

Abstract

Background: Congenital Insensitivity to pain with anhidrosis is a rare autosomal recessive disease. Characterized by inability to sweat, episodes of hyperpyrexia, intellectual disability, and insensitivity to pain that renders affected individuals susceptible to repeated trauma to the degree of disability. There is no specific treatment. They need a multidisciplinary approach, including proper education.

Case Report: An 8 month old Sudanese female presented with recurrent episodes of fever, growth retardation, irritability and self mutilation. She feels comfort and becomes calm when wrapped in wet clothes or during winter. She sustained many injuries; the latest was scarring of her left cornea, which was misinterpreted as vitamin A deficiency in the context of her failure to thrive, and received a high, toxic dose of vitamin A that led to severe dermatitis, skin cracking, sepsis, hypothermia, and death. I want to raise the awareness of paediatricians on the presence of such rare cases in our society, and the anticipated course of their illness.

Conclusion: such rare cases are usually misdiagnosed. Living in an equatorial hot country like Sudan, with unstable electric supply, poor family, is a major risk to suffer and succumb. Failure to anticipate clinical course, can lead to a catastrophic intervention like what had been done to this poor child.

Key words: Congenital Insensitivity to pain with anhidrosis, hereditary sensory autonomic neuropathy, self injury, self mutilation, Equatorial, hot country

Rheumatic Heart Disease Control Program In South Darfur

Dr.Khalid Al Awad , Dr.Bahja Abbo , Prof Sulfa Ali

Abstract

Rheumatic Heart Disease (RHD) is a devastating sequelae of streptococcal throat infection that can easily be prevented and not amenable to treatment once it is established. A National Control Program was established in 2012 and the RHD register showed that the disease is mainly prevalent in Darfur and Kordofan areas. In 2014, Niyala Hospital physicians were contacted by the RHD National Committee and invited to participate in RHD Control. Since that time there has been important achievements including:

1. Health awareness campaigns using printed material and video clip through school and camp visits and media (TV and radio)
 2. Medical education : RHD Control materials were integrated in IMCI and MCH programs and training material were produced using charity donations , and distributed to health workers including physicians, medical assistants, health promoters and midwives
 3. RHD Clinic was established. Dr,Bahja Abbo was trained at Sudan Heart Centre in focused echocardiography, and she is doing echo at Niyala Hospital and acting as a focal person for consultation with Khartoum Centers.
 4. Echo Screening program : medical officers were trained in using hand-held echo machines and a project to measure echo prevalence of RHD was conducted in camps for displaced people
- Results will be discussed. Communication with the RHD Committee members through social media and availability of Guidelines Books and manuals enabled RHD Control Program to have important achievements in Niyala.

Echocardiography Prevalence of Rheumatic Heart Disease in Sudanese Children: The Evidence of Inequity

Sulafa Ali, Sara Domi, Tajudeen Bishari, Rabab Elnour, Abdelrahman Elhassan, Bahja Abbo, Khalid Al Awad

Abstract

Rheumatic heart disease (RHD) is a public health problem in Sudan with a clinical prevalence of 11 in 1000 reported in 1992. There is no recent epidemiological data available for RHD.

In the current era of availability of small echo machines, echocardiographic screening of asymptomatic children have shown that silent RHD can be present with frequencies much higher than that detected by auscultation. This can help in early detection, treatment and prophylaxis.

Methods: from September 2016 to September 2017 we carried a study to measure the echo prevalence of RHD using hand – held echo machines. The study was funded by the Ministry of Higher education. Phase 1 was carried in primary schools in Khartoum inner city, and phase 2 in primary schools in Niyala camps for displaced people.

Results: in the study period, 3000 pupils from Khartoum and 1700 pupils from Niyala were screened. There was a striking difference in prevalence of RHD in the 2 sites. (Results will be discussed)

This study has important implications on RHD control in Sudan showing that RHD is mainly prevalent in areas with poor access to medical services.

Case Oral Presentation

Title: Severe Right Sided Infective Endocarditis with severe Complications due to Community Acquired Methicillin Resistant Staphylococcus Aureus (CA-MRSA) in Preschool Child with A cyanotic Congenital Heart Disease

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Pediatric Cardiology Department, Children Hospital, King Saud Medical City, Riyadh-Saudi Arabia

Abstract

Right-sided Infective Endocarditis(IE) accounts for 5–10% of IE cases, Community-Acquired methicillin resistant Staphylococcus aureus (CA-MRSA) has been increasingly reported recently and has become an emerging pathogen of infective endocarditis (IE) in adults, but still rarely reported in children.

This is a four and a half years old boy with sub-pulmonary stenosis. He developed severe acute right sided infective endocarditis due to community-acquired methicillin resistant Staphylococcus aureus (CA-MRSA) with rapidly progressive complicated course, due to immune complex and septic embolic phenomena. He continued to have persistently positive blood cultures for MRSA for 23 days despite appropriate antimicrobial therapy. Surgery was indicated, but was not performed. He started to respond after addition of intravenous daptomycin. Completely recovered after 8 weeks of intravenous treatment.

Abstract**EPI activities in Red Sea state success, Obstacles, & interventions****Presented by: Dr. Khalid Elkher****Pediatrician MRPCH****Background:**

This study shows extensive data of routine immunization coverage and episodic rounds of **NIDs** & measles campaigns from 2014 – 2016.

Our state shows a much extended areas of refusals to vaccinations. This had a negative impact on the child health and it increased morbidity.

There were outbreaks of measles in refusal areas.

Results:

The efforts of the expert committee {Refusal committee; including community key persons: Omad – Mashaikh} led to reduction in number of measles cases by 50% from 2014 to 2015.

Conclusion :

1. Raising awareness by conjoined efforts is vital for children wellbeing.

Recommendations:

2. Involving the community key persons in these areas of refusers in EPI NIDs activities through health education & home visits.
3. Vaccination teams should be trained from the same refuser's areas.

Circumcision in Children : Recent Views and Ideas***Satti Abdelrahim Satti,******Associate Professor & Pediatric Consultant,******Arab Board in Pediatrics, MD in Pediatrics & Child Health.******Subspeciality in Infectious & Tropical Pediatrics.******e-mail: sattiabd99@gmail.com******Tel : 0912339038*****Abstract**

Circumcision is a ritual practice in many countries. It happens for religious reasons as well as non-religious. It is a religious practice for all muslims in the world. Khitan is the term for male and female circumcision carried out as an Islamic rite by Muslims. Circumcision is a controversial topic that provokes strong arguments for and against the practice. The prevalence of male circumcision worldwide is primarily due to the role of religion, although cultural and health reasons have also been significant factors. Male circumcision is compulsory for Jews and is mainly practiced among Muslims. It is regarded as a sign of the covenant with God. It is carried out to maintain hygiene and for medical reasons. Female genital cutting and female circumcision means the ritual removal of some or all of the external female genitalia. It is not practiced now except by few countries mainly in Africa. It is not advised now to be done, even it is completely banned because of its serious medical complications and bad psychological effects on circumcised girls & their families. Medical, social & religious advantages of male circumcision will be stated & mentioned. Controversial views and ideas concerning female circumcision will be stated & discussed . The best & suitable time for male circumcision will also be discussed.

ABSTRACT

Towards A better prognosis for severely head–injured children/ A PICU reflection

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Paediatric traumatic brain injury (TBI) is one of major causes of death and long- term disability in the UK.It is a leading cause of hospital attendance at emergency departments for children comprising between 33 to 50% of all head injuries seen.In a UK national study ,children younger than 2 years old accounted for 34% of admissions, usually due to falls, being dropped or non-accidental injuries.Falls were the most common cause of head injury amongst pre-school children. Head injuries from sports, recreational activities or Motor Vehicle Accidents (MVA) were prevalent in older children or young persons(1)The prevalence of disability among those who were hospitalized could approximate 20%(2)The injury's impact is not only to the child and the loss of that individual's potential development, in terms of their physical, educational, psychological, and social outcomes, but there are often significant effects on their carers and family.

It is well established that secondary brain injury occurs in the setting of increased Intracranial pressure(ICP) and decreased cerebral perfusion . Therefore, management of patients with severe TBI has focused on decreasing ICP and optimizing cerebral perfusion pressure (CPP). Current evidence-based TBI guidelines support that a sustained CPP between 50 and 70 mm Hg or an ICP maintained below 20 mm Hg have been associated with favorable outcomes.Recommended first line therapies for the prevention and treatment of intracranial hypertension , include elevation of the head of the bed to promote jugular venous drainage, sedation and muscle relaxation , modest hyperventilation, drainage of cerebrospinal fluid , hyperosmolar therapy with hypertonic saline or mannitol and metabolic support. Second-line therapies include barbiturate coma, systemic hypothermia, and decompressive craniectomy.

ABSTRACTS..

The prediction of neurologic outcome is a fundamental concern in the resuscitation of patients with severe brain injury. For tertiary prevention to be most effective, optimum care must start in the pre-hospital phase. This means that children or young people with traumatic head injury and impaired consciousness should be transported to the appropriate Children's Major Trauma Centre or nearest Trauma Unit quickly and by ambulance to optimise their early management. They should receive the most appropriate intensive care facilities to ensure maintenance of satisfactory tissue oxygenation and perfusion to minimise any subsequent effects and complications of the traumatic episode.

This is a reflection on application of an intensive care unit protocol towards a better prognosis for severely head-injured patients in South West England. My suggestion is to adopt similar guidelines to ensure a better outcome for the severely head-injured children in Sudan. To implement this we will need a robust system for training doctors and paramedics as well as well-equipped ambulances, emergency departments and paediatric intensive care units.

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ABSTRACTS..

Study of causes, risk factors, and outcome of unconjugated hyperbilirubinemia among neonates admitted to the Neonatal Intensive Care Unit (NICU) at Gaafer Ibn Aouf Specialized Pediatrics Hospital during the period from March 2012 to March 2016.

Sofiah Mohammed Elhassan¹, Mohammed Abd Allah Mohamed ¹, Muath Mohammed Roben Hassan ¹, Nahla Alrayah¹, Marwa Mohamed ¹, Wala Mohamed ¹, OmnyaWarag¹

Background : Jaundice is the commonest abnormal physical finding during first week of life. 25-50% of all term newborns and higher percentage of premature infants develop clinical jaundice.

Objectives : This study was done to determine the causes, date of onset, duration of hospital stay, treatment and outcome of unconjugated hyperbilirubinemia in the study population.

Material and Methods :In this retrospective descriptive hospital based study of all neonates with unconjugated hyperbilirubinemia were admitted to the NICU at Gaafer Ibn Aouf Specialized Pediatrics Hospital ,Sudan, from 1st of march 2012 to 31st of march 2016 (total 4 years) were included. Structured questionnaire was used to collect data from files, SPSS used to analyze data.

Result :From total of 1,263 patients admitted to the NICU in the specified time, almost thirty per cent was diagnosed with unconjugated hyperbilirubinemia. Males constituted around three fifth of the sample.

Spontaneous vaginal delivery and hospital delivery constituted about three quarters of mode and place of delivery respectively. Family history of neonatal jaundice in siblings was found only in 5% of patients and majority of mothers (60%) hadn't any illness during pregnancy. The onset of jaundice was mainly in the first three days of life. The most common cause of jaundice was sepsis (28.9 %), followed by prematurity (20.5%) and ABO incompatibility (20.8%). Notably, the mortality rate was high (25%) despite that most of patients are improved and discharged. Chi square test revealed absence of association between patient outcome and gender, mode of Delivery, and place of birth ($P > 0.05$). In contrast, there was significant association between patient outcome and maternal illness, treatment received, and jaundice onset ($P < 0.05$).

Foreign Body Ingestion & Aspiration in Children**A common Pediatric ER Presentation****A literature Review and latest recommendations of management**

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ABSTRACT

Ingestion and aspiration of foreign bodies is a common pediatric problem, with more than 100,000 cases occurring each year. The vast majority of pediatric ingestions are accidental; increasing incidence of intentional ingestions starts in the adolescent age group. As children explore and interact with the world, they will inevitably put foreign bodies into their mouths and swallow some of them. Although adults most often present to the ED because of health problems related to ingestion of radiolucent foreign bodies (typically food), children usually swallow radiopaque objects, such as coins, pins, screws, button batteries or toy parts. Although children commonly aspirate food items, it is less common for small children to present because of foreign body complications due to food ingestion.

I have done a literature review and will present:

Epidemiology

Sign & symptoms

Diagnostic Measures

Initial maneuvers

Management approach

Demographic and Echocardiographic features of 871 patients with Rheumatic Heart Disease: The RHD Register

NohaKaradawi, MD, MRCPCH, Fouada Omer, MBBS, Intisar Ibrahim, MD, Laila EIMahdi, MD, Sulafa Ali, FRCPCH, FACC

Background: Rheumatic Heart Disease (RHD) is an important public health problem in Sudan with a prevalence of 10:1000. A Register was established in order to monitor RHD-related health outcomes towards the achievement of the World Heart Federation objective of a 25% reduction in mortality from RHD by the year 2025. Data collected from this register can periodically be analyzed in terms of RHD prevalence, demographic distribution, age, compliance with Benzathine penicillin G (BPG), and severity, ... etc. so as to better understand the impact of RHD on the various areas/regions of Sudan and thus enable effective planning of services as well as management of resources.

Objective: Analyzing data acquired from the RHD Control Program Register in terms of demographic and echocardiographic (Echo) features of patients and implementation as well as monitoring of the control program.

Methodology: A Register was initiated in two hospitals (Jafar Ibn Ouf Specialized Children Hospital and Sudan Heart Center, State of Khartoum – Sudan) since January 2006. Up to 2014, this Register was based on manual entry. In 2015, an electronic register was established. All patients with clinical and echocardiographic evidence of RHD were included. Demographic data, clinical and echo findings were recorded as well as their contact details. Data collected cover the period starting January-2006 up to October-2016.

Results: In the study period, 871 patients were reviewed of which males were 54%. The age ranged from 3 to 25 years and the highest incidence is observed in children aged 5 to 15 years as it represented 84%. 26% of the study's registered population was from Darfur, followed by 25% from Kurdufan, then 12% from Al Jazirah, then 11% from White Nile, and 7% from Khartoum. Most patients who reside in Khartoum are originally from these areas. While Northern and Eastern areas showed much less affection. Comparison of the number of cases per 100,000 on the basis of the state's population, revealed that White Nile had the highest rate of RHD per capita (3.1 in 100,000), followed by Kurdufan (2.8 in 100,000), then Sinnar (1.8 in 100,000), then Darfur (1.7 in 100,000), then Al Jazirah (1.6 in 100,000). Echo revealed mitral regurgitation (MR) in 78.1%. Isolated MR was found in 31.9% while combined with

aortic regurgitation (AR) in 36.5%, combined with mitral stenosis (MS) in 4.6% and combined with tricuspid regurgitation (TR) in 4.2%. As for aortic regurgitation, isolated AR was found in 2.7%. More than two lesions were found in 15.4% of the patients. For 247 patients, the Type of RHD was determined as: 24% had ARF and RHD, 5% had ARF with no RHD, while 71% had an established RHD. Furthermore and as for compliance with BPG for 202 patients, 21% were New Patients, 45% were Regular, while 34% had a Missed Dose. RHD was severe in 71.5% of the 786 patients. In terms of demographic distribution of 259 patients with severe form of RHD, 29.3% were from Kurdufan, 25.9% were from Darfur, 8.1% were from White Nile, 7.3% were from Khartoum, and 6.2% were from Al Jazirah. A follow-up register has been established.

Conclusion: The following points are put forward on the basis of the RHD register to serve as pointers for the way forward to the reduction of RHD and the ultimate eradication of the disease:

- RHD in Sudan is a big challenge and more global collaboration is needed towards the achievement of the World Heart Federation objective of a 25% reduction in mortality from RHD by the year 2025.
- There is an early presentation of RHD in Sudan and the nature of the disease is severe.
- Patients are not caught at the acute phase of RHD.
- There is a great need for more raising of public awareness as well as training of more primary health personnel for the prompt diagnosis of the GAS pharyngitis for early treatment.
- There is a striking demographic distribution in what looked like an RHD belt extending from the Darfur area all the way to the Blue Nile state. This translates into a need to encourage more effort in the primary and secondary preventions at these specific areas.
- Most of RHD patients having severe valve affection were from Kurdufan and Darfur. This reflects the lack of adequate public awareness and accessibility to close-by health facilities and for the further strengthening of primary health care and referral systems at these areas. This information will direct the RHD control program to be focused in the affected zone
- Technical and financial difficulties in countries with inadequate resources represent hurdles in the face of RHD patients.

Title:.....Abstract

Background: Cholestatic jaundice is definitely due to a pathological condition. The most frequent causes in early infancy are Idiopathic neonatal hepatitis and biliary atresia. Early diagnosis and treatment of infantile cholestasis can improve prognosis and prevent complications

Aims: The aim of this study is to find out the pattern of cholestatic jaundice in Sudanese infants in Gaafar Ibnau children tertiary hospital, in Khartoum state.

Patients and methods: It is a prospective study included 80 children, all of them presented with cholestasis during April 2014-December 2015. Various diagnostic modalities were used to establish the diagnosis. All data collected from questionnaire filled for each case. The inclusion criteria comprise conjugated bilirubin concentration more than 20% of total bilirubin or more than 2mg/dl, persistent jaundice for at least two weeks, passage of dark urine and intermittent or persistent pale stool. Very sick infants with features of liver failure, pre terms neonates, and those with hemolytic jaundice were excluded from the study.

Results: About two-thirds were males with a mean weight in kilogram of 4.5. All patients were clinically jaundiced. The average onset of jaundice was day 15. Most of patients had dark urine and less than one-third had pale stool. Hepatomegaly was detected in more than three quarters of patients while Splenomegaly was seen in more than one-third. The most common cause of cholestasis in this study was found to be idiopathic neonatal hepatitis (> one third). Biliary atresia encountered one-fifth of patients. Regarding outcome more than half of patients were improved while about quarter of patients were lost (in follow up or died). The remaining less than quarter of patients were either deteriorated or operated.

Conclusion: Idiopathic neonatal hepatitis and biliary atresia are the most common causes of neonatal and infantile cholestasis in Sudanese infants. Our recommendation is to discriminate & raise the awareness of biliary atresia from other causes of cholestasis. To draw our own guide lines to avoid any delay in diagnoses.

Arthrogryposis, Renal tubular dysfunction, Cholestasis (ARC) Syndrome, The Experience of King Abdullah Specialized Children Hospital (KASCH) : Case Series

Wafaa Al Jizani¹, AsmaAwadalla², Wafaa Al Eyaid³, Maher Al Hatlani ^{4*}

Abstract:

Arthrogryposis-Renal dysfunction-Cholestasis (ARC) syndrome is a multisystem disorder which was reported before as one of the rare autosomal recessive disorders. We reported 4 cases from different ethnic groups but all from middle east. We believe that many other patients with same associations of cholestasis, renal tubular acidosis and dysmorphic morphology were underdiagnosed. So, it might not be as rare as considered.

In our patients the characteristic findings were not exclusive to the manifestations originally described in the syndrome as central nervous system malformations, deafness, nephrogenic diabetes insipidus and recurrent urinary tract infections were present in our patients.

Genetic malformation in VPS33B and VIPAS39 is diagnostic for this syndrome.

We describe in our four patients the clinical presentations, Physical examination and investigations including genetic tests. In three patients we also highlighted the course of the disease and age at death for this life limiting condition.

Female Genital Mutilation (FGM) among girls in Portsudan**Incidence,types,and complications****2016****By****Amel Aziz Malik MD Uof K****AbeerAbdulrhmaln Al-Giritly MD,SMSB**

Female Genital Mutilation (FGM) is one of the most harmful traditional procedures practiced upon girls Worldwide. In spite of many decades of health education and campaigns, it is still widely practiced.

This is a cross sectional hospital based study done in Portsudan city during the period (January 1st to end of July 2016). Study sample included 768 girls, to identify prevalence, types of FGM, tribal distribution, motives behind performing it. This was done through both filling Questionnaires and doing local genital examination. Some possible medical complications like urinary tract infections and Hepatitis B and C were investigated.

The majority of girls were found to be circumcised or will be circumcised soon 517 (67.3%). The procedure was mainly done by trained midwives 178(59.5%). Severest forms of FGM had an association with positive urinary cultures but no association with Hepatitis B and C infections. Poor mothers' education, low socioeconomic status and tribal traditions were influencing factors rather than religious believes.

Recommendations emphasize health education, Involvement of community and religion leaders to be part of a continuous long-term program of FGM eradication.

Hypertension in Children and Adolescent - A great Challenge**Safaa A Medani**

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ALneelain University, GaafarIbn Auf Children Tertiary
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Hypertension in children and adolescents is a growing health problem. It is a major long-term health condition and a leading cause of premature death among adults throughout the world. Hypertension in children has traditionally been thought to be secondary in origin. Population changes in health-related behaviour's, including the childhood obesity epidemic, lead to the increase rates of primary hypertension in the young.

This review discusses the challenges regarding hypertension in children and adolescents. Several challenges confront clinicians who care for children and adolescents including detecting hypertension, distinguishing secondary from primary hypertension, hypertension-related risk factors and target organ damage, applying interventions to control blood pressure (BP), and encouraging preventive lifestyles. In adults, ample data exist demonstrating the benefits of BP reduction on CV morbidity and mortality. is it the case with the scarcity of studies in young is a question. Despite the absence of such longitudinal data to assess outcome risk among adolescents with high BP, data on surrogate markers of vascular injury indicate that vascular abnormality does occur even in the young. So rational and importance for treatment of hypertension is available. In order to limit, and reduce, the burden of hypertension in children and adolescents, and its complications, guidelines should be successfully updated. Research in hypertension in black children should be implemented. studies from the USA have shown that elevated BP in childhood is a good predictor of elevated BP in adulthood, and that there appears to be ethnic differences in BP trajectories..

Neuroblastoma in Sudan-Experience of Single Institute

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Abstract:

Neuroblastoma is the most common malignant solid extracranial tumour in children. It accounts for about 8-10% of overall childhood malignancies in developed countries (1). However it accounts for only 1-3% in developing countries. In this retrospective hospital based study, 38 paediatric patients were treated in the Paediatric Oncology Unit at the Gezira National Cancer Institute(NCI) –Sudan from 2004 to 2015. Twenty four(63%) of them were males and 14(37%) were females with a ratio of 1.7: 1. The age at presentation ranged between two months to seven years with a median age at presentation of 3 years. 29(76%) of them are classified as high risk disease. 33(87%) of them died and 5 (13%) achieved complete remission. This study reflects the poor outcome of neuroblastoma among Sudanese children which is justified by the late presentation of the patients, lack of the diagnostic modalities and lack of the sophisticated treatment modalities for the high risk neuroblastoma.

Vitamin A-rich porridge for Boarding Khalwa students with night blindness

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Ishraga Alhaj, Federal Ministry of Health, Nutrition Department

Atika MO, Ahfad University for Women, School of Medicine

***Key words:* Khalwa, vitamin A deficiency, pumpkin**

Abstract

Khalwa is a non-governmental boarding school specialized in teaching Quran to Sudanese children. Food supply to Khalwa is completely dependent on donations. Students are fed on low cost and low nutritional value diet made of sorghum flour porridge and a stew made of dry okra, onion and oil. The incidence of night blindness among these students is reported by the Nutrition Department of the Federal Ministry of Health in 2005 as 0.9%. In this study we interviewed and examined 453 Khalwa students in Ombada Area, however blood sampling for assay of vitamin A level was not acceptable by the Khalwa authorities. Thirty four students (7.5%) showed clinical evidence of Vitamin A Deficiency (VAD), 67.6% of them for a period of less than 6 months which was consistent with their stay in Khalwa. Vitamin A fortified sugar is used in Kenya, Zambia, South Africa and Honduras but it is costly and sugar-containing foods and drinks are not in common use by Khalwa students. To supply students with a good amount of vitamin A, we prepared a new porridge formed of sorghum flour; peeled, chopped and boiled pumpkins in addition to their traditional stew. One meal per student contained 250 grams of sorghum flour and 125 grams of pumpkin which supplies 611 μ g (10891 I.U.) of vitamin A according to the USDA SR-25 Composition Tables (>100% Daily Value). Compared to the old porridge, there was a significant difference ($P < 0.05$) in vitamin A, carbohydrate, protein, fiber, fat, ash and moisture content. All students accepted the taste of the new porridge and 91.2% agreed that it is not difficult to prepare. We conclude that

ABSTRACTS..

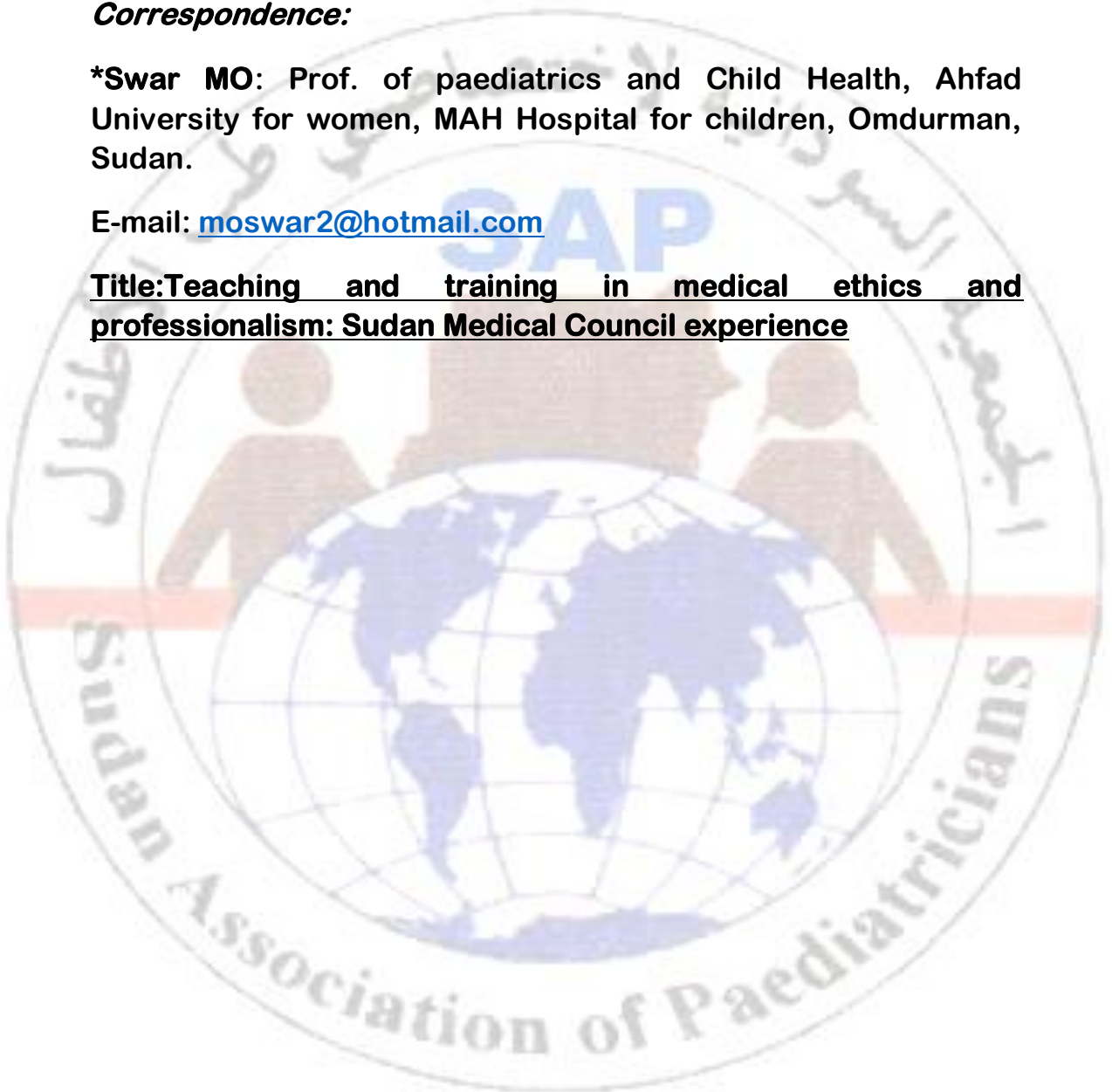
adding pumpkins to Khalwa porridge is cost effective and may help preventing VAD and its deleterious effects on vision and health.

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Title: Teaching and training in medical ethics and professionalism: Sudan Medical Council experience



ABSTRACTS..

Prof Zein A Karrar

President-Sudan Medical Council

Professor of Paediatrics and Child Health- University of Khartoum

Teaching and training in medical ethics and the broader aspects of professionalism is now a mandatory requirement of accreditation of medical schools globally

Sudan Medical Council addressed the issue by having a baseline survey and situation analysis, formulation of an expert task force to set a vision, strategy and plans to address the issues

The presentation will outline the vision and strategy of Sudan Medical Council inteaching and training in medical ethics and professionalism in medical schools, graduate residency programs and CPD activities of medical professional associations and the activities implemented in each domain

It will highlight the importance of partnerships in the health and higher education sectors and its importance in successful implementation of the vision and goals

Issues of sustainability and continuous quality improvements will be addressed

ABSTRACTS..

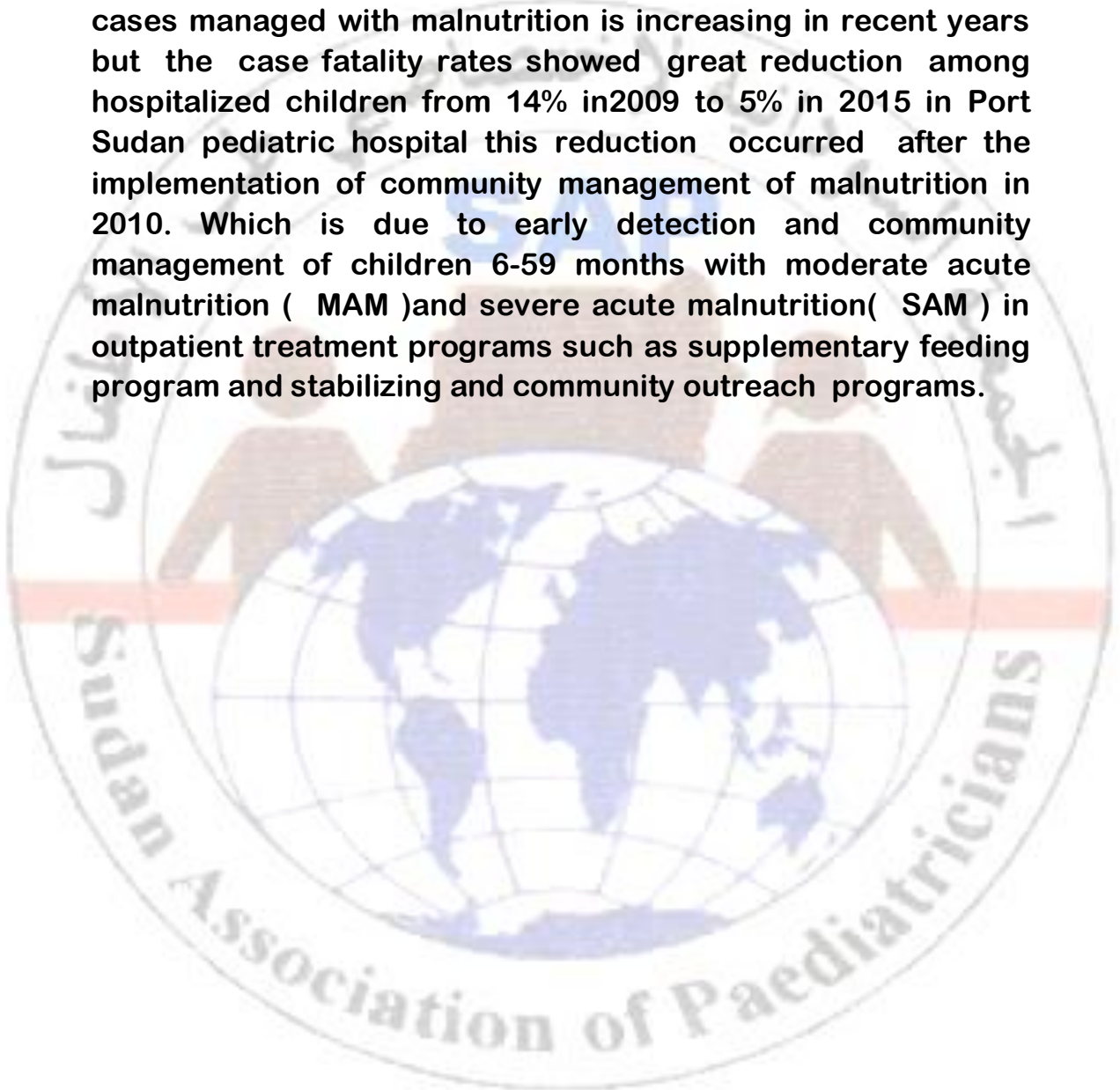
This descriptive analytic study done in Argo city northern Sudan about 10000 live in about half of them are white originally Mediterranean others are colored Sudanese originally African. Health and educational facilities in the city includes hospital run by medical officers and 4 primary schools 2 for girls 2 for boys Students of these 4 primary schools(1387) are included in these study Two teachers from each school trained to collect data and report it (weight, height, age) Data of 1223 students completed and analysed. Analyses of the data showed that 49.9%are male,47.8%white and 51.3 older than 10 years Prevalence of obesity and overweight is respectively 1.5% ,6.2 while 4.6%, 3.7% are underweight and severely underweight. 3.8%of studied children are stunted and 1.1% severely stunted. Overweight is significantly common in female and among white and also in children older than 10 but underweight is more prevalent among colored and male. Sever stunting is more among children older than 10 years Study revealed that both malnutrition and obesity needs to be controlled

We recommend to motivate state school health program

ABSTRACTS..

Amal azizMalik

Severe acute malnutrition contributes to 1 million deaths among children annually. The effective management of severe acute malnutrition (SAM) is a huge challenge in low resource healthcare settings. In Red Sea state Although the number of cases managed with malnutrition is increasing in recent years but the case fatality rates showed great reduction among hospitalized children from 14% in 2009 to 5% in 2015 in Port Sudan pediatric hospital this reduction occurred after the implementation of community management of malnutrition in 2010. Which is due to early detection and community management of children 6-59 months with moderate acute malnutrition (MAM)and severe acute malnutrition(SAM) in outpatient treatment programs such as supplementary feeding program and stabilizing and community outreach programs.



Neuroblastoma in Sudan. Experience of Single Institute

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Stroke in Infants & Children

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Prof. of Pediatrics & Pediatric Neurology, ARRC, Egypt

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- Stroke is a clinical syndrome of rapidly developing focal or global disturbance of brain function lasting >24 hours or leading to death with no obvious nonvascular cause”,The World Health Organization (WHO)
- Estimated incidence is 13/100000 leading to a significant impact on morbidity and mortality
- 7.9/100.000 for ischemic strokes, and 5.1 for hemorrhagic strokes. Approximately 20% of children die after an ischemic stroke while more than 50% of Those surviving present neurological sequelae, most commonly hemiparesis. The cumulative stroke recurrence rate has been reported to be 15% at 1 year, and 19% at 2 years and up to 41% at 5 years
- Perinatal stroke types suggests the risk may be as high as 1:1000 live births.
- Types of Stroke are 3, [Arterial ischemic stroke \(AIS\)](#), [Cerebral sinovenous thrombosis \(CSVT\)](#): and [Intracranial hemorrhage](#)
- In this presentation we are discussing possible causes and clinical presentations of stroke in Neonates and children , plus clinical management and how to prevent the aetiologic factors

Management of children with Severe acute Malnutrition (SAM) at Mandela Therapeutic Center Khartoum, Dr.Amin Alagib Mohamed Musa, University of Medical Sciences & Technology(UMST), Sudan Khartoum-Riyadh Email:aminalagib2014@gmail.com [Tel:0912327567](tel:0912327567), Dr. Rabih Brair, Dr. Mohamed Faisal Elmedani.

Acute malnutrition is one of the commonest associated with high morbidity and mortality. In Sudan approximately 32% of children under 5 years suffer from either moderate or severe malnutrition with 35% classified as stunted and 16% classified wasted. Mandela Therapeutic center situated south of Khartoum, serving a population of 58.000 poor socio-economic standards. It is concerned mainly with the management of children less than 5 years with acute severe malnutrition. The center is run by (ALmanar NGOs staff) with technical supervision from ministry of Health. ALmanar health workers are dedicated in the management of these patients they visit the houses screen and pick up cases of malnutrition and refer them to the center. They are children who were discharged from the hospital. The therapeutic Center also offer vaccination and health from the University of Medical Sciences and Technology. Final medical students are also trained the center.

Initial screening starts with anthropometric management and checking for Oedema, if the child has Oedema mid upper arm circumference <11.5 Cm or severe wasting he will be admitted for therapeutic care and is given to and therapeutic food(RUTF) in form of plumpy'nut according weight, and followed up weekly.

The newly admitted under 5 years to the during the period Jan-Dec 2014 were 1661 with severe acute malnutrition. The cure rate was 86%(sphere minimum standard < 15%) the death rate was 1.4% (sphere standard < 5%). The paper will discuss the obstacles and measures to improve the therapeutic Center.

ABSTRACTS..

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Anemia in**Vitamin D deficiency Rickets****Abdelwahab T. H. Elidrissy & Atif A.M Saad****Faculty of Medicine****University of Science & Technology****Omdurman, Khartoum State, The Sudan****Abstract**

The relation between rickets and anemia was known as C=Von Jacks anemia since 1937. The association between anemia. Iron deficiency in rickets was reported from UK, but we confirmed this in SA. We recently reviewed the subject and the association of hemolytic congenital anemias with rickets was discussed. Celiac disease with anemia was also observed. Recently a rare finding of myelofibrosis with rickets was reported from many centers its pathogenesis is not yet that clear, but suggestions include a role of vitamin D in proliferation of Vitamin D in proliferation of stem cells. The aim of the presentation is stress on when diagnosing rickets you have to think of in its all varieties, but iron deficiency is the commonest.