Turkish National Pediatric Society
1958

68th Turkish National Pediatric Congress

1st International Turkish National Pediatric Society (TNPS) Congress

23rd National Pediatric Nursing Congress

20-24 November 2024
Titanic Deluxe Belek-Antalya

ORAL PRESENTATIONS
(Full Text)

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On behalf of the Local Organization and the International Scientific Committees, it gives us great pleasure to invite you to the **68th Turkish National Pediatrics Congress and 1st International Turkish National Pediatrics Society (TNPS) Congress**, scheduled to take place at Titanic Deluxe in Belek, Antalya from November 20 - 24, 2024.

We are proud to inform you that this year we are organizing the very 1st International Turkish National Pediatrics Society Congress in, which scientific content will include lectures by world-known clinical experts and researchers. Topics of discussion will span the entire pediatric field. The congress will bring together scholars from Italy, Croatia, Romania, Azerbaijan, the Turkish Republic of Northern Cyprus, Uzbekistan, Egypt, Jordan, Russia, Cyprus, Iraq, and the Republic of North Macedonia. The official languages of the Congress are Turkish and English, and simultaneous translations will be provided.

The congress will feature conferences, panels, expert consultations, as well as oral and poster presentations, along with courses covering fundamental topics and issues concerning pediatric health. It is our belief that by providing a platform for exchange and debate, we can inspire future pediatricians.

In addition to the acquisition of cutting-edge pediatric knowledge, we anticipate that you will also create long-lasting professional connections at our congress. We believe our program, set in the captivating Belek region, will also be one that you will not soon forget.

We extend our heartfelt regards and we look forward to welcoming you to Antalya in November.

Prof. Dr. Enver Hasanoğlu
President of the Congress

Prof. Dr. Yıldız Camcıoğlu
President of the Turkish National Pediatrics Society

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Dr. Basim AL ZOUBI

** Listed alphabetically by last name.*

Turkish National Pediatric Society
1958

ORAL PRESENTATION

OP-001

Long-term Neurodevelopmental Impact of Dexmedetomidine in Preterm Infants

Gözdem Kaykı[1], Hatice Ceren İskender[2], Tolga Çelik[1], Elif N Özmert[2], Şule Yiğit[1]
[1]Departments of Neonatology, Department of Pediatrics, Hacettepe University Faculty of Medicine
[2]Division of Developmental Pediatrics, Department of Pediatrics, Hacettepe University Faculty of Medicine

Introduction: Dexmedetomidine is a selective alpha 2 adrenergic receptor agonist with analgesic and sedative effects. Animal studies suggest potential neuroprotective effects of dexmedetomidine. Over the past decade, dexmedetomidine use in neonatal intensive care units (NICUs) has increased 50-fold. Despite this, its long-term neurodevelopmental effects remain unknown. This is the first study to examine the long-term effects of dexmedetomidine administered during the newborn period. Our aim is to investigate its impact on neurodevelopment in preterm infants who have undergone surgery.

Material and Method: Preterm infants (≤32 gestational weeks) admitted to Hacettepe University NICU and undergoing surgery were included. Outcomes of infants who received dexmedetomidine were compared with those who did not receive. Demographics, morbidities, and Bayley scales of infant and toddler development 3rd edition (Bayley 3) test results were recorded, with univariate and multivariate analyses conducted to assess the differences.
Results: A total of 37 patients were included in the study, with 18 of them receiving dexmedetomidine. There were no significant differences between the two groups in gestational age, birth weight, or parental socioeconomic status. The dexmedetomidine group had a higher incidence of necrotizing enterocolitis and retinopathy of prematurity (Table 1). There was no statistically significant difference in the percentage of those with low Bayley 3 scores (Table 2). Multivariate analyses also revealed no differences in cognitive, receptive or expressive language, fine or gross motor subscale scores of the Bayley 3.
Demographic characteristics and distribution of premature morbidities

Conclusion: In conclusion, this study found no negative effect in long-term neurodevelopmental outcomes of dexmedetomidine. However, the higher incidence of necrotizing enterocolitis and retinopathy of prematurity in the dexmedetomidine group suggests that this drug was administered to a higher-risk population. Despite the increased risk in this group, the similarity in neurodevelopmental outcomes between both groups may indicate a potential neuroprotective effect of dexmedetomidine.

Keywords: Dexmedetomidine, Preterm, Development, Cognitive

OP-002

Evaluation of 3732 Children for Post-Exposure Rabies Prophylaxis

Gizem Avcı Demirciler[1], Nilay Lemay[2], Nesli Agralı Eroz[1], Dilek Yılmaz[3], Ahu Kara Aksay[1]
[1]Department of Paediatric Infectious Diseases, Health Sciences University Izmir Tepecik Training and Research Hospital, İzmir
[2]Department of Paediatric Infectious Diseases, Izmir Bayraklı City Hospital, İzmir
[3]Department of Paediatric Infectious Diseases, Katip Celebi University Hospital, İzmir

Introduction: Rabies is a severe, progressive encephalitis caused by the rabies virus. Although rabies is almost always fatal, it can be prevented with timely wound care and appropriate prophylaxis.Post-exposure prophylaxis includes wound care, antibiotic prophylaxis, tetanus prophylaxis, rabies vaccine administration, and rabies immunoglobulin.Rabies prophylaxis is tailored based on risk categories ranging from I to IV. Vaccination typically involves a scheme of 2,1,1,1, with 4 doses and 2 doses as required.Rabies immunoglobulin is administered based on clinical need. This study aimed to retrospectively evaluate children who received post-exposure rabies prophylaxis at Izmir Tepecik Training and Research Hospital.

Material and Method: The study was conducted at İzmir Tepecik Training and Research Hospital, Turkey.We included children under 18 years of age who were admitted between January 2013 and October 2023 with rabies-risk contact.Data collected included age, gender, city of residence, location of the incident, time between contact and prophylaxis, type of animal involved, vaccination status of the animal, ownership status, risk contact category, vaccination scheme, wound care, rabies immunoglobulin, and tetanus vaccine administration.This data was obtained from the İzmir Provincial Directorate of Health Rabies Suspected Contact Notification System.

Results: A total of 3732 children who received post-exposure prophylaxis were identified in 11 years.It was observed that 2.5% of these children were under 1 year of age. The majority of patients (61%) were aged 4-12 years. It observed that only 48.8% of patients applied within the first 24 hours.The number of patients applying after 30 days was 29. However, 99% of patients had contact in Izmir. Risky contact was most frequently caused by dogs (49.8%) and cats (44.8%). Also 0.5% of patients had contact with wild animals and 182 (4.9%) with other animals. Risk category data was recorded for 1,254 (33.4%) children: 84 (6.7%) were Category I, 771 (61.5%) Category II, 383 (30.5%) Category III, and 16 (1.3%) Category IV. It was seen that wound care was most frequently required in injuries involving dogs ($p=0.041$). Rabies immunoglobulin administration was significantly higher for wild animal injuries ($p<0.001$), and tetanus immunoglobulin administration was also higher for these cases ($p=0.011$).

Conclusion: Rabies is a critical global health issue.Prophylaxis as soon as possible after exposure is important. In our study, we found that less than half of patients presented for vaccination within the fist 24 hours.Fortunately, none of the patients developed rabies. Raising public awareness and training health professionals are of importance to prevent the fatal disease rabies from being seen in any child.

Keywords: Prophylaxis, Rabies, Vaccines

OP-003

Respiratory Syncytial Virus (RSV) in Children: Impact and Management in the Post-COVID Era

Mavera Usaklioglu Erol[1], Neslihan Mete Atasever[1], Elif Dede[1], Selda Hançerli Törün[1], Ayper Somer[1]
[1]Istanbul University Faculty Of Medicine, İstanbul

Introduction: Respiratory syncytial virus (RSV) is a common respiratory pathogen that poses a significant risk to children, particularly in the post-COVID era when immune systems may be compromised. This study aims to investigate the impact of RSV infections in children following the COVID-19 pandemic.

Material and Method: We conducted a retrospective analysis of the clinical data of pediatric inpatients admitted to our hospital between January 1, 2021, and December 31, 2023, who tested positive for RSV in respiratory nasal multiplex PCR. Demographic characteristics, clinical and laboratory parameters, and patients' treatment information were recorded. SPSS Version 28.0 (SPSS Inc., Chicago, IL, USA) program was used for data analysis.

Results: Of the 174 patients included in the study, 63.2% (n=110) were male and the average age was 22.6±22.6 months (range, 1 to 192 months). The average length of hospital stay was 8.99±7.8 days. Most of the patients in our study were in the 2021 period (%58,6). There was a history of comorbidities in 44.8% (n=78) of the patients. 7 patients received palivizumab treatment. Only one of them was admitted to the intensive care unit. The total admission rate of the pediatric intensive care unit (PICU) was 22.4% (n=39). Throughout the study, one virus was identified in 70.1% of patients, while more than one virus was detected in 29.9%. The duration of high flow nasal cannula oxygen (HFNC0) therapy and the length of antibiotic treatment were found to be significantly longer in patients with a history of comorbidities ($p<0.05$). There was a positive correlation between patients on HFNCO and prolonged length of stay. Conversely, there was a negative correlation between HFNCO therapy duration and age. Patients with a history of intensive care unit admission were more likely to receive antibiotics. ($p<0.05$).

Conclusion: Respiratory syncytial virus (RSV) is a significant health concern, particularly among infants, as it can lead to severe illness and require prolonged hospitalization in an intensive care unit (ICU). It is therefore evident that prevention is as important as treatment. Thìs study emphasizes the importance of proactive measures such as vaccination, infection control practices, and public health awareness campaigns to mitigate the impact of RSV in children in the post-COVID era. The study recommends targeted interventions to protect vulnerable populations and reduce the burden on healthcare systems. Overall, this study provides valuable insights into the evolving landscape of pediatric respiratory infections in the context of the COVID-19 pandemic.

Keywords: Respiratory syncytial virus, COVID-19 pandemic, respiratory tract infection, child, palivizumab

OP-004

Evaluation of Staphylococcus Aureus Infections in Children

Nisanur Tapac[2], Zeliha Haytoglu[1], Ozlem Ozgur Gundeslıoglu[2], Derya Alabaz[2], Ummuhan Cay[2], Filiz Kıbar[3], Hatice Hale Gumus[3]
[1]Cukurova University Department of Pediatrics, Adana
[2]Cukurova University, Division of Pediatric Infectious Disease, Adana
[3]Cukurova University, Department of Microbiology, Adana

Introduction: Staphylococcus aureus (S. aureus) is a common pathogen responsible for a wide range of infections, particularly in pediatric populations. The increasing prevalence of antibiotic-resistant strains, especially methicillin-resistant Staphylococcus aureus (MRSA), has posed significant challenges in managing these infections, particularly in hospitalized children. The aim of this study is to evaluate the clinical characteristics and outcomes of S. aureus infections. By examining the prevalence of both methicillin-sensitive (MSSA) and methicillin-resistant (MRSA) strains, along with their complications, this study provides insight into the current landscape of S. aureus infections in children.

Material and Method: This retrospective study was conducted at the Department of Pediatric Infectious Diseases, Cukurova University Faculty of Medicine, and included children diagnosed with Staphylococcus aureus infections between 2021 and 2023. Patient data were collected from medical records and included demographic information, clinical presentation, underlying conditions, antibiotic use in the previous three months, and hospitalization history within the past year. Strain identification and antibiotic resistance profiles were determined using standard laboratory techniques. The prevalence of MSSA and MRSA strains was evaluated

Results: A total of 41 children were evaluated, including 14 girls (34.1%) and 27 boys (65.9%). The mean age was 83 months ± 89 months, with a range from 2 to 207 months. Fifteen children (36.5%) had a history of antibiotic use in the past three months, and seven (17.1%) had been hospitalized in the past year. Twenty children (48.8%) had an underlying condition, while 13 (31.7%) had a skin problem prior to the infection. Nasal swabs were collected from 21 children, nine of which showed bacterial growth. Thirty-six patients (87.8%) required hospitalization. Clindamycin resistance was observed in five patients (12.2%), There was no observed resistance to vancomycin, teicoplanin and linezolid. However, oxacilin resistance was found in 25 patients (61%), benzatin pencilin in 37 patients (90.2%).

Conclusion: S. aureus infections are common both in community-acquired as well as hospital-acquired settings and treatment remains challenging to manage due to the emergence of multi-drug resistant strains such as MRSA. S. aureus infections are expected to persist as both prevalent and severe health concerns. In addition to the ongoing rise in antimicrobial resistance, the range of clinical manifestations associated with the bacterium continues to evolve.

Keywords: Child, invasive infections, skin and soft tissue infections, Staphylococcus aureus

OP-005

Parameters Affecting the Treatment Success in Children with Kidney Stone

Emre Leventoğlu[1], İlhan Boğaz[2], Derya Cevizli[1], Mustafa Soran[1]
[1]Konya City Hospital, Department of Pediatric Nephrology, Konya, Turkey
[2]Konya City Hospital, Department of Pediatrics, Konya, Turkey

Introduction: Nephrolithiasis is a health problem that leads to frequent hospital admission in children. There are risk factors such as anatomical problems leading to urinary stasis, infections, and some metabolic abnormalities. This study involved the assessment of clinical and laboratory information from pediatric patients, with an analysis of factors that could impact treatment outcomes.

Material and Method: The clinical and laboratory records of children aged 0-18 years diagnosed with kidney stone were retrospectively analyzed. The assessments of patients' information with resolved or persistent kidney stones were compared, identifying risk factors for persistence.

Results: This study included 278 patients, with a slight female predominance (M/F: 1/1.17) and a mean age of 4.9 years (0.1-17.5 years). Family history was noted in 19.1% of patients. Common symptoms included flank pain, urinary tract infections, and hematuria, however, most patients (29.5%) were diagnosed incidentally. Laboratory evaluations indicated normal serum creatinine and electrolytes in all patients, with hyperuricemia in 2.2% and vitamin D deficiency in 66.1% of those tested. Approximately half of the patients (45.3%) had at least one metabolic risk factor, hyperoxaluria is the most common one (18.7%). At diagnosis, 52.5% of patients had stones in the left kidney, 18.3% in the right, and 29.1% had bilateral stones. Ureteral stones were found in 6.8% of cases. More than half of the patients (57.9%) have microlithiasis. The frequency of microlithiasis increases in males, younger age, hypercalciuria, hyperuricosuria and hypocitraturia. After a mean follow-up of 7.6 months, 56.5% of patients received medical or surgical treatment, while 43.5% were managed conservatively. Potassium citrate was the most prescribed medication. Treatment success rate is 60.8% and it is higher in males, microlithiasis, left nephrolithiasis, and in the absence of hyperoxaluria or hypocitraturia. Also, the success of treatment increases with medical therapy in patients with stone >3 mm in size.

Conclusion: The kidney stones are a fairly common disease in children. Although the diagnosis is usually made incidental, children with flank pain, bloody urine and urinary tract infection should be examined for kidney stones. Metabolic examination should be performed in every patient regardless of stone size. Treatment success can be predicted according to the underlying metabolic risk factor and individualized treatment becomes important. Since microlithiasis may improve spontaneously, the need for medical treatment should be evaluated individually for each patient.

Keywords: Metabolic Diseases, Nephrolithiasis, Microlithiasis, Urolithiasis, Pediatrics

OP-006

Awareness of Functıonal Dıgestıve System Dısorders in Infants And Complıance Wıth Treatment From the Pedıatrıcıans Perspectıve

Anıl Doğan[1], Doruk Gül[2], Cansu Altuntaş[2], Ayşen Uncuoğlu[4], Funda Çetin[3]
[1]Medıcana Ataköy Hastanesi, İstanbul
[2]İstinye Üniversitesi Tıp Fakültesi Lıv Hospital Bahçeşehir Hastanesi, İstanbul
[3]Serbest
[4]Kocaeli Üniversitesi Tıp Fakültesi, İzmit

Introduction: Functional Gastrointestinal Disorders (FGID) are common problems in infancy and encompass a wide spectrum of gastrointestinal complaints that cannot be explained by biochemical or structural abnormalities.

Material and Method: Our study was conducted with the approval of the Istanbul Arel University Rectorate Ethics Committee, dated 26.04.2024, with the decision number E-52857132-050.04-601379. This cross-sectional descriptive study aimed to evaluate the awareness and approach to FGIDs among pediatricians working in private practice. A total of 30 pediatricians participated in the study. The participants were asked about the number of patients they examined daily, the number of 1-12 month-old infants they diagnosed with FGIDs, the most common age of diagnosis (months), their approaches and treatments for colic/constipation, reflux/regurgitation, dyschezia, the rate of tolerance of the nutritional products they used in infants, the rate of medical treatment application, the continuity of follow-up for patients who initiated treatment, and to score the factors affecting compliance in FGIDs treatment according to their importance based on the patient, family, and nutritional product.

Results: When the median values for patient per day were considered, the incidence of FGIDs was 20% among those seeing 0-10 patients, 17.5% among those seeing 11-20 patients, 18.8% among those seeing 21-30 patients, 12.5% among those seeing 31-40 patients, and 18.75% among those seeing over 40 patients per day. The age of onset (months) was distributed as follows: 63.3% in 1-3 months, 30% in 4-6 months, 6.6% in 7-9 months, and 0% in over 9 months. Disease severity was identified as the most significant factor by 80% of physicians, followed by age (months) at presentation 43.3% of physicians. Regarding family-related factors 56.6% of physicians identified education level as the most influential factor, while 40% highlighted trust in treatment. Among factors related to the nutritional product, product availability/awareness was ranked highest at 60%, followed by product selection at 43.3%.

Conclusion: It was observed that as the number of patients seen daily by pediatricians increased, the rate of FGIDs diagnosis decreased and the treatment approaches used were not evidence-based for FGIDs. This survey study is highly insightful in highlighting the importance of understanding and applying the ROME IV criteria in the diagnosis and treatment of FGID.

Keywords: FGID, İnfantil Colic, İnfant Regurgitation, İnfant Reflux, İnfant Diskezi

OP-007

A Real-World Data Analysis of 37 Pediatric Patients With Pheochromocytoma and Paraganglioma: Evaluation of the Concordance Between Current Diagnostic and Treatment Algorithms and Clinical Management Practices İn Resource-Limited Settings

Ilknur Kurt[1], Busra Gurpinar Tosun[1], Nihal Gul Uslu[2], Deniz Ozalp Kizilay[2], Ibrahim Dikmen[3], Fatma Ozguc Comlek[4], Fuat Bugrul[4], Digdem Bezen[5], Nihal Hatipoglu Hatipoglu[6], Murat Dogan[7], Esra Deniz Papatya Cakir[8], Ahmet Ucar[9], Bahar Ozcabi[10], Didem Yildirim Cakar[11], Emel Hatun Aytac Kaplan[12], Zumrut Kocabey Sutcu[12], Merve Nur Hepokur[13], Gonul Catli[14], S. Ahmet Ucakturk[15], Senol Demir[16], Zeynep Siklar[3], Belma Haliloglu[1], Serap Turan[1], Abdullah Bereket[1], Tulay Guran[1]

[1]Marmara University, School of Medicine, Department of Pediatric Endocrinology, Istanbul, Turkey

[2]Ege University, School of Medicine, Department of Pediatric Endocrinology, Izmir, Turkey

[3]Ankara University, School of Medicine, Department of Pediatric Endocrinology, Ankara, Turkey

[4]Selcuk University, School of Medicine, Department of Pediatric Endocrinology, Konya, Turkey

[5]University of Health Sciences, Prof. Dr. Cemil Tascioglu City Hospital, Department of Pediatric Endocrinology, Istanbul, Turkey

[6]Erciyes University, School of Medicine, Department of Pediatric Endocrinology, Kayseri, Turkey

[7]Medical Point Gaziantep Hospital, Department of Pediatric Endocrinology, Gaziantep, Turkey

[8]Bakirkoy Dr. Sadi Konuk Research and Training Hospital, Department of Pediatric Endocrinology, Istanbul, Turkey

[9]Sariyer Hamidiye Etfal Training and Research Hospital, Department of Pediatric Endocrinology, Istanbul, Turkey

[10]Zeynep Kamil Training and Research Hospital, Department of Pediatric Endocrinology, Istanbul, Turkey

[11]Pamukkale University School of Medicine, Department of Pediatric Endocrinology, Denizli, Turkey

[12]Basaksehir Cam and Sakura City Hospital, Department of Pediatric Endocrinology, Istanbul, Turkey

[13]Goztepe Prof. Dr. Suleyman Yalcin City Hospital, Department of Pediatric Endocrinology, Istanbul, Turkey

[14]Istinye University, School of Medicine, Department of Pediatric Endocrinology, Istanbul, Turkey

[15]Adana City Hospital, Children's Hospital, Clinic of Pediatric Endocrinology, Adana, Turkey

[16]Marmara University, School of Medicine, Department of Medical Genetics, Istanbul, Turkey

Introduction: Pheochromocytomas and paragangliomas (PPGLs) are rare pediatric neuroendocrine tumors. Data on the diagnosis, treatment and follow-up of PPGL in children are limited and lack standardization. Furthermore, variations in access to diagnostic and therapeutic resources across centers contribute to inconsistencies in clinical management. Aim: To identify variations in the clinical management of paediatric PPGL with the objective of formulating a standardized approach that can be readily implemented.

Material and Method: Clinical records of 37 patients (27 males) diagnosed with PPGL at 15 pediatric endocrinology centers in Turkey were evaluated.

Results: The mean age at presentation was 12.5 ± 3.2 years. Common symptoms were headache (65%), sweating (49%), and palpitations (19%), starting 9.9 (range: 0.1-36) months on average before presentation. Fifteen patients (45%) had paroxysmal symptoms. Diagnostic methods included 24-hour urine catecholamines (24UFCat, n=30), plasma catecholamines (n=14), anatomical imaging (CT/MRI) (n=37), and functional imaging (123I-MIBG scan (n=11) and/or 68Ga-DOTATATE PET/CT (n=14)). The diagnosis was supported by 24UFCat in 83% (25/30), plasma catecholamines in 86% (12/14), anatomical imaging in all, and 123I-MIBG scan in 81% (9/11). Diagnostic combinations used were urine testing+anatomical imaging in 46% (17 patients), urine+plasma testing+anatomical imaging in 19% (7 patients), and all three methods plus functional imaging in 19% (7 patients). Mean 24UFCat levels were 3.08 times higher for metanephrine (median:0.28, range:0.02–52.5) and 10.15 times higher for normetanephrine (median:8.34, range:0.02–38.4) than the upper reference limits. Catecholamine concentration SDSs did not correlate with tumor size. Molecular analyses in 31 patients identified pathological variants in VHL (n=16), RET (n=2), SDHB (n=2), SDHC (n=1), SDHD (n=1), and MEN (n=1). At diagnosis, seven patients (19%) had a positive family history. Screening found 15 more affected individuals in six families. All patients had surgical tumor resection (laparoscopic/transabdominal: 11/26; cortical sparing/adrenalectomy: 13/21). Preoperative preparation averaged 14.3±7.9 days. Preoperative medications were doxazosin (n=27), phenoxybenzamine (n=2), and both (n=2). Twenty-one patients received preoperative β-antagonists. Pathology confirmed pheochromocytoma (n=33) and paraganglioma (n=4) diagnoses. Postoperative catecholamines analysed after a a median of 1.26 (range: 0.1-47) months were normal. The patients were followed up for median of 2.6 (range: 0.12-16.73) years. One patient with VHL gene mutation, who was diagnosed at the age of four, had a recurrence at the age of nine.

Conclusion: The diagnostic and management approaches for pediatric PPGL patients are highly dependent on the resources available at the health center. Establishing clinical benchmarks for PPGL will help to reduce variations in management practices.

Keywords: Catecholamines, Genetics, Paraganglioma, Pheochromocytoma

OP-008

Evaluation of Sleep Disorders with Video Electroencephalography and Polysomnography in Patients Complaining of Headache

Ekin Pasinlioğlu[1], Ebru Arhan[2], Ayşe Serdaroğlu[2]
[1]Seyrantepe Hamidiye Etfal Eğitim Araştırma Hastanesi, İstanbul
[2]Gazi Üniversitesi Tıp Fakültesi, Ankara

Introduction: Headache is one of the most frequent symptoms leading to admission to the pediatric neurology clinic, which is significant since it impairs quality of life.Headache can promote insomnia, excessive sleep, or poor quality sleep, and vice versa. We aimed to uncover the relationship between headache and sleep disruptions by comparing the outcomes of polysomnography (PSG), video electroencephalography (EEG), and sleep surveys with those of children who have primary headaches and children who are healthy.

Material and Method: In the period from January 2019 to January 2021, 15 healthy children and 25 children with primary headache, aged 7 to 17, who applied to the Gazi University Child Neurology Clinic, were included in the study. All of them underwent physical examinations; sleep surveys, child sleep habits surveys, Pittsburgh sleep quality index, and Pediatric Epworth drowsiness scale were used to collect subjective data. Sleep EEGs and PSGs were also obtained.

Results: Among the patient group, there were eight cases of snoring, eight cases of forgetfulness, seven cases of waking up exhausted, one case of teeth grinding, three cases of leg movements during sleep, eight cases of reluctance to falling asleep, and eight cases of forgetfulness affecting social life. PSG examination revealed sleep abnormalities in 22 out of 25 children in the patient group. There was no significant relationship between the detection of sleep disorders in PSG and the sleep habits questionnaire (p: 0.422)

Conclusion: Objective data (PSG) in this study demonstrated that children with headaches experienced more frequent sleep issues; however, subjective data (questionnaires) did not show any significant difference between the patient and control groups.This might be because the sample size is limited, subjective data can be influenced by a variety of factors, or more people than is generally known struggle with sleep issues yet go unreported.The quality of life for both parents and children may be improved by managing headaches as this is expected to prevent sleep disturbances.

Keywords: Headache, Migraine, Sleep Disorders

OP-009

Challenges Confronted by Pediatricians in Evaluation of Pediatric Athletes: Awareness on Pediatric Sports Medicine

Abdullah Akkuş[1], Hüseyin Aslan[2], Betül Cığal[1], Mehtap Yücel[3], Ahmet Osman Kılıç[1], Abdullah Yazar[1], Fatih Akın[1]

[1]Necmettin Erbakan Üniversitesi Tıp Fakültesi Çocuk Sağlığı ve Hastalıkları ABD, Konya
[2]Selçuk Üniversitesi Spor Bilimleri Fakültesi Beden Eğitimi ve Spor ABD, Konya
[3]Bilecik Toplum Sağlığı Merkezi Halk Sağlığı ABD, Bilecik

Introduction: Follow-up of pediatric athletes is performed by Pediatric Sports Medicine (PSM) specialists abroad, which does not exist in our country. It was aimed to examine whether pediatricians confront any challenges in terms of giving medical clearance and follow-up before and after preparticipation evaluation and to determine their opinion on whether establishment of PSM fellowship is necessary.

Material and Method: A questionnaire study was conducted with pediatricians to determine whether anything was done for medical follow-up and exercise performance of pediatric athletes and their opinion on whether their follow-up by a pediatrician who is a Pediatric Sports Medicine specialist would make any contribution. Participants' age, gender, the city and institution they were working and their titles, as well as from which specialties pediatric athletes were mostly referred, most common branches of pediatric athletes, challenges experienced with the athlete and his/her parents during preparticipation evaluation, their awareness on PSM fellowship abroad, and their opinions on interests of PSM and establishment of PSM fellowship in our country were examined.

Results: A total of 229 pediatricians with a mean age of 34.61±7.90 years, 60.3% of which were female were recruited. Of the participants, 36.2% were working in university hospitals and 48.5% were MD. Of the pediatric athletes referred; 88.6% were football players, 46.7% basketball players and 40.2% swimmers. Of the children; 86.9% were referred from family physicians, 13.5% from sports medicine specialists, 8.3% from orthopedists, and 3.9% from emergency departments. The participants reported that, of the pediatric athletes; 94.8% were referred to a pediatrician for cardiac examination, 56.8% for ECG examination and 37.6% for respiratory examination. Of the participants, 90.8% reported challenges with parents due to requesting issuing of reports rapidly, 54.6% due to requesting reports without existence of the patients, and 39.3% due to refusing necessary work-ups. 68.6% of the participants had never heard about PSM fellowship in affiliation with Department of Pediatrics. About interests of PSM, 29.3% stated they had no idea, 64.6% routine follow-up and 60.3% physical examination of pediatric athletes. Of the participants, 82.5% stated

that establishment of PSM in our country would definitely contribute to preparticipation evaluation, and 72.5% stated that PSM fellowship in affiliation with Department of Pediatrics should definitely be established.

Conclusion: It was concluded that awareness on PSM is low among pediatricians and that establishment of PSM in affiliation with Department of Pediatrics in our country would definitely make contribution.

Keywords: Pediatric Sports Medicine, Pediatric Athlete, Pediatrics, Preparticipation Evaluation

OP-010

Evaluation of Metabolic Syndrome Components in Prepubertal Children born Large for Gestational Age

Tuba Karakurt[1], Peyami Cinaz[2], Hamdi Cihan Emeksiz[3]
[1]İstanbul Medeniyet University, Pediatric Allergy and Immunology, İstanbul
[2]Gazi University, Pediatric Endocrinology, Ankara
[3]İstanbul Medeniyet University, Pediatric Endocrinology, İstanbul

Introduction: Metabolic Syndrome (MS) is a condition characterized by obesity, glucose intolerance, hypertension and dyslipidemia, which are risk factors for cardiovascular mortality and morbidity. Therefore, it is important to be able to predict the conditions that pave the way for the development of MS and its components, starting from the antenatal period. Insulin plays the most important role in the hormone-dependent development of the fetus. Although publications on MS and its components in large for gestational age (LGA) born persons have increased recently, the limited number of available information cannot draw attention to childhood and especially the pre-pubertal period.We aimed to evaluate the long-term effect of being born LGA on MS components by comparing it with those born appropriate for gestational age (AGA).

Material and Method: Hospital birth records were checked out and families of children born LGA and AGA, who were pre-pubertal during the study period and had no diagnosed disease, were called and invited to participate in the study.

Results: A total of 117 children (53% boys and 47% girls), 59 of whom were born LGA and 58 of whom were born AGA, with a mean age of 7.49±1.05 years, were included in our study. Median body weight (p:0.003), height (p:0.013), BMI (p:0.004), waist circumference (p:0.021) and hip circumference (p:0.003) values were found to be significantly higher in the children born LGA compared to those born AGA. Blood total cholesterol (p:0.001), LDL (p:0.009) and HDL (p:0.001) values were also found to be significantly higher. Triglyceride values were found to be significantly higher in those born AGA (p:0.001). No significant difference was found between the two groups in terms of median FBG, HOMA-IR, fasting insulin, AST and ALT values (p:0.625, p:0.117, p:0.087, p:0.600, p:0.646, respectively). In addition, obesity frequency was found to be higher in those born LGA (p:0.002) while there was no difference in the frequency of hypertension (p>0.05) and insulin resistance (p>0.05). Hypertriglyceridemia frequency was found to be higher in those born AGA (p:0.01).

Conclusion: The long-term clinical effects of being born LGA can also be seen in the results of our study. The interpretation that being born LGA may pose a risk for the development of MS components, especially obesity, can be reached with the results of our study. Therefore, every pediatrician should be careful in the follow-up of those born LGA, taking into account public health strategies.

Keywords: Obesity, Metabolic Syndrome, Birrth Weight, Large for Gestational Age (LGA)

OP-011

Switching to Anti-IL-1 Agents in Colchicine-Resistant FMF Patients with Homozygous 10th Exon Mutations

Eray Tunce[1], Gül Fidan Çekirge[2], Betül Sözeri[1]
[1]Umraniye Training and Research Hospital, Department of Pediatric Rheumatology, İstanbul
[2]Umraniye Training and Research Hospital, Department of Pediatrics, İstanbul

Introduction: Familial Mediterranean fever (FMF) is the most common monogenic autoinflammatory disorder, marked by significant phenotypic variability. FMF is typified by recurrent episodes of self-limiting inflammation, often featuring fever and polyserositis, alongside an elevated acute phase reactant response. Diagnosis relies primarily on clinical manifestations, with support from ethnic background, family history, and genetic testing. The condition is driven by gain-of-function mutations in the MEFV (Mediterranean Fever) gene, located on the short arm of chromosome 16. This gene comprises 10 exons and encodes the pyrin protein, which plays a crucial role in activating caspase-1 and producing interleukin (IL)-1β, a key proinflammatory cytokine that mediates inflammatory responses and exacerbates FMF symptoms. It is well-established that patients with homozygous exon 10 mutations in the MEFV gene, such as M694V and M680I, tend to present with more severe disease phenotypes, while heterozygous mutations like V726A and E148Q are associated with a milder disease course. Colchicine remains the cornerstone of FMF management, recognized as the gold-standard treatment. Beyond its anti-inflammatory effects, colchicine plays a pivotal role in preventing amyloidosis. However, approximately 5–10% of FMF patients demonstrate resistance to colchicine, even at optimal doses. For these colchicine-resistant cases, escalation to biologic therapies, particularly anti-IL-1 treatments such as anakinra, canakinumab, and rilonacept, presents effective alternative options.In this study, we aim to investigate the frequency of anti-IL1 usage and switches between anti-IL1 therapies in our group of patients with homozygous FMF.
Material and Method: This is a cross-sectional study involving patients with homozygous genotypes on the 10th exon of the MEFV gene, diagnosed with FMF according to the Eurofever/PRINTO criteria, and followed in our clinic between 2016 and 2024.

Conclusion: This study underscores the clinical burden of FMF patients with homozygous mutations on the 10th exon of the MEFV gene, many of whom presented with typical FMF symptoms such as fever, abdominal pain, and myalgia, alongside a significant rate of colchicine resistance. About 13.5% of patients required anti-IL-1 therapy due to unresponsiveness to colchicine, with canakinumab being the preferred biologic agent. Nearly one-third of patients switched from anakinra to canakinumab, primarily due to side effects or lack of response. These findings emphasize the need for early detection of colchicine resistance and highlight anti-IL-1 therapies as effective options for managing severe cases.

Keywords: Familial Mediterranean fever, anti-interleukin-1 therapy, Anakinra, Canakinumab, switch

OP-012

Incıdence and Assocıated Rısk Factors of Medıcal Adhesıve-Related Skın Injury in A Pedıatrıc Intensıve Care Unıt

Özlem Şensoy[1], Seda Çağlar[2], Emine Aybı[3], Seher Erdoğan[3]
[1]Istanbul University, Faculty of Nursing, Pediatric Nursing Department, Istanbul, Turkey
[2]Istanbul University-Cerrahpaşa, Florence Nightingale Faculty of Nursing, Pediatric Nursing Department, Istanbul, Turkey
[3]Umraniye Training and Research Hospital, Department of Pediatric Intensive Care, Istanbul, Türkiye,

Introduction: Medical adhesive- related skin injury (MARSI) are often overlooked and underestimated in clinical practice. The purpose of this study was to identify the incidence, type, site, and factors associated with MARSI.

Material and Method: This study was conducted in the pediatric intensive care unit (PICU) of a university hospital in Turkey with a prospective observational study design. The sample comprised 72 children and were followed for three consecutive months from admission to onset of MARSI or discharge. The risk of skin injury was assed by using the Glamorgan Scale, patient's sociodemographic and clinical data were obtained from medical records.

Results: The incidence rate of MARSI was 61.1%. In total, 44 of 72 patients developed MARSI. The majority of MARSI was skin stripping (72.1%) and tension injury (13.6%). The average day to MARSI occurrence was 3.02±1.54 days. MARSI was observed mostly in the face, jugular and thorax area. The incidence of MARSI was significantly higher in patients receiving respiratory support ($p=0.011$) and sedation for longer than 24 hours ($p<0.001$). Prolonged hospital stay ($p=0.001$), the number of medical devices ($p<0.001$) were associated with MARSI.

Conclusion: MARSI is high in pediatric intensive care unit. MARSI can develop up to short time following the application of medical adhesive. The high incidence rates clearly point to the need to focus on raising awareness of MARSI and prevention strategies in PICU.

Keywords: medical adhesive related skin injuries, pediatric intensive care, adhesive, skin injury, pediatric

OP-014

The Effect of Different Temperatures of Breast Milk in the Neonatal Intensive Care Unit on Comfort and Physiological Parameters of Preterm Infants

Seda Çağlar[1], Nihan Korkmaz[2], Merve Azak[1], Halime Dervişoğlu[3], Avidan Kızılelma Yiğit[3]
[1]İstanbul Üniversitesi-Cerrahpaşa, Florence Nightingale Hemşirelik Fakültesi, Çocuk Sağlığı ve Hastalıkları Hemşireliği Anabilim Dalı
[2]Muğla Sıtkı Koçman Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, Çocuk Sağlığı Hemşireliği Anabilim Dalı
[3]İstanbul Prof. Dr. Cemil Taşcıoğlu Şehir Hastanesi, Yenidoğan Yoğun Bakım Ünitesi

Introduction: In neonatal intensive care units (NICUs), feeding preterm infants with breast milk at the correct temperature is critical for their comfort and physiological well-being. Although guidelines recommend warming frozen breast milk to body temperature (37°C), there is limited evidence comparing the effects of warming breast milk to 32-34°C. The aim of this study was to evaluate the effects of warming breast milk to two different temperatures (32-34°C and 37°C) and using the traditional bain-marie method on the comfort and physiological parameters of preterm infants in the NICU.

Material and Method: This randomized crossover study was conducted in a NICU between March 15, 2020, and June 15, 2023. Twenty-four preterm infants who met the inclusion criteria were sequentially fed breast milk warmed under three conditions: 32-34°C, 37°C, and using the bain-marie method. Physiological parameters and comfort were assessed before and after feeding using the Premature Infant Comfort Scale (PICS) and a custom data collection form. Kruskal-Wallis and Friedman tests were used for the statistical analysis of non-normally distributed data.

Results: The preterm infants (n=24) had a mean gestational age of 30.48 weeks and a mean birth weight of 1353.25 grams. Significant differences in comfort scores were found between the groups ($p<0.05$). Infants fed breast milk at 37°C and those in the bain-marie group had higher comfort scores compared to those fed at 32-34°C ($p<0.05$). However, there were no significant differences in heart rate, SpO2, or body temperature 30 minutes after feeding ($p>0.05$).

Conclusion: Feeding preterm infants breast milk warmed to a temperature closer to body temperature increases their comfort. While breast milk warmed to 32-34°C did not adversely affect physiological parameters, further research is needed to explore its long-term effects. Standardization of breast milk warming protocols in NICUs may improve the care of preterm infants.

Keywords: Preterm, Breast milk, Comfort, Physiological parameters

OP-016

Substance Use İn Chıldren Admıtted to Emergency: Data of Kayserı Cıty From Central Anatolıan Regıon

Zehra Kardaş[1], Meda Kondolot[2], Çiğdem Karakükçü[3], Derya Koçer[4], Murat Doğan[5], Yılmaz Seçilmiş[6], Hatice Saraçoğlu[3]

[1]University of Health Sciences, Department of Pediatrics, Division of Social Pediatrics, Kayseri City Hospital, Kayseri

[2]University of Health Sciences, Department of Pediatrics, Division of Social Pediatrics, Ankara Etlik City Hospital, Ankara

[3]Erciyes University, Ziya Eren Drug Application and Research Centre, Department of Biochemistry, Kayseri

[4]University of Health Sciences, Department of Biochemistry, Kayseri City Hospital, Kayseri

[5]University of Health Sciences, Department of Pediatrics, Division of Pediatric Emergency, Kayseri City Hospital, Kayseri

[6]Erciyes University Faculty of Medicine, Department of Pediatrics, Division of Pediatric Emergency, Kayseri

Introduction: Substance use exists as a global problem all around the world. Monitoring substance use rates, risk factors, and access is crucial for public health. While existing data often rely on individual statements, laboratory analyses provide higher quality evidence. This study aimed to assess substance use rates in pediatric emergency patients (ages 6-18), identify substances using a two-step analysis (immunoassay and LC-MS/MS), and evaluate the immunoassay tests' sensitivity and specificity.

Material and Method: This two-phase study involved a retrospective review of urine substance analyses of pediatric patients from Kayseri City Hospital entered between March 2018 - December 2021 and a prospective collection of suspected patients' urine samples in terms of substance use from emergency departments at Kayseri City Hospital and Erciyes University Faculty of Medicine between the dates January 2022 - January 2023. Sociodemographic data were collected via questionnaire. Samples were tested using immunoassay and confirmed by LC-MS/MS.

Results: Of 852 patients analyzed retrospectively, 19.8% tested positive for substances, with amphetamines being the most common (51.2%). In the prospective study, 187 out of 293,858 patients were suspected of substance use, with 18.8% testing positive. Benzodiazepine and methamphetamine were the most frequently detected substances. Risk factors included chronic illness, psychiatric conditions, and excessive screen time, while younger age and older maternal age were associated with lower risk. The immunoassay test showed 44.4% sensitivity and 98% specificity.

Conclusion: This study is the first to use a two-step analytical method to evaluate substance use in children. The study's strength is evidenced by its application of objective methods within a large population, and this represents an important contribution to the current literature. Methamphetamine use poses a threat in our region as well as in the world. Supporting adolescents, children with chronic and psychiatric conditions, and raising awareness among younger mothers is essential. The immunoassay's low sensitivity may be due to the low number of positive cases. More comprehensive national studies are needed to assess substance use prevalence, profiles, and risk factors in the general population.

Keywords: Substance, Child, Addiction, Emergency, Metamphetamine

OP-017

The Effects of Pediatric CPR Training Based on Crew Resource Management on Knowledge, Attitudes, and Performance: In Situ Simulation Training

Siğnem Anol Kılıç[1], Figen Yardımcı[2]
[1]Bülent Ecevit Üniversitesi/Sağlık Bilimleri Fakültesi/Hemşirelik Bölümü, Zonguldak
[2]Ege Üniversitesi/Hemşirelik Fakültesi, İzmir

Introduction: Crew Resource Management (CRM) is a training system that aims to use all available resources effectively and increase safety by developing non-technical skills as well as technical knowledge and skills in risky tasks such as CPR. This study aimed to evaluate the effectiveness of simulation-based pediatric cardiopulmonary resuscitation training based on CRM principles on the knowledge, attitude, and performance of the healthcare team in the pediatric intensive care unit.

Material and Method: In this prospective randomized controlled study, nurses and physician assistants working in the Pediatric Intensive Care Unit (n=35) and Pediatric Emergency Unit (n=35) were included in the sample. While forming the intervention and control groups, stratified random sampling was performed by targeting the years of pediatric professional experience of resident physicians and nurses, and homogeneity between the groups was ensured. The intervention group received CRM based pediatric CPR training and the control group was assumed to know pediatric CPR management as per their clinical duties. All CPR teams in the intervention and control groups were simulated with pediatric cardiac arrest scenarios. 'Healthcare Team Socio-Demographic Data Collection Form', 'Pediatric CPR Information Form', 'Teamwork Attitudes Questionnaire, 'Pediatric CPR Team Performance Checklist' was used to collect the data for the study. In the analysis of the data chi-square analysis, independent t-test, and dependent t-test were applied.

Results: It was found that the post-test mean scores of knowledge, attitude and performance of the intervention group were higher than the post-test mean scores of the control group (p=0.000; p=0.000; p=0.000).

Conclusion: Simulation-based pediatric cardiopulmonary resuscitation training based on the principles of CRM applied to the healthcare team in the pediatric intensive care unit was found to have a positive effect on knowledge, attitude, and performance levels.

Keywords: Crew Resource Management, Cpr, Multidisciplinary Healthcare Team, Pediatric Nursing, Patient Simulation

OP-018

The Effect of Psychosocial Support Videos Provided by the Community On Disease Attitudes and Symptoms of Pediatric Oncology Patients: Randomized Controlled Study

Remziye Semerci[1], Eyşan Hanzade Savaş[1], Ezgi Gizem Gürbüz[1], Nazlı Başegen[1], Münevver Erkul[2], Kübra Alki[3], Ezgi Paslı Uysalol[3]
[1]School of Nursing, Koc University, Istanbul, Turkiye
[2]Faculty of Health Science, Antalya Bilim University, Antalya, Turkiye
[3]Pediatric Bone Marrow Transplantation Unit, Basaksehir Cam and Sakura State Hospital, Istanbul, Turkiye

Giriş: Research has examined the effects of psychosocial support on various conditions, including the needs of families of children with cancer. However, studies focusing directly on the needs of the children are limited. While interventions like art therapy and educational programs have been studied, the impact of social and community support on pediatric oncology patients remains unexplored. This study aims to evaluate the effect of community-provided psychosocial support videos on the attitudes of pediatric oncology patients, aged 10 to 18, towards their illness and treatment symptoms.

Materyal ve Metot: This prospective randomized controlled study was conducted with 52 pediatric oncology patients aged between 10 and 18. This research was conducted following the steps of CONSORT between February -September 2023 at the pediatric oncology clinics of two hospitals in Turkey. The study was recorded in the Clinicaltrials.gov PRS system. The data were collected using the Information Form, Child Attitude Towards Illness Scale (CATIS), and Memorial Symptom Assessment Scale (MSAS). When the control group received standard care, the intervention group received psychosocial support videos provided by the community at the beginning of the week for one month.

Bulgular: The study found a statistically significant reduction in the MSAS mean score for the intervention group ($p<0.001$). A significant difference was observed between the groups' post-test psychological sub-scale scores ($p=0.01$), with children in the intervention group showing lower scores than the control group. Within the intervention group, a significant decrease in psychological sub-scale scores was observed ($p<0.001$), and similarly, a significant decrease was noted within the control group ($p<0.001$). A significant reduction in physiological sub-scale scores was also noted in the intervention group ($p<0.001$), while a significant decrease occurred in the control group ($p=0.008$). The post-test general distress index sub-scale scores revealed a significant difference between the groups ($p=0.027$), with the intervention group showing lower scores. Significant reductions in general distress index scores were seen in both the intervention ($p<0.001$) and control groups ($p<0.001$). Furthermore, a significant decrease in the CATIS total score was found in the intervention group ($p=0.004$), whereas a significant increase was observed in the control group ($p=0.006$).

Sonuç: It has been found that it is beneficial to include community-supported psychosocial support in the nursing care of pediatric oncology patients. For this reason, it is recommended that nurses actively participate in developing psychosocial support strategies and take the lead in creating and making the content accessible.

Anahtar Kelimeler: Community; Nursing; Pediatric oncology; Psychosocial support; Symptom

OP-021

Awareness Status and İnfluencing Characteristics of Neonatal Nurses Regarding the Use of Near-İnfrared Spectroscopy

Hande Özgörü[1], Suzan Yıldız[2], Ebru Temizsoy[3]
[1]Department of Child Health and Diseases Nursing Doctoral Program, Graduate Education Institute, İstanbul University-Cerrahpaşa, İstanbul/TURKEY
[2]Istanbul University- Cerrahpaşa, Florence Nightingale Faculty of Nursing, Department of Child Health and Diseases Nursing, Istanbul/TURKEY
[3]Istanbul Bilgi University, Faculty of Health Sciences, Department of Nursing, Istanbul/TURKEY

Introduction: Objective: To determine the awareness of neonatal nurses about near-infrared spectrometers (NIRS) used in preterm and term newborns and the demographic characteristics affecting their use.

Material and Method: Method: This descriptive study was conducted with 210 neonatal nurses registered with the Neonatology Nursing Association between May and July 2024. The research data were collected through an online survey using an Introductory Information Form and a NIRS Device Information Form. The content validity of the NIRS device information form was calculated using the opinions of 11 experts.

Results: Results: In our study, the majority of neonatal nurses (40.0%) were aged 26-30 years, 94.3% were female, 62.9% had a bachelor's degree, 47.1% had worked in the neonatal intensive care unit (NICU) for 0-5 years, 62.4% had no neonatal nursing certificate, and 52.4% had not used NIRS before. The lowest-highest scores that the nurses could obtain from the NIRS information form were 0-36; the average score received was found as 17.03±7.79. This score shows that nurses have a moderate level of knowledge and awareness. It was found that there was a statistically significant difference in the knowledge and awareness levels of neonatal nurses about NIRS according to age ($p=0.049$), education level ($p<0.001$), years of working in the NICU ($p=0.007$), having a neonatal nursing certificate ($p=0.006$), and previous use of a NIRS spectrometer ($p<0.001$).

Conclusion: Conclusion: In this study, it was observed that the knowledge and awareness level of neonatal nurses about NIRS was at a moderate level.

Keywords: Regional Oxygenation, Near-İnfrared Spectroscopy (NIRS), Neonatal Nurse, Neonatal

OP-023

Pediatrik Respiratuvar Sinsityal Virüsü (RSV) Enfeksiyonlarına Genel Bakış: Eşlik Eden Hastalığı Olan Çocuklarda RSV İçin Risk Algısı Değişti mi?

Selin Taşar Karabulut[1], Dilek Yılmaz[2], Ayşegül Elvan Tüz[1], Nesli Ağralı Eröz[3], Eda Karadağ Öncel[4], Ahu Kara Aksay[3], Nisel Yılmaz[5]
[1]İzmir Şehir Hastanesi , Çocuk Enfeksiyon Hastalıkları Kliniği
[2]Katip Çelebi Üniversitesi Tıp fakültesi ,Çocuk Enfeksiyon Hastalıkları Kliniği, İzmir
[3]Tepecik Eğitim ve Araştırma Hastanesi , Çocuk Enfeksiyon Hastalıkları Kliniği, İzmir
[4]Dokuz Eylül Üniversitesi Tıp Fakültesi , Çocuk Enfeksiyon Hastalıkları Kliniği, İzmir
[5]İzmir Şehir Hastanesi , Mikrobiyoloji Kliniği

Giriş: Respiratuvar sinsityal virus (RSV) bütün dünyada infant ve çocuklarda yüksek mortalite ve morbidite ile seyreden alt solunum yolu enfeksiyonlarının majör sebebidir. RSV, erişkinlerde soğuk algınlığı şeklinde hastalık yaparken, enfekte olan bebeklerin ve küçük çocukların yaklaşık %40'ında alt solunum yollarına ilerlemektedir. Tüm bebeklerin %50–70'i ilk 1 yaşına, %95'i 2 yaşına kadar RSV ile enfekte olmaktadır. Prematüreler, kronik akciğer hastalığı olan süt çocukları, özellikle pulmoner hipertansiyonun eşlik ettiği soldan sağa şantlı doğuştan kalp hastaları, nöromuskuler hastalığı ve immün yetersizliği olan hastalar, ciddi morbidite ve yüksek mortalite açısından risk altındadırlar. Mevcut destekleyici tedavilerle birlikte, RSV enfeksiyonunu önlemek, hastalığın olumsuz etkilerini ve maliyetli uzun vadeli etkilerini azaltmak için çok önemlidir.Çalışmamızın amacı, güncellenen kılavuzlar ışığında RSV enfeksiyonunun klinik durumunu değerlendirmek ve hastalığın koruyucu fazında ajanların endikasyonu için olası risk faktörlerini incelemektir.

Materyal ve Metot: Şubat 2015 ve Şubat 2023 tarihleri arasında solunum yolu semptomları gelişen 0-18 yaş aralığındaki hastalardan etken belirlemek için solunum yolu viral paneli örneklemesi yapılan olgular çalışmamıza dahil edildi. Hastaların demografik verileri, risk faktörleri, bazı laboratuvar sonuçları ve klinik durumları not edildi.

Bulgular: Toplam 835 kişide RSV tespit edildi. COVID-19 pandemisinden sonra kısıtlamaların hafifletilmesinin ardından 2021'de en fazla sayıda olgu belirlendi. Ocak en sık tespit edilen ay oldu. Ortanca yaş 5 ay (min-maks: 1-204 ay) idi ve 128 (%17,7) olguda prematürite öyküsü vardı. Hastaların yaklaşık dörtte birinde (%24,7) önceden var olan bir tıbbi durum vardı. Bu hastaların 46 (%23,4)'sı nörolojik hastalığa sahipken, 27 (%13,7) hastanın kronik bir akciğer hastalığı tanısı mevcuttu. Gastroenterolojik hastalıklar 18 (%9,1) hastada varken, kardiak problem tüm hastaların 41 'inde not edildi ve bu hastaların 9'unun palivizumab için endikasyonu vardı . Palivizumab endikasyonu olan toplam 21 hastadan 14'üne profilaksi uygulanmıştı. Nörolojik hastalık öyküsü olanlar yoğun bakım ünitesinde diğerlerine göre daha sık takip edildi (p = 0,036). 29. gebelik haftasından önce doğan hastaların hastanede kalış süresi diğer gruplara kıyasla neredeyse iki kat daha uzunken, yoğun bakımda takip durumu 29-32 hafta arasında doğan hastalarda 29. gebelik haftasından önce doğan hastaların neredeyse iki katıydı (sırasıyla p=0,046, p=0,012).

Sonuç: RSV, SARS-Cov-2 pandemisi sürecinde de biz pediatristlere kendini unutturmayan ciddi bir etken oldu. İlk verilerimiz, RSV proflaksisinin öneriler kapsamında olmayan özellikle nörolojik hastalığı olan çocuklar için de gerekli olabileceği yönünde. Bu sonuçlar göz önüne alındığında geç preterm çocuklar ve altta yatan hastalığı olan çocuklar da RSV proflaksisi açısından değerlendirilmelidir.

Anahtar Kelimeler: Respiratuvar Sinsityal Virus, Profilaksi, Risk faktörü

ORGANIZING COMMITTEE

Turkish National Pediatric Society
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Phone : 0312 438 19 34 (pbx)
Faks : 0312 438 19 35
Web : www.millipediatri.org.tr

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NETKON
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Phone : 90 212 708 42 08
E-mail : info@millipediatri2024.org
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