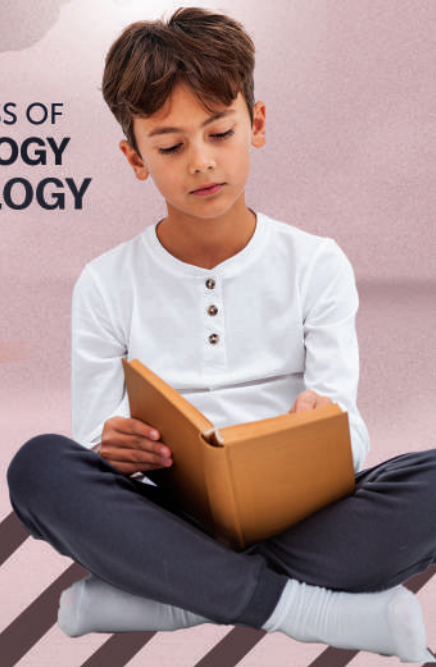
DAY 2

THURSDAY
5 SEPTEMBER 2024



30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY & NUTRITION



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TIME		
	09:00 am 09:00 pm	**Registration**

TIME		
	10:00 – 11:00 am	**Session 4**

Chairpersons: : Arranged in Alphabetical order

- Prof. Gamal Tawfik
- Prof. Laila Sherief
- Prof. Wael Bahbah

TIME		
	10:00 – 10:30 am	**Prof. Maggie Louis** Molecular Diagnosis of Cystic Fibrosis

TIME		
	10:30 – 11:00 am	**Naglaa M Kamal1, Salma A Abosabie2, Sara AS Abosabie3** Management Challenges in Very Early Onset Inflammatory Bowel Disease (VEO-IBD)

TIME	11:00 am 12:00 pm	Session 5

Chairpersons: : Arranged in Alphabetical order

- Prof. Maggie Louis
- Prof. Nehal El Koofy

TIME	11:00 – 11:30 am	Prof. Khaled Fathy Reyad Antibiotic Associated Diarrhea

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TIME		
11:30 am 12:00 Noon	Naglaa M Kamal1, Sara AS Abosabie2, Salma A Abosabie3 Children: Challenges and Management

TIME		
12:00 – 12:30 pm	Prof. Shaaban Serour Cough (WORKSHOP)

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TIME 12:30 – 01:00 pm **Session 6**

Chairpersons: : Arranged in Alphabetical order

- Prof. Ahmed Megahed
- Prof. Amr Megahed
- Prof. Hossam El-Gharraz

TIME 12:30 – 12:45 pm **Prof. Mortada El-Shabrawi**
Pediatric Appetite Stimulants: Fact or Fiction?

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TIME 12:45 – 1:00 pm **Prof. Mortada El-Shabrawi**
Lactobacillus (or Limosilactobacillus) reuteri?

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TIME	1:00 – 1:30 pm	Session 7 (Danone Session)

Chairpersons: : Arranged in Alphabetical order

- Prof. Ameer ElFeky
- Prof. Ashraf Mouris
- Prof. Doaa Heba

TIME	1:00 – 1:30 pm	Prof. Laila Sherif Iron and Bone Health: Unveiling the Vital Connection

TIME	01:30 – 04:00 pm	Lunch Break

DAY 2
THURSDAY 5 SEPTEMBER 2024

TIME	04:00 – 05:00 pm	Session 8

Chairpersons: : Arranged in Alphabetical order

- Prof. Abdel Rahman ElMashad
- Prof. Hosny Azmy
- Prof. Walaa El-Amir

TIME	04:00 – 04:30 pm	Prof. Yasmin Mansi Necrotizing Enterocolitis in Preterm Infants

TIME	04:30 – 05:00 pm	Prof. Berthold Koletzko Does Intrauterine Metabolism Impact on Later Child Health?

TIME 05:00 – 06:15 pm **Session 9**

Chairpersons: : Arranged in Alphabetical order

- Prof. Ashraf Radwan
- Prof. Magdy Mostafa Kamel
- Prof. Sameh Abdellatif

TIME 05:00 – 05:15 pm **Prof. Colleen Kraft**
Epigenetics, Early Brain Development and the Gut Microbiome

TIME 05:15 – 05:45 pm **Prof. Mohamed Omar El Hossainy**
Update on Neonatal Resuscitation Program (NRP) in Egypt and 8th Edition Modifications

TIME 05:45 – 06:15 pm **Prof. Happy Kaiser**
Iron Therapy Redefined: The Future is Here

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TIME 06:15 – 06:45 pm **Prof. Ashraf Abdelbaset**
Hetrogencity in Allergic Rihnitis

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TIME	06:45 – 8:05 pm	Session 10

Chairpersons: : Arranged in Alphabetical order

- Prof. Amal Mahfouz
- Prof. Ashraf Abdelbaset
- Prof. Sherif Dowidar

TIME	06:45 – 07:15 pm	Prof. Ahmed Badr Infant colic: A new era of management

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TIME	07:15 – 07:45 pm	Prof. Maggie Louis Inhalation and Nebulization Therapy in Cystic Fibrosis: Optimizing Treatment Outcomes

TIME	07:45 – 08:05 pm	Prof. Elizabeth Tayler Anti-microbial Resistance (AMR) and Child Health in the Eastern Mediterranean Region

Dinner

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DAY 3

FRIDAY
6 SEPTEMBER
2024

30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY & NUTRITION

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DAY 3 FRIDAY 6 SEPTEMBER 2024

30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY

TIME		
TIME	09:00 am 09:00 pm	**Registration**

TIME		
TIME	09:30 am 12:30 pm	**Session 11**

Chairpersons: : Arranged in Alphabetical order

- Prof. Bahaa Hassasnin
- Prof. Mohamed Omar El Hossainy
- Prof. Nabil Abdelaziz

TIME		
TIME	09:30 – 10:00 am	**Prof. Yong Poovorawan** Hepatitis B prevention and elimination in Thailand by the year 2030
TIME	10:00 – 10:30 am	**Prof Aman Pulungan** Eliminating the Double Burden Malnutrition: The Indonesian Experience
TIME	10:30 – 11:00 am	**Prof. Michael Krawinkel** The Global Double Burden of Under-nutrition and Caloric Over-nutrition
TIME	11:00 –11:30 am	**Online discusion**

12:30-04:00 pm	**Friday Prayer and Lunch**

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DAY 3

FRIDAY 6 SEPTEMBER 2024

30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY

TIME	04:00 – 6:15 pm	Session 12

Chairpersons: : Arranged in Alphabetical order

- Prof. Ahmed Rabie
- Prof. Mostafa Hodhod
- Prof. Sayed Soliman

TIME	04:00 – 4:30 pm	Prof. Mostafa El-Hodhod Celiac Disease: what is old and what is updated
TIME	04:30 – 04:45 pm	Prof. Sherif Fam Vomiting, is it serious

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TIME	04:45 – 05:15pm	Prof. Ahmed Megahed Ingested Foreign Bodies (FBs): The Catastrophic Scenearios
TIME	05:15 – 5:45 pm	Prof. Mostafa El-Hodhod Protein-Losing Enteropathy (PLE)
TIME	05:45 – 06:15 pm	Prof. Laila Sherief Thrombopoeitin Receptor Agonists: A Gift from Pediatric Hematology to Pediatric Hepatology

TIME	0615 –07:15 pm	Session 13

Chairpersons: : Arranged in Alphabetical order

- Prof. Ahmed Bakar
- Prof. Ahmed Mahmoud
- Prof. Ashraf Ayad

TIME	06:15 – 06:45 pm	Prof. Ahmed Megahed Difficult Endoscopic Cases

TIME	06:45 – 07:15 pm	Prof. Ahmed Saad Norovirus: Everything You Need to Know

TIME | 07:15 – 07:45 pm | **Session 14**

Chairpersons: : Arranged in Alphabetical order

- Prof. Doaa Heba
- Prof. Omnia Magdy Omar
- Prof. Sherif El Anwary

TIME | 07:15 – 07:45 pm | **Prof. Sherif Elanwary**
Enteral and parentral nutrition in preterm babies

TIME	07:45 – 08:15 pm	Session 15 & Closing

Chairpersons: :

- Prof. Mortada El-Shabrawi
- Prof. Bahaa Hassasnin
- Prof. Talal Abd El-Aziz
- Prof. Mostafa Hodhod
- Prof. Bahaa Hassasnin
- Prof. Mohamed Omar El Hossainy
- Prof. Nabil Abdelaziz
- Prof. Mourad Al Alfy
- Prof. Nehal El Koofy
- Prof. Tarek Barakat

TIME	08:00 – 08:30 pm	Prof. Yasmeen Mansi Pulmonary Hypertension in BPD patients

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ABSTRACTS

30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY & NUTRITION

ORGANIZED BY:

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Prof. Nehal El Koofy. MD

Prof. of pediatrics /Cairo University
Consultant of pediatric hepatology and nutrition - Member of ISTP

Biliary atresia: A Journey from diagnosis to nutritional management

Biliary atresia (BA) is an obliterative cholangiopathy that manifests in early infancy, negatively affecting nutritional status, growth, and development. Extra-hepatic biliary atresia occurs in approximately 1:15 000 live births. Presentation is with prolonged jaundice, usually in a term baby who develops signs of obstructive jaundice. Biliary atresia is a serious disease requiring prompt early diagnosis preferably before age 6-8 weeks.

When to suspect?

Biliary atresia should be suspected in any baby with jaundice and pale stools, jaundice persisting beyond 14 days of age, or if the direct or conjugated bilirubin is > 17.1 micromoles/L (1 mg/dL).

Biliary atresia and nutrition

The pathogenesis of growth failure and malnutrition in this group of infants and children is multifactorial. Poor bile flow reduces the delivery of bile acids to the small intestine, leading to decreased mixed micelle formation and inevitable fat and malabsorption of fat-soluble vitamins (A, D, E, and K) . Like other patients with cholestasis, most of the calories lost in stool are unabsorbed fats.

The 2019 joint position paper released by the joint North American and European Societies of Paediatric Gastroenterology,Hepatology, and Nutrition (NASPGHAN/ESPGHAN) favored the use of measurements such as length/height, triceps skinfold thickness (TSF), and midarm circumference (MAC) over bodyweight for nutritional assessment and follow-up in children with chronic liver disease.

In the conference talk we will mention step by step the diagnostic approach for cases with biliary atresia & the recent guidelines of management of cases with biliary atresia. The talk will stress on nutritional assessment and management with special emphasis on vitamins & mineral intake the value of breast feeding and the effectiveness of nutritional counselling using special formula and appropriate supplementation on the nutritional status & growth patterns of Kasai-operated patients with biliary atresia.

ABSTRACTS

Prof. Ranya Hegazy
Cairo University

Heart and liver disease in children, a two-way street

The heart and liver are intricately involved in a fascinating fashion such that diseases in either organ may commonly affect the other
Combined cardiac and hepatic disorders occur in three different settings: heart diseases affecting the liver, liver diseases affecting the heart, and cardiac and hepatic disorders with joint etiology. The spectrum of heart diseases affecting the liver includes mild alterations of liver function tests in heart failure, congestive liver fibrosis, and cardiac cirrhosis. The liver diseases affecting the heart include complications of cirrhosis such as hepatopulmonary syndrome, Porto pulmonary hypertension, pericardial effusion, and cirrhotic cardiomyopathy as well as no cirrhotic cardiac disorders such as high-output failure caused by intrahepatic arteriovenous fistulae. Cardiac and hepatic disorders with joint etiology include infectious, metabolic, immune, vasculitis, and toxic disorders.
We will discuss a practical approach to a diagnostic workup of combined cardiac and hepatic disorders based on recognizing the sequence of appearance of the cardiac and liver disease, presence of features of a multisystem disease, and presence of pathognomonic features. Early diagnosis and management is key to a better prognosis in children affected by this spectrum of diseases.

Prof.Dalia A. Abdelrahman
professor of paediatrics
Head of PICU- Zagazig university hospitals- ESPEN diploma

Gastrointestinal bleeding in ER

Gastrointestinal (GI) bleeding in neonates and paediatric patients is a critical condition that often leads to emergency department (ED) visits. Prompt diagnosis and management are essential to mitigate potentially life-threatening complications. This presentation aims to provide a comprehensive overview of the aetiologies, diagnostic approaches, and management strategies for GI bleeding in these vulnerable populations within the emergency setting.
Neonatal GI bleeding frequently presents as hematemesis, melena, or haematochezia, with causes ranging from swallowed maternal blood to necrotizing enterocolitis. In paediatric patients, the spectrum expands to include peptic ulcer disease, Meckel's diverticulum, and variceal bleeding, among others. Clinical manifestations vary significantly with the source and severity of the bleeding, necessitating a systematic approach to evaluation.
This presentation emphasizes evidence-based diagnostic protocols, including the role of laboratory tests, imaging, and endoscopy in determining the bleeding source. Additionally, it outlines the critical steps in resuscitation, stabilization, and definitive management tailored to the age group and clinical presentation. Recent advances in therapeutic interventions, such as endoscopic haemostasis and pharmacological therapies, are highlighted.
Through case-based discussions and a review of current literature, this session aims to equip emergency clinicians with the knowledge and tools to improve outcomes in neonatal and paediatric GI bleeding emergencies.

Prof.Dalia A. Abdelrahman
professor of paediatrics
Head of PICU- Zagazig university hospitals- ESPEN diploma

fulminant liver cell failure in NICU and PICU settings, Is it different?

Dyslipidemias are disorders of lipoprotein metabolism. In adults, dyslipidemia is an established risk factor for atherosclerotic cardiovascular disease (ASCVD), and correcting dyslipidemia reduces the risk of ASCVD. Dyslipidemia often begins in childhood and adolescence. Identifying children with dyslipidemia and successfully improving their lipid profile may reduce their risk of accelerated atherosclerosis and premature ASCVD.
Genetic causes of dyslipidemia can be monogenic or polygenic. Familial hypercholesterolemia (FH) is the most common monogenic disorder (1:300) characterized by lifelong exposure to elevated low-density lipoprotein cholesterol (LDL-C) levels that accelerate the atherosclerotic process and consequently increases the risk of coronary artery disease (CAD).
Hypertriglyceridemia is a common dyslipidemia with a significant genetic component. Chronically elevated triglycerides are associated with several metabolic abnormalities including abdominal obesity, insulin resistance, inflammation, and endothelial dysfunction.
The talk in conference will highlight the pediatric dyslipidemia disorders which are growing burden among Egyptian population due to the high rate of consanguinity among Egyptian population.
Through case presentation we will focus on early diagnosis and proper assessment of these children. In addition, we will discuss different modalities of therapy and new therapeutic drugs and the different obstacles which face the consultant lipidologist in management and care of those children.
The talk will give a comprehensive note about the new pediatric dyslipidemia clinic at new children hospital /Cairo University.

Prof. Nehal El Koofy. MD

Prof. of pediatrics /Cairo University
Consultant of pediatric hepatology and nutrition - Member of ISTP

To know the unknown about pediatric dyslipidemia

Dyslipidemias are disorders of lipoprotein metabolism. In adults, dyslipidemia is an established risk factor for atherosclerotic cardiovascular disease (ASCVD), and correcting dyslipidemia reduces the risk of ASCVD. Dyslipidemia often begins in childhood and adolescence. Identifying children with dyslipidemia and successfully improving their lipid profile may reduce their risk of accelerated atherosclerosis and premature ASCVD.

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The talk will give a comprehensive note about the new pediatric dyslipidemia clinic at new children hospital /Cairo University.

Prof. Ranya Hegazy
Cairo University

Sports screening in children: What every pediatrician should know?

The positive effects of sports in children are well established. Yet, the risk of sudden cardiac death unmasked by regularly practicing sports has been repeatedly proven. Pre-participation screening maybe the most effective method to decrease such risk. Pediatricians need to understand about the established screening methods through history taking, clinical examination and ECG. Obstacles of screening programs will be discussed and the importance of availability proper resuscitation methods will be highlighted.

Naglaa M Kamal1, Sara AS Abosabie2, Salma A Abosabie3

professor of paediatrics
Head of PICU- Zagazig university hospitals- ESPEN diploma

PINS: Challenges in Nutritional Management of Chronic Neurological Diseases

**Background: ** Chronic neurological diseases, including Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis (ALS), and Alzheimer's disease, pose significant challenges in nutritional management due to their impact on swallowing, metabolism, gastrointestinal motility, and cognitive function.
**Objectives: ** This review aims to delineate the complex challenges in providing optimal nutritional care to patients with chronic neurological diseases and emphasizes the need for multidisciplinary approaches and tailored interventions.
**Methods: ** A comprehensive review of the literature was conducted, focusing on the interplay between neurological impairments and nutritional status, and the multifaceted challenges in managing nutrition among patients with chronic neurological diseases.
**Results: ** Nutritional management complexities include:
- **Dysphagia: ** Prevalent in diseases such as Parkinson's and ALS, dysphagia increases risks of aspiration and malnutrition. Tools like videofluoroscopy and FEES are essential for assessment and management.
- **Altered Metabolism and Energy Requirements: ** Neurological conditions can alter metabolic rates and energy needs, complicating nutritional intake balance.
- **Gastrointestinal Dysmotility: ** Issues such as constipation and delayed gastric emptying, common in multiple sclerosis and Parkinson's disease, hinder effective nutrient absorption.
- **Cognitive and Psychological Factors: ** Cognitive impairments and psychological conditions affect dietary choices and intake, requiring comprehensive care approaches.
**Conclusions: ** Effective nutritional management in chronic neurological diseases demands a multidisciplinary strategy to address the diverse challenges of dysphagia, altered metabolism, gastrointestinal issues, and cognitive and psychological impacts. Ongoing research and collaborative healthcare efforts are crucial to developing tailored nutritional interventions that enhance quality of life for affected individuals.

Dr. Maggie Louis Naguib, MD, FCCP

Professor of Pediatrics & Pediatric Pulmonology
Cairo University Faculty of Medicine

Molecular diagnosis of Cystic Fibrosis

Cystic fibrosis (CF) is a complex genetic disorder with a wide clinical spectrum. It is primarily caused by mutations in the CFTR gene on chromosome 7. There have been more than 2000 mutations identified that have been classified into various classes according to CFTR dysfunction. This presentation reviews the different classes of CF mutations and advancements in diagnostic techniques focusing on molecular diagnosis for CF. We discuss the role of various methods, including PCR, Sanger sequencing, and next-generation sequencing, in identifying CF-causing mutations. The challenges posed by the vast spectrum of CFTR mutations and the importance of genotype-phenotype correlations are highlighted. Additionally, we explore the implicat ons of molecular diagnosis for patient management, genetic counseling, and newborn screening.

Naglaa M Kamal1, Salma A Abosabie2, Sara AS Abosabie3

MD, Pro. of Pediatrics, Pediatric Hepatology Unit, Kasralainy Faculty of Medicine, Cairo University- Salma AS Abosabie, Medical Student, Faculty of Medicine, Julius-Maximilians-Universität Würzburg, Bavaria, Germany.- Sara A Abosabie, Medical Student, Faculty of Medicine, Charité – Universitätsmedizin Berlin, Berlin, Germany.

Management Challenges in Very Early Onset Inflammatory Bowel Disease (VEO-IBD)

**Background: ** VEO-IBD, diagnosed in children under six years, presents unique challenges due to its aggressive nature and the higher prevalence of monogenic defects. This condition includes Crohn's disease, ulcerative colitis, and IBD-unclassified, with distinct clinical, genetic, and immunological characteristics compared to older onset IBD.
**Objectives: ** To explore the multidisciplinary management challenges and strategies for VEO-IBD, emphasizing genetic influences, the role of the microbiome, and psychosocial impacts.
**Methods: ** Review of current literature addressing the pathogenesis, genetic factors, and management strategies for VEO-IBD, with references to recent studies and clinical guidelines.
**Results: **
- **Genetic Testing and Tailored Therapies: ** Identification of monogenic causes through genetic testing is crucial, influencing treatment decisions, including the use of hematopoietic stem cell transplantation.
- **Nutritional Management: ** Nutritional support, particularly exclusive enteral nutrition, is vital for remission induction and maintenance.
- **Microbiome and Treatment Response: ** Ongoing research into the microbiome reveals significant dysbiosis in VEO-IBD, affecting pathogenesis and treatment outcomes, with fecal microbiota transplantation (FMT) under investigation.
- **Psychosocial and Quality of Life Considerations: ** The disease's chronic nature affects the psychological well-being of patients and families, necessitating integrated care models that include psychological support.
**Conclusions: ** Managing VEO-IBD requires a comprehensive approach addressing the clinical, genetic, and psychosocial dimensions. Ongoing challenges include optimizing long-term outcomes and minimizing the impacts of growth failure and surgical needs. Future research should focus on refining diagnostic tools and developing novel therapies to enhance disease control and improve the quality of life for affected children.

Prof. Khaled Fathy Reyad

Antibiotic Associated Diarrhea

More than 400 species of bacteria inhabit the human gut, and a balance of these microorganisms is important for normal gastrointestinal function.1
Antibiotic treatment reduces the overall diversity of gut microbiota species, including loss of some important bacterial flora, which causes:2
Metabolic shifts
Increased gut susceptibility to colonization
Stimulation of the development of bacterial antibiotic resistance

Naglaa M Kamal1, Salma A Abosabie2, Sara AS Abosabie3

MD, Pro. of Pediatrics, Pediatric Hepatology Unit, Kasralainy Faculty of Medicine, Cairo University- Salma AS Abosabie, Medical Student, Faculty of Medicine, Julius-Maximilians-Universität Würzburg, Bavaria, Germany.- Sara A Abosabie, Medical Student, Faculty of Medicine, Charité – Universitätsmedizin Berlin, Berlin, Germany.

PINS: The Mystery of Picky Eaters in Children: Challenges and Management Strategies

Background: ** Picky eating is common in early childhood and is characterized by a limited intake and variety of foods, potentially impacting growth and health. Despite its prevalence, standardized diagnostic criteria are lacking, complicating effective management and intervention.**Objectives: ** This review aims to explore the etiology, consequences, and management strategies of picky eating, emphasizing the role of healthcare professionals in mitigating its effects.**Methods: ** Examination of current literature on the causes of picky eating, its nutritional consequences, and the efficacy of various intervention strategies. Special attention is given to differentiating picky eating from more severe disorders like avoidant/restrictive food intake disorder (ARFID).
**Results: **
- **Etiology and Impact: ** Factors contributing to picky eating include early feeding issues and parental behaviors, while the condition can lead to nutrient deficiencies and psychosocial complications.
- **Intervention Strategies: ** Effective management includes repeated food exposure, parental modeling of healthy eating, and positive mealtime experiences. Multi-component interventions, including sensory-based and parental guidance, have shown promising results.
- **Role of Health Professionals: ** Occupational therapists and other clinicians are pivotal in implementing therapeutic strategies. Awareness and training on conditions like ARFID are essential for early identification and intervention.
- **Family Dynamics: ** Picky eating significantly affects family interactions and mealtime dynamics, with varied parental strategies and emotional responses.
**Conclusions: ** While many children outgrow picky eating, persistent cases require targeted interventions to prevent long-term consequences. Health professionals need to support families through evidence-based practices and ensure early detection of potential eating disorders. Future research should focus on developing sensitive diagnostic tools and assessing the effectiveness of intervention programs

Prof. Laila Sherief
Professor of Pediatric and Pediatric Hematology & Oncology
Zagazig University

Iron and Bone Health: Unveiling the Vital Connection

Bone is a metabolically active tissue that is continuously being remodeled, which enables growth in childhood, as well as repair and adaptation of the skeleton in adults. For the maintenance of skeletal integrity, this sequence has to be tightly regulated. The two major cell types involved in bone remodeling are osteoblasts, with a role of new bone tissue formation and the osteoclasts, with a function of resorption of bone tissue. Differentiation and activity of these two cell types must be tightly orchestrated in order to preserve skeletal health and integrity throughout life.

Iron overload as well as iron deficiency are associated with weakened bones which is represented as decreased bone mass, osteoporosis, osteopenia, altered bone microarchitecture and biomechanics, as well as frequent bone fractures, suggesting that balanced bone homeostasis requires optimal iron level. Iron excess trigger osteoclast differentiation and activation and subsequent bone destruction. Also, Iron overload attenuates osteoblasts differentiate from multipotent mesenchymal stem cells (MSCs) and the function of mature osteoblasts. So weak bone phenotype observed in patients with systemic iron overload is a consequence of increased bone resorption by osteoclasts and decreased bone formation by osteoblasts. Besides the fundamental role of iron in oxygen delivery, iron is involved in diverse enzymatic systems throughout the body. Regarding bone physiology, iron is critically involved in 2 processes, collagen production and metabolism of vitamin D and therefore iron deficiency is considered to have a detrimental impact on bone homeostasis. Accumulating evidence suggests that both high iron and low iron influence the differentiation and activity of osteoclast and osteoblasts in a way that it promotes bone loss. However, the role of iron in bone metabolism has received little attention and its mechanisms of action still unclear.

Prof. Colleen Kraft

USA

Epigenetics, Brain Development and the Gut Microbiome

Research in neuroscience has highlighted the role of epigenetics, the environment around the genome, in optimizing brain development in young children. The relationship between the gut microbiome and the developing brain is a burgeoning field of research, revealing complex interactions that can significantly impact health and development.

The gut-brain axis refers to the bidirectional communication network that connects the gut and the brain. This connection is mediated through neural, hormonal, and immune mechanisms. Gut bacteria produce neurotransmitters such as serotonin and dopamine which are crucial for brain function and development. Microbes can affect the formation of the blood-brain barrier, myelination, and synaptic pruning. The gut microbiome helps regulate the immune system, which can influence neurodevelopmental processes.

Some studies suggest that a healthy gut microbiome can enhance cognitive functions such as learning and memory. Conversely, dysbiosis (an imbalance in the gut microbiome) can impair cognitive abilities. Alterations in the gut microbiome have been linked to changes in behavior, including anxiety, depression, and social/interactive behaviors. Animal studies show that germ-free mice exhibit altered behavior compared to those with a normal microbiome.

The mode of delivery (vaginal vs. cesarean) and early feeding (breastfeeding vs. formula) can influence the initial colonization and composition of the gut microbiome, impacting neurodevelopment.

Early diet plays a critical role in shaping the gut microbiome and, consequently, brain development. Diets rich in fiber and diverse in nutrients support a healthy microbiome. Interventions with probiotics and prebiotics are being explored to promote a healthy gut microbiome and potentially benefit brain health.

Prof. Mohamed Omar El Hossainy

Consultant Neonatal & Pediatric Intensive Care - Cairo University UNDP, LDC & MOH Neonatal Resuscitation Training Project Director.

Update on NRP in Egypt and 8th Edition Modifications

NRP in Egypt was started on systematic scale back in 2005 in cooperation between EpA, LDC and the American Academy of Pediatrics.
NRP was interrupted because of the political events in Egypt in 2010 and the turmoil that followed those events.In this speech we will summarize the recent efforts and training plans to ensure continuity of NRP in Egypt in the future.We will discuss briefly changes included in the last edition of AAP neonatal resuscitation textbook.NRP in Egypt was started on a systematic scale back in 2005 in cooperation between EpA, LDC and the American Academy of Pediatrics.That was followed by a 2 years' project involving the UNDP and UNICEF, Egyptian Ministry of Health and the Supreme Council for Mother and Childhood.
NRP was interrupted because of the political events in Egypt in 2010 and the turmoil that followed those events. In 2018 thanks to the Efforts of the Global Society of Medical Specialties headed by Professor Dr.Mortada El Shabrawi, Professor Dr. Talal Abdel Aziz and LDC representative in EGYPT , NRP was revived with a new vision and strategy to reach the final goal of having NRP as a routine practice all over the country.
The new project involved two arms running in parallel.The first was to get NRP on the curiculum of Schools of Medicine all over the country, for the three specialties involved in child birth (Neonatologys, OBGYN and Anaesthesia).That initiative was appreciated and largely supported by the dean of School of Medicine at cairo University at that time Professor Dr. Hala Salah and the head of Neonatology Department Professor Dr. Zahra Hussein.The second arm targeted the involvement of NRP in the recent and much needed project to improve Neonatal Health Services all over the country initiated and supported by his Excellency Professor Dr Khaled Abdel Ghaffar the Minister of Health and Professor Dr. Abla El Alfy, who shared the vision to create a new system for continuous medical Education and upgrading by implementing regular training and licensing for all medical staff in all hospitals.
This presentation includes an overview of the start, progression and final results of the conjoint efforts for NRP in Egypt.
A brief review of the new guidelines recommended by the American Heart Association and the American Academy of Pediatrics in their 8th. Edition of Neonatal Resuscitation Textbook.

Dr. Maggie Louis Naguib, MD, FCCP
Professor of Pediatrics & Pediatric Pulmonology
Cairo University Faculty of Medicine

Inhalation and Nebulization Therapy in Cystic Fibrosis: Optimizing Treatment Outcomes"

Cystic fibrosis (CF) is a multisystem inherited disorder with a complex clinical spectrum. CF related lung disease is the major contributor to patient morbidity and mortality in affected patients of all ages. Inhalation and nebulization therapy are cornerstones in managing cystic fibrosis (CF) lung disease. This presentation will explore the role of these therapies in improving pulmonary function and quality of life for CF patients. We will discuss the mechanisms of action of various inhaled medications, including bronchodilators, mucolytics, anti-inflammatory agents, and antibiotics. Additionally, the presentation will cover the latest advancements in nebulizer technology and delivery systems. The importance of adherence to inhalation therapy regimens and strategies to optimize treatment outcomes will also be addressed. Inhalation and nebulization therapy are essential components of cystic fibrosis (CF) pulmonary management. This presentation will delve into the mechanisms of action, efficacy, and delivery of inhaled medications, including bronchodilators, mucolytics, anti-inflammatory agents, and antibiotics. We will discuss the role of these therapies in improving lung function, preventing exacerbations, and enhancing quality of life for CF patients. Furthermore, the presentation will address the challenges of medication adherence and explore strategies to optimize treatment outcomes. Advances in nebulizer technology and the potential impact of personalized medicine on inhalation therapy will also be highlighted.

Dr Liz Tayler
ex WHO EMRO

AMR and Child Health in the Eastern Mediterranean Region

Antimicrobials have underpinned the massive gains that have been made in child health during this century. As resistance rises, these gains are becoming fragile. The challenges of untreatable infections are already clear in neonatal ICU and oncology wards across the region. Inappropriate use of antibiotics in the paediatric population is widespread – which contributes to rising resistance levels, as well as negatively impacting children's microbiomes.

This presentation will outline the burden of infection in the region (using data primarily from the IHME GRAM study on the burden of disease) It will then explore what the response should be – in terms of preventing infection, reducing inappropriate use, and surveillance, and then flag some of the key political developments that are happening over the next year

Dr. Yong Poovorawan

Center of Excellence in Clinical Virology, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Hepatitis B prevention and elimination in Thailand by the year 2030

Viral hepatitis is a significant problem for the global population because the associated annual mortality is greater than HIV, tuberculosis, and malaria combined. Currently, there are 240 million viral hepatitis infected individuals and carriers worldwide. The policy spear-headed by The World Health Organization aims to eliminate hepatitis by the year 2030 to reduce new viral hepatitis infections by at least 90 percent. Neonatal hepatitis B vaccination in Thailand began in 1992. More than 95% currently receive 4-5 doses by the age of one year aims to decrease HBV vertical transmission from mother to infant by over 90 percent. This is reflected in the survey of the HBV infection nationwide in 2014, which showed that the rates of infection were 0.1% among children less than 5 years of age, 0.3% among 5-10 years old, 0.7% among 11-20 years old, 3% among 21-30 years old, and between 4-6% among other age groups 31 years of age or older. Effective screening of blood donors using serology and nucleic acid tests has been done for all blood units. There is currently a problem identifying and channeling infected patients toward a treatment plan. However, the prevalence remains high for adults born before the HB vaccine was integrated into the EPI program. The World Health Organization recommends that the HBV and HCV national screenings are performed at the point of care using simple, rapid, and cost-effective assay. Initial positive test results are then subjected to confirmation of active disease before treatment. However, treatment with HBV is not curative, but the progression to liver cirrhosis and hepatocellular carcinoma can be prevented. Taken together, the elimination of viral hepatitis by 2030 is possible.

Dr. Michael B. Krawinkel

Germany

'The global double burden of undernutrition and caloric overnutrition'

Even in the year 2024 food insecurity and undernutrition remain a challenge in many countries of the world. Since 2020 the situation has worsened in many places due to climate-related environmental change as well as civil and international warfare. Often food security cannot get maintained by subsistence cropping anymore, and insecurity impedes the function of local markets and supply chains.

At the same time, nutrition transition has led to an increasing number of people with overweight, obesity, and chronic non-communicable diseases affecting children and adults. And it doesn't stop at the levels of diabetes mellitus type 2 or coronary heart disease in younger people. These changes in global nutrition are driven by the production and marketing of oils and fats. Also, the consumption of carbonated sugared drinks, e.g. Coca Cola, has been successfully marketed and is now accepted worldwide with few exceptions. Thirty years back, we found in most cultures fish and meat, vegetables and staples getting cooked, grilled or steamed. Now, everything is fried in cooking oil: potatoes have become French Fries or chips, steamed rice has changed to fried rice. The specific challenge by sugared drinks is that people do not experience the caloric intake and satiety: after one bottle of a sugared drink one can drink the next one soon as the stomach gets empty quickly.

The challenge of the nutrition transition is an institutional and an educational one: whilst the producers and traders of high caloric foods and drinks want us to eat and drink as much as we can to stimulate their business we need to learn and to teach our societies to limit the intake of energy from foods and drinks. Research in Mexico has shown significant reductions in weight gain by children drinking water instead of sugared drinks.

Prof. Mostafa El-Hodhod

Professor of Pediatrics, Ain shams university

Celiac Disease: what is old and what is updated

Viral hepatitis is a significant problem for the global population because the associated annual mortality is greater than HIV, tuberculosis, and malaria combined. Currently, there are 240 million viral hepatitis infected individuals and carriers worldwide. The policy spear-headed by The World Health Organization aims to eliminate hepatitis by the year 2030 to reduce new viral hepatitis infections by at least 90 percent. Neonatal hepatitis B vaccination in Thailand began in 1992. More than 95% currently receive 4-5 doses by the age of one year aims to decrease HBV vertical transmission from mother to infant by over 90 percent. This is reflected in the survey of the HBV infection nationwide in 2014, which showed that the rates of infection were 0.1% among children less than 5 years of age, 0.3% among 5-10 years old, 0.7% among 11-20 years old, 3% among 21-30 years old, and between 4-6% among other age groups 31 years of age or older. Effective screening of blood donors using serology and nucleic acid tests has been done for all blood units. There is currently a problem identifying and channeling infected patients toward a treatment plan. However, the prevalence remains high for adults born before the HB vaccine was integrated into the EPI program. The World Health Organization recommends that the HBV and HCV national screenings are performed at the point of care using simple, rapid, and cost-effective assay. Initial positive test results are then subjected to confirmation of active disease before treatment. However, treatment with HBV is not curative, but the progression to liver cirrhosis and hepatocellular carcinoma can be prevented. Taken together, the elimination of viral hepatitis by 2030 is possible.

Prof. Ahmed Megahed, MD

Professor of Pediatrics, Pediatric Gastroenterology and Hepatology Unit, Mansoura University Children's Hospital, Faculty of Medicine, Mansoura University, Egypt.

'The global double burden of undernutrition and caloric overnutrition'

Foreign bodies (FBs) ingestion is a common clinical problem in young children. Fortunately, most FBs usually cause no harm and spontaneously come out of the rectum without treatment. Meanwhile some FBs are dangerous, based on their nature and or location. Endoscopic retrieval is required in 10% to 20% and less than 1% of cases may require surgery. Esophageal FBs, sharp or large FBs, multiple magnets, disk batteries are example of challenging scenarios, requiring proper timely intervention. This presentation reviews the difficult to manage FBs scenarios; indications and timing of FBs endoscopic retrieval; retrieval devices, techniques and tips; also possible complications of both FBs ingestion and interventions. It had been enriched with cases and endoscopic videos to fit a CME course for general pediatricians and candidates interested in pediatric GI practice

Prof. Mostafa El-Hodhod
Professor of Pediatrics, Ain shams university

Protein Losing Enteropathy

Losing extraordinary protein in the stool is not uncommon as it is part of many GI diseases. It presents with hypoalbuminemia with occasional hypoglobulinemia.
The usually used marker for diagnosis namely fecal alpha1 antitrypsin is not definitive but may mean protein malabsorption.
Diverse etiology will be mentioned with an algorithmic approach for diagnosis and management.

Prof. Laila Sherief
Professor of Pediatric and Pediatric Hematology & Oncology
Zagazig University

Thrombopietin Receptor Agonists: A Gift from Pediatric Hematology to Pediatric Hepatology

Thrombopietin receptor agonists (TPO-RAs) have significantly advanced the treatment of thrombocytopenia, particularly benefiting pediatric patients in both hematology and Hepatology.

Thrombopietin receptor agonists bind to TPO receptors (TPO-Rs) and stimulate downstream signaling pathways, leading to increased platelet production. So, these agents mimic the endogenous thrombopietin, a crucial growth factor for platelet production. Two agents, romiplostim and eltrombopag, are currently FDA approved for thrombocytopenia in pediatrics

They are indicated in the management of various conditions associated with low platelet counts.

In pediatric hematology, TPO-RAs are beneficial for conditions such as:

-Immune Thrombocytopenia (ITP) ,aplastic anemia, thrombocytopenia secondary to chemotherapy and also used to treat prolonged and/or refractory thrombocytopenia after Hematopoietic stem cell transplantation

In pediatric hepatology, thrombocytopenia represents a common complication of chronic liver disease and creates clinical challenges for patients who need invasive procedures. TPO-RAs show promising results in managing thrombocytopenia associated with chronic liver disease like cirrhosis, reducing bleeding complications and improving procedural safety

In addition, in liver transplantation: TPO-RAs reduce perioperative bleeding risks and support post-transplant recovery of platelet counts. Conclusion:Thrombopoietin receptor agonists are valuable therapeutic options that bridge pediatric hematology and hepatology. Their ability to manage thrombocytopenia effectively underscores their importance and highlights the need for continued research and accessibility to optimize patient outcomes across these specialties.

Prof. Ahmed Megahed, MD

Professor of Pediatrics, Pediatric Gastroenterology and Hepatology Unit, Mansoura University Children's Hospital, Faculty of Medicine, Mansoura University, Egypt.

Difficult endoscopic cases

The field of Pediatric endoscopy is advancing rapidly. Many hemostatic therapeutic modalities are currently available, allowing management of complex cases. Hemoclips application, hemospray, Argon plasma photocoagulation are effective techniques in controlling bleeding. Intralesional steroid injection and local mitomycin application in addition to incisions therapy improved the outcome of esophageal strictures dilatation. Endoscopic mucosa resection and Endoscopic submucosal dissection are available techniques for excision of difficult polyps. Furthermore, advanced endoscopic techniques as ERCP, peroral cardiomyotomy, endoscopic US are gaining more and more interest among ped endoscopist. This presentation is attempting to draw some light on difficult endoscopic cases and different endoscopic therapeutic techniques

Prof Ahmed Saad

Professor of Pediatric and Pediatric Hematology & Oncology
Zagazig University

**Consultant and Head of Pediatrics Department, FOM,
Arish University**

Noroviruses are small non –enveloped single strand RNA viruses in the viral family called Caliciviridae. They are also known as Norwalk virus and sometimes referred to as the winter vomiting disease. The virus is named after the city of Norwalk, US, where an outbreak occurred in 1968.

In developed country with massive rotavirus vaccination, norovirus become the most common cause of gastroenteritis in children.

Norovirus results in about 685 million cases of disease and 200,000 deaths globally a year. It is common both in the developed and developing world, those under the age of five are most often affected, and in this group it results in about 50,000 deaths in the developing world.

Norovirus is a highly contagious viral disease and the virus is usually spread by the fecal–oral route. This may be through contaminated food or water or person-to-person contact. It may also spread via contaminated surfaces or through air from the vomit of an infected person. Risk factors include unsanitary food preparation and sharing close quarters.

Norovirus infections occur more commonly during winter months, and the Infection characterized by non-bloody diarrhea, vomiting, and stomach pain. Fever or headaches may also occur. Symptoms usually develop 12 to 48 hours after being exposed, and recovery typically occurs within one to three days. Complications are uncommon, but may include dehydration, especially in the young, and those with other health problems.

Diagnosis is generally based on symptoms. Confirmatory testing is not usually available but may be performed by public health agencies during outbreaks.

Prevention involves proper hand washing and disinfection of contaminated surfaces. There is no vaccine till now or specific treatment for norovirus. Management involves supportive care such as drinking sufficient fluids or intravenous fluids. Oral rehydration solutions are the preferred fluids to drink.

Prof. Sherif Elanwary
Professor of Pediatrics, Cairo Univerity

Enteral and Parentral Nutrition in Preterm Babies

Preterm infants have low nutrients stores and higher nutrients requirements than full-term infants. For bone growth and mineralization substantial intake of protein, energy, calcium, phosphorus and vitamin D is necessary. Enteral nutrition should be initiated as soon as possible when the infant's medical condition allows, while simultaneously weaning TPN, at the same time ensuring provision of adequate nutrients for the best growth and bone mineralization possible.

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DAY 3

FRIDAY 6 SEPTEMBER 2024

30TH INTERNATIONAL CONGRESS OF PEDIATRIC HEPATOLOGY GASTROENTEROLOGY

Prof. Yasmeen Mansi

Professor of Pediatrics, Cairo University

Pulmonary Hypertension in BPD patients

Pulmonary Hypertension is a common complication of neonatal respiratory diseases including bronchopulmonary dysplasia (BPD), and recent studies have increased awareness that PH worsens the clinical course, morbidity and mortality of BPD. Recent evidence indicates that up to 18% of all extremely low birth weight infants will develop some degree of PH during their hospitalization, and the incidence rises to 25–40% of infants with established BPD. Risk factors are not yet well understood, but new evidence shows that fetal growth restriction is a significant predictor of PH. Echocardiography remains the primary method for evaluation for BPD-associated PH, and the development of standardized screening timelines and techniques for identification of infants with BPD-associated PH remains an important ongoing topic of investigation. The use of pulmonary vasodilator medications such as nitric oxide, sildenafil, and others in the BPD population is steadily growing, but additional studies are needed regarding their long-term safety and efficacy.

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