1. J Matern Fetal Neonatal Med. 2016 Nov 29:1-8. doi: 10.1080/14767058.2016.1243096. [Epub ahead of print]

Lower serotonin level and higher rate of fibromyalgia syndrome with advancing pregnancy.

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OBJECTIVE: The aim of the study is to investigate the relationship between changes in serotonin levels during pregnancy and fibromyalgia syndrome (FS) and the relationships between FS and the physical/psychological state, biochemical and hormonal parameters, which may be related to the musculoskeletal system.
STUDY DESIGN: This study is a prospective case-control study conducted with 277 pregnant women at the obstetric unit of Ankara University Faculty of Medicine, in the period between January and June 2015. FS was determined based on the presence or absence of the 2010 ACR diagnostic criteria and all the volunteers were asked to answer the questionnaires as Fibromyalgia Impact Criteria (FIQ), Widespread Pain Index (WPI), Symptom Severity Scale (SS), Beck Depression Inventory and Visual Analog Scale (VAS). Biochemical and hormonal markers (glucose, TSH, T4, Ca (calcium), P (phosphate), PTH (parathyroid hormone) and serotonin levels) relating to muscle and bone metabolism were measured.
RESULTS: In the presence of fibromyalgia, the physical and psychological parameters are negatively affected ($p < 0.001$). There was no significant difference between the fibromyalgia and control groups in terms of glucose, Ca (calcium), P (phosphorus), PTH (parathyroid hormone), TSH (thyroid stimulant hormone), fT4 (free T4) levels ($p = 0.060$, 0.799, 0.074, 0.104, 0.797, 0.929, respectively). A reduction in serotonin levels may contribute to the development of fibromyalgia but this was not statistically significant. The Beck Depression Inventory scale statistically showed that increasing scores also increase the risk of fibromyalgia ($p < 0.001$).
CONCLUSION: Our study has shown that serotonin levels in women with FS are lower than the control group and that serotonin levels reduce as pregnancy progresses. Anxiety and depression in pregnant women with FS are higher than the control group. The presence of depression increases the likelihood of developing FS at a statistically significant level. Serotonin impairment also increases the chance of developing FS, but this correlation has not been shown to be statistically significant.

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2. Turk J Pediatr. 2015 Sep-Oct;57(5):453-7.

Bonzai Intoxication in Children: Our Experience with 17 Cases.

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Synthetic cannabinoid receptor agonists are becoming increasingly popular in adolescent age group as an abused substance. Therefore, pediatric emergency physicians should be prepared for Bonzai utilizations which are being more common day by day. The aim of the study is to investigate cases who admitted to a pediatric emergency service with use of Bonzai.

PMID: 27411411

3. Turk J Pediatr. 2015 Sep-Oct;57(5):439-52.

Childhood Epilepsy with Occipital Paroxysm: Classification, Atypical Evolution and Long-Term Prognosis in 35 Patients.

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We studied childhood epilepsy with occipital paroxysms (CEOP) with regard to typical and/or atypical ictal symptoms, EEG findings, as well as atypical evolution and outcome. This report focuses on the main clinical and EEG features of CEOP underlying its atypical symptoms and its management. Thirty-five patients with CEOP were subdivided into Panayiotopoulos syndrome (n=15), Gastaut syndrome (n=11), and mixed type (n=9). Nine patients (25%) with CEOP (mixed type) had shown atypical ictal manifestations and presented combinations of vomiting (100%) along with visual symptoms (66%), and/or eye deviation (66%), and headaches (44%). Five patients with CEOP had atypical evolution. However, the dictate for strict delineation into either the early-onset or late-onset forms of CEOP should be discarded because many children will present mixed clinical findings at varying ages. We think a detailed evaluation should be carried out as to why certain patients who apply have atypical findings, and whether each patient has age related evolution or not.

PMID: 27411410

4. Radiol Med. 2016 Oct;121(10):801-4. doi: 10.1007/s11547-016-0663-0. Epub 2016 Jun 15.

Is there a relationship between talar osteochondral lesions and foot angles?

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PURPOSE: We aimed to evaluate the relationship between talar osteochondral defects (OCDs) and foot angles in this study.

MATERIALS AND METHODS: We performed a retrospective study that included 25 patients with talar OCD and 29 patients without OCD who underwent magnetic resonance imaging in our department between September 2013 and January 2015. We retrospectively measured the foot angles (Bohler's angle, lateral talocalcaneal angle and calcaneal inclination angle) on ankle radiographs in both groups. RESULTS: Bohler's angle showed no significant differences between the patients (range 20.50°-48.10°, mean 33.40° ± 6.09°) and the control group (range18.80°-42.40°, mean 31.95° ± 4.21°) (p = 0.397). Calcaneal inclination angle showed no significant differences between the patients (range 3°-29.2°, mean 20.55° ± 6.73°) and the control group (range 10.20°-29.80° mean 20.47° ± 4.21°) (p = 0.956). However, talocalcaneal angle was significantly higher in the patients (range 27.80°-44.80°, median 39.50° ± 6.18°) compared with the control group (range 22.60°-40.50°, median 34.10° ± 4.26°) (p = 0.032). CONCLUSION: There is an association between lateral talocalcaneal angle and non-traumatic talar OCD.

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PMID: 27306999 [Indexed for MEDLINE]

5. Turk J Pediatr. 2015 Jul-Aug;57(4):407-408.

Cetirizine and albendazole induced dystonia in a child.

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Drug-induced dystonic reactions are a common presentation to the Pediatric Emergency Department frequently with antiemetics, antidepressants, dopamineblocking agents and antipyschotics. We report a case of generalized form of dystonia after taking albendazole and cetirizine. There is only one case with albendazole induced and two cases with cetirizine induced dystonia in the literature.

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6. Turk J Pediatr. 2015 Jul-Aug;57(4):398-400.

Acute colchicine intoxication complicated with complete AV block.

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Colchicine, is an old and well-known drug, used for treatment of rheumatic diseases. Nausea, vomiting, abdominal pain, and diarrhea are the clinical symptoms of colchicine poisoning. Cardiotoxicity can lead to mortality. We report a case of colchicine intoxication complicated with complete heart block. A 9-year-old patient ingesting colchicine 0.4-0.5 mg/kg was transferred because of elevation of liver enzymes, and deterioration of kidney functions and cytopenia. History of colchicine ingestion had been unknown at time of admission. After

initial fluid and electrolyte treatment electrolyte imbalance ameliorated but kidney and liver functions worsened. In the third day of admission (7th day of ingestion), she confessed taking colchicine pills. Her state of consciousness became comatose and endotracheal intubation required. She developed complete heart block requiring temporary transvenous pacemaker implantation in the fifth day of admission. One day after pacemaker implantation, cardiopulmonary arrest developed again and remained completely unresponsive to CPR, and died. Cardiotoxicity of colchicine is leading cause of mortality. Tachycardia and conduction anomalies are not rare, but complete AV block in pediatric patient has never been reported. Although underlying mechanism is not known colchicine may have a direct toxic effect on conduction.

PMID: 27186705 [Indexed for MEDLINE]

7. Indian J Clin Biochem. 2016 Apr;31(2):231-6. doi: 10.1007/s12291-015-0523-z. Epub 2015 Sep 15.

Relationship Between Hemodynamically Significant Ductus Arteriosus and Ischemia-Modified Albumin in Premature Infants.

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Hemodynamically significant ductus arteriosus (hsPDA) may alter organ perfusion by interfering blood flow to the tissues. Therefore, in infants with hsPDA, hypoxia occurs in many tissues. In this study, we aimed to investigate the diagnostic significance of serum (ischemia-modified albumin) IMA levels as a screening tool for hsPDA, and its relation to the severity of the disease in the preterm neonates. For this purpose, seventy-two premature infants with gestation age <34 weeks were included in the study. Thirty premature infants with hsPDA were assigned as the study group and 42 premature infants without PDA were determined as the control group. Blood samples were collected before the treatment and 24 h after the treatment, and analyzed for IMA levels. IMA levels in the study group (1.26 ± 0.36 ABSU) were found to be significantly higher than control group (0.65 ± 0.12 ABSU) ($p < 0.05$). In infants with hsPDA, a positive correlation was found between IMA and PDA diameter ($\rho = 0.876$, $p = 0.022$), and LA/Ao ratio ($\rho = 0.863$, $p = 0.014$). The cut-off value of IMA for hsPDA was measured as 0.78 ABSU with 88.89 % sensitivity, and 90.24 % specificity, 85.71 % positive predictive, 92.5 % negative predictive value [area under the curve (AUC) = 0.96; $p < 0.001$]. The mean IMA value of the infants with hsPDA before treatment was 1.26 ± 0.36 ABSU, and the mean IMA value of infants after medical treatment was 0.67 ± 0.27 ABSU ($p = 0.03$). We concluded that IMA can be used as a marker for the diagnosis and monitoring of a successful treatment of hsPDA.

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PMID: 27069332

8. Indian J Surg. 2015 Dec;77(Suppl 3):1131-6. doi: 10.1007/s12262-015-1212-0. Epub 2015 Jan 19.

Ostomy Closures in Children: Variations in Perioperative Care Do Not Change the Outcome.

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This study aimed to evaluate ostomy closure applications and outcomes and determine the effect of personal differences among surgeons on patient postoperative course. Ninety-eight patients who underwent elective ostomy (ileostomy and colostomy) closure for 8 years at a pediatric surgery training department were investigated. Postoperative complications included superficial surgical site infection (SSI; 9.4 %), organ/cavity infection (1 %), small bowel adhesions (8.2 %), and incisional hernia (1 %). SSI and postoperative complications were not affected by the preoperative antibiotic regimen used. Operation duration, pre- and postoperative antibiotic use durations, postoperative inpatient period, ostomy type, primary diagnosis, performance of abdominal exploration, SSI, and postoperative complications were not significantly different. However, the time of nasogastric (NG) tube withdrawal, time to oral feeding initiation, abdominal closure method used, and preoperative antibiotic regimen were significantly different among different surgeons. We conclude that while surgeons used different preoperative antibiotic regimens and abdominal closure methods and stipulated different times for NG tube withdrawal and oral feeding initiation, the postoperative course and prognosis were unaffected Thus, the pre- and postoperative inpatient period and antibiotic use duration can be decreased in children by procedure standardization using practice guidelines; the procedures can also be performed with a more aesthetic, acceptable incision.

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PMCID: PMC4775680
PMID: 27011524

9. Pediatr Hematol Oncol. 2016 Apr;33(3):171-7. doi: 10.3109/08880018.2016.1156203. Epub 2016 Mar 23.

How should we monitor boys with testicular microlithiasis?

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Testicular microlithiasis (TM), a rare condition characterized by calcification within the seminiferous tubules, is associated with benign and malignant disorders of the testis. We review current practices of following up pediatric patients diagnosed TM incidentally on scrotal ultrasonography (US). We analyzed retrospectively patient characteristics, family history, indications for US, pathological features, US findings, outcome, and follow-up. At our institution, 2875 scrotal US examinations were performed on 2477 children with various scrotal

complaints from 2008 to 2015. Testicular microlithiasis was detected in 81 patients (i.e., an incidence of 3.27%). Every 6 months, each patient underwent a clinical and ultrasonographic evaluation as well as serum tumor markers determination to detect a potential malignancy. Seventy-eight patients who had undergone scrotal US at least twice were included in this study. We evaluated the US studies for the type of TM (diffuse and focal) and change in follow-up studies. Testicular microlithiasis was typically diffuse (n = 56, 71.8%) and bilateral (n = 45, 57.7%), and it was detected the most frequently in the 9-11-year age group (27 patients, 34.6%). The most common comorbid conditions included undescended testes (31 patients, 39.7%) and hydrocele (11 patients, 14.1%). We found that serum tumor markers were within normal limits both at diagnosis and upon follow-up. No testicular tumors or new abnormal symptoms developed during the clinical follow-up. There is no convincing evidence that TM alone is premalignant in a pediatric population. In terms of follow-up, we advise regular self-examinations and annual US in the absence of risk factors.

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10. Clin Transl Allergy. 2016 Feb 9;6:5. doi: 10.1186/s13601-016-0094-y. eCollection 2015.

Allergen immunotherapy for allergic asthma: protocol for a systematic review.

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BACKGROUND: The European Academy of Allergy and Clinical Immunology (EAACI) is in the process of developing the EAACI Guidelines for Allergen Immunotherapy (AIT) for Allergic Asthma. We seek to critically assess the effectiveness, cost-effectiveness and safety of AIT in the management of allergic asthma.
METHODS: We will undertake a systematic review, which will involve searching international biomedical databases for published, in progress and unpublished evidence. Studies will be independently screened against pre-defined eligibility criteria and critically appraised using established instruments. Data will be descriptively and, if possible and appropriate, quantitatively synthesised.
DISCUSSION: The findings from this review will be used to inform the development of recommendations for EAACI's Guidelines on AIT.

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PMCID: PMC4746770
PMID: 26862389

11. Indian J Clin Biochem. 2016 Mar;31(1):38-42. doi: 10.1007/s12291-015-0494-0. Epub 2015 Apr 28.

Serum Ischemia-Modified Albumin in Preterm Babies with Respiratory Distress Syndrome.

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Infants with respiratory distress syndrome (RDS) may suffer from severe hypoxia, asphyxia. In this study, we aimed to evaluate serum ischemia-modified albumin (IMA) level as a diagnostic marker for hypoxia in preterm infants with RDS. Thirty-seven premature newborns with RDS were allocated as the study group and 42 healthy preterm neonates were selected as the control group. IMA was measured as absorbance unit (ABSU) in human serum with colorimetric assay method which is based on reduction in albumin cobalt binding. IMA levels were significantly higher in neonates with RDS as compared to the control group ($P < 0.001$). Cut-off value of IMA (ABSU) was 0.72, the sensitivity level was 91.9 %, the specificity was 78.6 %, positive predictive value was 79.1 % and negative predictive value was 91.7 % at RDS. Area under curve values was 0.93 ($P < 0.001$; 95 % CI, 0.88-0.98) in the receiver operating characteristic curve. We concluded that elevated blood IMA levels might be accepted as a useful marker for hypoxia in newborn with RDS.

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PMID: 26855486

12. Indian J Crit Care Med. 2015 Dec;19(12):714-8. doi: 10.4103/0972-5229.171377.

Evaluation of 968 children with corrosive substance ingestion.

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BACKGROUND AND AIMS: The aim of the study was to evaluate the etiology, treatment, and prognosis in children who had presented at our clinic with corrosive substance ingestion and comparison of our results with the literature.
MATERIALS AND METHODS: The patients were put on nil by mouth and broad-spectrum antibiotics were administered. Oral fluids were started for patients whose intraoral lesions resolved and who could swallow their saliva. Steroids were not given, a nasogastric catheter was not placed, and early endoscopy was not used.
RESULTS: A total of 968 children presented at our clinic for corrosive substance ingestion during the 22-year period. The stricture development rate was 13.5%. Alkali substance ingestion caused a stricture development rate of 23%. A total of 54 patients required 1-52 sessions (mean 15 ±12) of dilatation.
CONCLUSION: We do not perform early endoscopy, administer steroids, or place a nasogastric catheter at our clinic for patients who had ingested a corrosive substance. This approach has provided results similar to other series. We feel that determining the burn with early esophagoscopy when factors that prevent or decrease the development of corrosive strictures will be very important.

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PMID: 26813230

13. Quant Imaging Med Surg. 2015 Dec;5(6):846-52. doi: 10.3978/j.issn.2223-4292.2015.09.02.

Are there any novel radiological diagnostic clues in magnetic resonance imaging for vertebrobasilar insufficiency?

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BACKGROUND: The aim of the current study was to investigate whether signal intensities on magnetic resonance imaging (MRI) views and radiological findings on Doppler ultrasonography may have a diagnostic value for vertebrobasilar insufficiency (VBI).
METHODS: This case-control study was performed on demographic and radiologic data

derived from 18 VBI patients and 58 healthy controls in the radiology department of a tertiary care center. The blood flow characteristics including peak systolic and end diastolic flow rates, resistance and pulsatility indices, mean velocities, flow rates, diameters and intensity pattern of vertebral arteries on cervical and cranial MRI sequences were noted. The association between blood flow characteristics and signal patterns on MRI views was investigated in VBI patients and controls.
RESULTS: Blood flow and vessel diameter were significantly decreased in VBI patients compared to controls on both sides (P<0.001). In contrast, other parameters did not exhibit any remarkable difference between VBI and control groups. The distribution of hypo- or hyperintense signals in VBI and control groups was similar. No remarkable variabilities were detected in blood flow characteristics of cases presenting with signals having different intensities on MRI sequences.
CONCLUSIONS: In conclusion, results of the current study have demonstrated that assessment of blood flow and vascular diameter may be important for ruling in VBI. Nevertheless, the intensity of signals derived from vessels seems not reveal any data of diagnostic significance in these cases. Further studies on larger populations may allow development and exploration of newer diagnostic techniques and clues for VBI.

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PMID: 26807367

14. Quant Imaging Med Surg. 2015 Dec;5(6):829-34. doi: 10.3978/j.issn.2223-4292.2015.11.01.

Antral gastritis caused by Helicobacter pylori infection in the pediatric age group is associated with increased mesenteric lymph node dimension observed by ultrasonography.

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BACKGROUND: To find out if transabdominal ultrasonography (US) may have a predictive role for detection of antral gastritis and Helicobacter pylori (HP) infection in the antrum of pediatric age group.
METHODS: A total of 91 (63.6%) patients and 52 (36.4%) controls were allocated into two groups as follows: Group 1 (n=91): patients with complaints and endoscopic findings consistent with gastritis and documented HP infection; Group 2 (n=52): patients with complaints and endoscopic findings consistent with gastritis in the absence of documented HP infection. These two groups were compared in terms of demographics and biggest mesenteric lymph node detected, muscularis mucosa thickness, submucosal thickness, muscularis propria thickness, and total gastric wall thickness.
RESULTS: The two groups exhibited no statistically significant difference with respect to age (P=0.747), and presenting symptoms (P=0.982). However, the mesenteric lymph node dimension was significantly increased in Group 1 (P=0.039). Median mesenteric lymph node dimension was 12.9 (±15.4) mm in Group 1, while 11.0 (±12.8) mm in Group 2. No significant difference was observed between groups in terms of muscularis mucosa thickness (P=0.243), submucosal thickness (P=0.174), muscularis propria thickness (P=0.356), and total gastric wall thickness (P=0.223).

CONCLUSIONS: Antral gastritis caused by HP infection in the pediatric age group is associated with increased mesenteric lymph node dimension observed by US.

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PMID: 26807365

15. J Pediatr Urol. 2016 Jun;12(3):159.e1-6. doi: 10.1016/j.jpurol.2015.11.011. Epub 2015 Dec 24.

Prevalence of nocturnal enuresis and its influence on quality of life in school-aged children.

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OBJECTIVE: According to the ICCS definitions, enuresis is defined by an intermittent, wetting during sleep after organic causes have been ruled out with a minimum wetting frequency of once per month. Previous studies reported a prevalence rate of 9-12%. Eighty to 90% of enuresis cases are identified as primary enuresis and are based on genetic predisposition, biological and developmental factors. On the other hand, secondary enuresis frequently arises from psychological factors. In this study we aimed to determine the prevalence and associated factors of nocturnal enuresis (NE) among primary school children.
METHOD: We initiated a prospective cross-sectional epidemiological study from January 2013 to May 2013 by sending a questionnaire to parents of 4250 school children, aged 6-13 years. The questionnaire consisted of three parts. The first part investigated the demographic characteristics of the child and family, such as age, gender, number of siblings, and enuresis history of the parents and siblings. The second part consisted of questions about the presence and frequency of bedwetting, presence of constipation/fecal incontinence, and presence of daytime incontinence (DI). The last part surveyed school performance and the effect of enuresis on quality of life of parents and children. Logistic regression analyses were conducted to determine the significant predictive factors for NE.
RESULTS: The overall prevalence of enuresis was 9.52%. The prevalence of NE among boys and girls was 12.4% and 6.5%, respectively. Daytime incontinence was present in 18% of children. Of enuretic children, 59.2% had a positive family history of enuresis. Constipation was found in 13.2% of children with enuresis and there was no significant association between NE and the presence of constipation. In addition, 48% of enuretic children had poor school performance.
CONCLUSIONS: The current study demonstrated that age, male gender, parents' history of enuresis, and siblings' history of enuresis were significant predictive factors for NE. The majority of the parents did not have adequate interest in enuretic children and most of the children were not treated. Physicians should inform parents of enuretic children with the aim of solving this problem to prevent future issues and development of adulthood lower urinary tract symptoms (LUTS).

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PMID: 26778419 [Indexed for MEDLINE]

16. J Clin Res Pediatr Endocrinol. 2016 Mar 5;8(1):61-6. doi: 10.4274/jcrpe.2406. Epub 2015 Dec 18.

Evaluation of Iodine Deficiency in Children with Attention Deficit/Hyperactivity Disorder.

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OBJECTIVE: To investigate the incidence of iodine deficiency (ID) and its effects on mental function in children referred to the Dr. Sami Ulus Maternity and Children's Training and Research Hospital with a prospective diagnosis of attention deficit/hyperactivity disorder (ADHD).
METHODS: The study was conducted on 89 children referred in the period from September 2009 to June 2010 with a diagnosis of ADHD. A questionnaire was given to all parents. Conners' rating scales were applied to the parents (CPRS) and teachers (CTRS), and revised Wechsler intelligence scale for children (WISC-R) to the children. Serum thyroid-stimulating hormone, free triiodothyronine and free thyroxine, thyroglobulin, anti-thyroid peroxidase, anti-thyroglobulin, and urinary iodine levels were measured in all children.
RESULTS: Median age was 9.41±1.95 years, and 83.1% of subjects were male. The mean urinary iodine level of the children was 92.56±22.25 µg/L. ID was detected in 71.9% of subjects and all were mild ID. There was no significant relationship between urinary iodine levels with WISC-R subtest scores and CPRS. However, a significant association was found between urinary iodine levels and hyperactivity section of CTRS ($p<0.05$). Likewise, a significant relationship was found between learning disorder/mental retardation diagnosis and freedom subtest of WISC-R ($p<0.05$).
CONCLUSION: This study highlights the effects of ID on comprehension, perception, attention, and learning. However, the results need to be supported by new randomized controlled trials.

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PMID: 26758811 [Indexed for MEDLINE]

17. Turk Kardiyol Dern Ars. 2015 Dec;43(8):717-9. doi: 10.5543/tkda.2015.64509.

A rare association: inferior vena cava anomalies and congenital heart diseases.

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The numerous variations of abnormalities of the inferior vena cava (IVC) result in anomalies such as isolated left IVC, double IVC and more than 60 types of

malformation. These anomalies are rare and recognized incidentally during surgical or radiological procedures. They may lead to clinical complications during abdominal surgery, and predispose to venous thrombosis. Although they have no definite relationship to other congenital cardiac lesions, identification of these anomalies are important for pre-operative planning and post-operative follow-up. This report presents two cases of congenital IVC anomalies accompanied by congenital heart diseases.

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18. J Korean Med Sci. 2015 Dec;30(12):1836-40. doi: 10.3346/jkms.2015.30.12.1836. Epub 2015 Nov 30.

Characteristics of Children with Acute Carbon Monoxide Poisoning in Ankara: A Single Centre Experience.

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The purpose of the study was to define characteristics of children with acute carbon monoxide poisoning. Eighty children hospitalized with acute carbon monoxide poisoning were recruited prospectively over a period of 12 months. Sociodemographic features, complaints and laboratory data were recorded. When the patient was discharged, necessary preventive measures to be taken were explained to parents. One month later, the parents were questioned during a control examination regarding the precautions that they took. The ages of the cases were between one month and 16 yr. Education levels were low in 86.2% of mothers and 52.6% of fathers. All families had low income and 48.8% did not have formal housing. The source of the acute carbon monoxide poisoning was stoves in 71.2% of cases and hot-water heaters in 28.8% of cases. Three or more people were poisoned at home in 85.1% of the cases. The most frequent symptoms of poisoning were headache and vertigo (58.8%). Median carboxyhemoglobin levels at admission to the hospital and discharge were measured as 19.5% and 1.1% ($P < 0.001$). When families were called for re-evaluation, it was determined that most of them had taken the necessary precautions after the poisoning incident (86.3%). This study determined that children with acute childhood carbon monoxide poisoning are usually from families with low socioeconomic and education levels. Education about prevention should be provided to all people who are at risk of carbon monoxide poisoning before a poisoning incident occurs.

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19. Turk J Pediatr. 2015 May-Jun;57(3):304-7.

A pediatric case of acute meningitis due to Streptococcus pneumoniae serotype 33D.

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Streptococcus pneumoniae is a leading cause of bacterial meningitis in children. It is also responsible for bacteremia, sepsis, pneumonia, sinusitis and acute otitis media in young children worldwide. The serotypes included in the 7-valent conjugated pneumococcal vaccine (PCV7)-1, 5, 6A, 6B, 14, 19F, 23F-are those most commonly responsible for invasive pneumococcal disease (IPD) globally. Unvaccinated children are at greater risk for meningitis. The rate of non-vaccine serotypes as causes of invasive disease has increased. Although the incidence rate of IPD is highest in children aged <2 years, the rare, non-vaccine serotypes of S. pneumoniae may be responsible for acute meningitis in older, unvaccinated children. In this report, we present a pediatric case of meningitis due to S. pneumoniae serotype 33D, which has not been previously identified as a cause of IPD in those countries where PCV7 is routinely administered, including Turkey.

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20. World J Pediatr. 2016 May;12(2):225-30. doi: 10.1007/s12519-015-0036-0. Epub 2015 Dec 18.

Crescentic glomerulonephritis in children: a single centre experience.

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BACKGROUND: Crescentic glomerulonephritis (CsGN) is characterized by crescents in 50% or more of glomeruli and clinically by a sudden and progressive decline in renal function.
METHODS: We evaluated the etiology, clinical features, prognostic factors and long-term outcome of CsGN. Between January 2000 and December 2010, 45 children (26 girls, 19 boys) with biopsy-proven CsGN (>50% crescents) were investigated retrospectively.
RESULTS: The mean age of the patients was 130.86±33.77 months. The mean duration of symptoms prior to diagnosis was 26±12 days (4-40 days). Most of the children had hypertension (62.2%), macroscopic hematuria (73.3%), oligoanuria (44.4%), edema (51.1%) and purpuric rash (40%) at presentation. The final clinical status of the patients was complete remission (n=21), partial remission (n=5) or chronic kidney disease (n=19). Adverse outcomes were significantly associated with a long duration between the onset of symptoms and treatment (P=0.038), the presence of oligoanuria (P=0.006), a severe decreased glomerular filtration rate (GFR <30 mL/min/1.73m²) and the need for dialysis (P=0.003) on admission, the ratio of crescents (>75%) (P=0.03), and the ratio of fibrous crescents (P=0.015).
CONCLUSION: The outcome of CsGN in children continues to be poor, and it should be treated as a renal emergency.

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21. Eur J Obstet Gynecol Reprod Biol. 2016 Jan;196:60-3. doi: 10.1016/j.ejogrb.2015.10.025. Epub 2015 Nov 24.

The utility of tumor markers and neutrophil lymphocyte ratio in patients with an intraoperative diagnosis of mucinous borderline ovarian tumor.

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OBJECTIVE: To evaluate the utility of tumor markers and complete blood count to increase the diagnostic accuracy to detect malignant cases that are intraoperatively reported as mucinous borderline ovarian tumors (BOT).
STUDY DESIGN: Patients who underwent laparotomy at our gynecologic oncology clinic between 2007 and 2015 for evaluation of an adnexal mass with an intraoperative frozen section report of mucinous BOT were retrospectively analyzed. Patients were grouped according to the final pathological diagnoses (malignant, borderline and benign), and were compared in terms of tumor marker levels and complete blood count parameters. Significant parameters were evaluated together with frozen section results, and were assessed for diagnostic accuracy.
RESULTS: A total of 63 patients were included in the study. Of these, 41 patients had borderline, 11 patients had benign, and 11 patients had malignant mucinous ovarian tumors. Patient age, menopausal status, hemoglobin, platelet and lymphocyte counts were similar among the groups ($p>0.05$). On the other hand, white blood cell, neutrophil counts and neutrophil/lymphocyte ratio (NLR) were significantly higher in malignant cases ($p<0.05$). Similarly, CA125 and CA19-9 were significantly higher in malignant group ($p<0.05$). When evaluated with the frozen section results, CA19-9 and NLR had the highest sensitivity to detect mucinous cancers (81 and 78 percent, respectively).
CONCLUSIONS: In patients who have an intraoperative frozen section diagnosis of borderline mucinous ovarian tumors, CA19-9, NLR and CA125 were significant predictors of malignancy. In light of larger future studies, we believe that integrating these parameters into routine clinical practice may decrease the rate of under diagnosis.

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PMID: 26683535 [Indexed for MEDLINE]

22. Indian J Pediatr. 2016 Jul;83(7):730-1. doi: 10.1007/s12098-015-1983-0. Epub 2015 Dec 17.

Treatment of Phthiriasis Palpebrarum Mimicking Conjunctivitis in a Newborn.

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PMID: 26676651

23. Case Rep Dermatol Med. 2015;2015:549825. doi: 10.1155/2015/549825. Epub 2015 Nov 1.

Type VI Aplasia Cutis Congenita: Bart's Syndrome.

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Bart's syndrome is characterized by aplasia cutis congenita and epidermolysis bullosa. We present the case of a newborn male who developed blisters on the mucous membranes and the skin following congenital localized absence of skin. Bart's syndrome (BS) is diagnosed clinically based on the disorder's unique signs and symptoms but histologic evaluation of the skin can help to confirm the final diagnosis. The patient was managed conservatively with topical antibacterial ointment and wet gauze dressing. Periodic follow-up examinations showed complete healing. We emphasized that it is important to use relatively simple methods for optimal healing without the need for complex surgical interventions.

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PMID: 26609453

24. Int J Endocrinol. 2015;2015:247386. doi: 10.1155/2015/247386. Epub 2015 Oct 13.

Evaluating the Efficacy of Treatment with a GnRH Analogue in Patients with Central Precocious Puberty.

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Objective. GnRH analogues (GnRHa) are used in the treatment of central precocious puberty (CPP). The purpose of this study was to evaluate the efficacy of treatment with a GnRHa (leuprolide acetate) in patients with CPP. Subjects and Methods. A total of 62 female child patients who had been diagnosed with CPP, rapidly progressive precocious puberty (RP-PP), or advanced puberty (AP) and started on GnRHa treatment (leuprolide acetate, Lucrin depot, 3.75 mg once every 28 days) were included in the study. The efficacy of treatment was evaluated with anthropometric data obtained, progression of pubertal symptoms observed, as well as GnRHa tests, and, when necessary, intravenous GnRH tests carried out in physical examinations that were performed once every 3 months. Results. In the current study, treatment of early/advanced puberty at a dose of 3.75 mg once every 28 days resulted in the suppression of the HHG axis in 85.5% of the

patients. Conclusion. The findings of this study revealed that a high starting dose of leuprolide acetate may not be necessary in every patient for the treatment of CPP. Starting at a dose of 3.75 mg once every 28 days and increasing it with regard to findings in follow-ups would be a better approach.

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PMID: 26550013

25. Neuron. 2015 Nov 4;88(3):499-513. doi: 10.1016/j.neuron.2015.09.048.

Genes that Affect Brain Structure and Function Identified by Rare Variant Analyses of Mendelian Neurologic Disease.

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Development of the human nervous system involves complex interactions among fundamental cellular processes and requires a multitude of genes, many of which remain to be associated with human disease. We applied whole exome sequencing to 128 mostly consanguineous families with neurogenetic disorders that often included brain malformations. Rare variant analyses for both single nucleotide variant (SNV) and copy number variant (CNV) alleles allowed for identification of 45 novel variants in 43 known disease genes, 41 candidate genes, and CNVs in 10 families, with an overall potential molecular cause identified in >85% of families studied. Among the candidate genes identified, we found PRUNE, VARS, and DHX37 in multiple families and homozygous loss-of-function variants in AGBL2, SLC18A2, SMARCA1, UBQLN1, and CPLX1. Neuroimaging and in silico analysis of functional and expression proximity between candidate and known disease genes allowed for further understanding of genetic networks underlying specific types of brain malformations.

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26. J Clin Endocrinol Metab. 2016 Jan;101(1):284-92. doi: 10.1210/jc.2015-3250. Epub 2015 Nov 2.

Rare Causes of Primary Adrenal Insufficiency: Genetic and Clinical Characterization of a Large Nationwide Cohort.

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CONTEXT: Primary adrenal insufficiency (PAI) is a life-threatening condition that is often due to monogenic causes in children. Although congenital adrenal hyperplasia occurs commonly, several other important molecular causes have been reported, often with overlapping clinical and biochemical features. The relative prevalence of these conditions is not known, but making a specific diagnosis can have important implications for management.
OBJECTIVE: The objective of the study was to investigate the clinical and molecular genetic characteristics of a nationwide cohort of children with PAI of unknown etiology.
DESIGN: A structured questionnaire was used to evaluate clinical, biochemical, and imaging data. Genetic analysis was performed using Haloplex capture and next-generation sequencing. Patients with congenital adrenal hyperplasia, adrenoleukodystrophy, autoimmune adrenal insufficiency, or obvious syndromic PAI were excluded.
SETTING: The study was conducted in 19 tertiary pediatric endocrinology clinics.
PATIENTS: Ninety-five children (48 females, aged 0-18 y, eight familial) with PAI of unknown etiology participated in the study.
RESULTS: A genetic diagnosis was obtained in 77 patients (81%). The range of etiologies was as follows: MC2R (n = 25), NR0B1 (n = 12), STAR (n = 11), CYP11A1 (n = 9), MRAP (n = 9), NNT (n = 7), ABCD1 (n = 2), NR5A1 (n = 1), and AAAS (n = 1). Recurrent mutations occurred in several genes, such as c.560delT in MC2R, p.R451W in CYP11A1, and c.IVS3ds+1delG in MRAP. Several important clinical and molecular insights emerged.
CONCLUSION: This is the largest nationwide study of the molecular genetics of childhood PAI undertaken. Achieving a molecular diagnosis in more than 80% of children has important translational impact for counseling families, presymptomatic diagnosis, personalized treatment (eg, mineralocorticoid replacement), predicting comorbidities (eg, neurological, puberty/fertility), and targeting clinical genetic testing in the future.

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27. Neuropediatrics. 2015 Dec;46(6):377-84. doi: 10.1055/s-0035-1564618. Epub 2015 Oct 19.

A Multinational Survey on Actual Diagnostics and Treatment of Subacute Sclerosing Panencephalitis.

Häusler M(1), Aksoy A(2), Alber M(3), Altunbasak S(4), Angay A(5), Arsene OT(6), Craiu D(6), Hartmann H(7), Hiz-Kurul S(8), Ichiyama T(9), Iliescu C(6), Jocic-Jakubi B(10), Korinthenberg R(11), Köse G(12), Lukban MB(13), Ozkan M(2), Patcheva I(14), Teichler J(15), Vintan M(16), Yaramis A(17), Yarar C(18), Yis U(8), Yuksel D(2), Anlar B(19).

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Subacute sclerosing panencephalitis (SSPE) is a chronic infection of the central nervous system caused by the measles virus (MV). Its prevalence remains high in resource poor countries and is likely to increase in the Northern Europe as vaccination rates decrease. Clinical knowledge of this devastating condition, however, is limited. We therefore conducted this multinational survey summarizing experience obtained from more than 500 patients treated by 24 physicians in seven countries. SSPE should be considered in all patients presenting with otherwise unexplained acquired neurological symptoms. In most patients, the diagnosis will be established by the combination of typical clinical symptoms (characteristic repetitive myoclonic jerks), a strong intrathecal synthesis of antibodies to MV and typical electroencephalogram findings (Radermecker complexes). Whereas the therapeutic use of different antiviral (amantadine, ribavirin) and immunomodulatory drugs (isoprinosine, interferons) and of immunoglobulins has been reported repeatedly, optimum application regimen of these drugs has not been established. This is partly due to the absence of common diagnostic and clinical standards focusing on neurological and psychosocial aspects. Carbamazepine, levetiracetam, and clobazam are the drugs most frequently used to control

myoclonic jerks. We have established a consensus on essential laboratory and clinical parameters that should facilitate collaborative studies. Those are urgently needed to improve outcome.

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28. J Allergy Clin Immunol. 2016 Mar;137(3):879-88.e2. doi: 10.1016/j.jaci.2015.08.020. Epub 2015 Oct 21.

Recurrent viral infections associated with a homozygous CORO1A mutation that disrupts oligomerization and cytoskeletal association.

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BACKGROUND: Coronin-1A (CORO1A) is a regulator of actin dynamics important for T-cell homeostasis. CORO1A deficiency causes T(-)B(+) natural killer-positive severe combined immunodeficiency or T-cell lymphopenia with severe viral infections. However, because all known human mutations in CORO1A abrogate protein expression, the role of the protein's functional domains in host immunity is unknown.
OBJECTIVE: We sought to identify the cause of the primary immunodeficiency in 2 young adult siblings with a history of disseminated varicella, cutaneous warts, and CD4(+) T-cell lymphopenia.
METHODS: We performed immunologic, genetic, and biochemical studies in the patients, family members, and healthy control subjects.
RESULTS: Both patients had CD4(+) T-cell lymphopenia and decreased lymphocyte proliferation to mitogens. IgG, IgM, IgA, and specific antibody responses were normal. Whole-genome sequencing identified a homozygous frameshift mutation in CORO1A disrupting the last 2 C-terminal domains by replacing 61 amino acids with a novel 91-amino-acid sequence. The CORO1A(S401fs) mutant was expressed in the patients' lymphocytes at a level comparable with that of wild-type CORO1A in normal lymphocytes but did not oligomerize and had impaired cytoskeletal association. CORO1A(S401fs) was associated with increased filamentous actin accumulation in T cells, severely defective thymic output, and impaired T-cell survival but normal calcium flux and cytotoxicity, demonstrating the importance of CORO1A oligomerization and subcellular localization in T-cell homeostasis.
CONCLUSIONS: We describe a truncating mutation in CORO1A that permits protein expression and survival into young adulthood. Our studies demonstrate the importance of intact CORO1A C-terminal domains in thymic egress and T-cell survival, as well as in defense against viral pathogens.

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29. Clin Pediatr (Phila). 2016 Aug;55(9):877-9. doi: 10.1177/0009922815611643. Epub 2015 Oct 15.

Idiopathic Orbital Inflammation in a Child Mimicking Orbital Cellulitis.

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30. J Obstet Gynaecol. 2016;36(3):297-300. doi: 10.3109/01443615.2015.1049248. Epub 2015 Oct 15.

The predictive value of lactate levels in vaginal fluid on the latent period in pregnant women with preterm premature rupture of membranes.

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The aim of the present study was to investigate the relationship between lactate level in vaginal fluid and the latent phase of labour in pregnancies complicated by preterm premature rupture of membranes (PPROM). Seventy pregnant women with PPROM during 28-34 weeks' gestation were selected for this prospective observational study. All subjects underwent a pelvic examination involving the insertion of a vaginal speculum, and lactate levels were measured in vaginal fluid samples. The relationship between the lactate levels in the vaginal fluid and the latent phase of the labour was analysed using a logistic regression test. Of the patients, 48 (68.6%) had a latent period of 48 h or less, and 22 patients (31.4%) had a latent period longer than 48 h. The median lactate level was 3.81 mmol/L in patients with a latent period ≤ 48 h, and 3.36 mmol/L in patients with a latent period > 48 h. The lactate level in vaginal fluid was not found to be distinctive in the differentiation of patients according to the duration of the latent phase (receiver operating characteristic or ROC: 0.509; 95% confidence interval or CI: 0.361-0.657; p = 0.904). There was no significant correlation between the lactate level in the vaginal fluid and the transition from the latent phase to the active phase of labour in pregnancies complicated by PPROM.

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31. Pediatr Cardiol. 2016 Jan;37(1):201-7. doi: 10.1007/s00246-015-1266-6. Epub 2015 Sep 22.

Decreased Deformation in Asymptomatic Children with Isolated Left Ventricular Non-compaction and Normal Ejection Fraction.

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Echocardiography is the mainstay of screening and disease surveillance in isolated left ventricular non-compaction (iLVNC). The aim of our study is to determine the early regional and global myocardial functional changes and whether the myocardial changes that cannot be detected by conventional echocardiography could be detected by tissue Doppler imaging (TDI) or two-dimensional speckle-tracking echocardiography (STE) in iLVNC cases without symptoms. Longitudinal and circumferential strain (S) and strain rates (SR) as determined by STE in 20 children aged 12.1 ± 3.3 years was compared with those in 20 controls. All children underwent echocardiographic assessment using two-dimensional, tissue Doppler and speckle-tracking echocardiography. iLVNC patients who had normal systolic function by ejection and shortening fractions were included in this study. According to the TDI in all three segments [the non-compacted (NC), neighboring NC (NNC) and compacted (C) segments], isovolumic contraction time, isovolumic relaxation time and myocardial performance index values were significantly higher, while ejection time were significantly lower in the iLVNC group. According to STE in two segments (NC and NNC-segments) longitudinal S and SR values and also circumferential S and SR values were significantly lower in the iLVNC group compared with the control group; whereas, in the global measurements both longitudinal and circumferential S and SR values in all three segments were significantly lower in the iLVNC group compared with the control group. We believe that TDI and STE that evaluates myocardial deformation can be used for the detection of early myocardial dysfunction in the iLVNC patients who are subclinical and whose left ventricular functions were detected as normal by conventional methods with normal ejection and shortening fractions.

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PMID: 26396115 [Indexed for MEDLINE]

32. Pediatr Hematol Oncol. 2015;32(7):495-504. doi: 10.3109/08880018.2015.1065302. Epub 2015 Sep 18.

Lupus Anticoagulant Positivity in Pediatric Patients With Prolonged Activated Partial Thromboplastin Time: A Single-Center Experience and Review of Literature.

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The presence of lupus anticoagulants (LAs) is an important cause of activated partial thromboplastin time (aPTT) prolongation found in children after an infection or during screening tests before surgical intervention. The authors retrospectively reviewed the charts of 68 patients who have been consulted from surgery departments with prolonged aPTT. These patients were reevaluated with aPTT analysis after 1 week. Thirteen patients had normal aPTTs. Therefore, 55 patients remained with prolonged aPTTs. LA positivity was detected in 39 patients. Sixteen of these had prolonged aPTT prior to surgery (41%). Others with LA positivity had systemic lupus erythematosus (SLE; n = 6), infection (n = 5), leukemia (n = 3), hemolytic uremic syndrome (n = 2), epistaxis (n = 2), antiphospholipid syndrome (APS; n = 1), chronic immune thrombocytopenic purpura (n = 1), acute poststreptococcal glomerulonephritis (n = 1), central nervous system (CNS) thrombosis (n = 1), and congenital heart disease (n = 1). None of the patients had bleeding history. LA positivity rarely leads to bleeding and/or thrombosis. Specific therapy is usually not needed. Further prospective multicenter studies are required to understand clinical outcomes and laboratory correlation in children with positive LA.

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PMID: 26383899 [Indexed for MEDLINE]

33. J Matern Fetal Neonatal Med. 2016;29(13):2186-93. doi: 10.3109/14767058.2015.1079614. Epub 2015 Sep 12.

Outcome of the Respiratory Syncytial Virus related acute lower respiratory tract infection among hospitalized newborns: a prospective multicenter study.

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AIM: To determine the incidence and outcomes of respiratory syncytial virus (RSV)-related acute lower respiratory tract infection (ALRI) including morbidity, nosocomial infection and mortality among newborn infants who were admitted to the neonatal intensive care units (NICUs).
METHODS: A multicenter, prospective study was conducted in newborns who were hospitalized with community acquired or nosocomial RSV infection in 44 NICUs throughout Turkey. Newborns with ALRI were screened for RSV infection by Respi-Strip®-test. Main outcome measures were the incidence of RSV-associated admissions in the NICUs and morbidity, mortality and epidemics results related to these admissions.
FINDINGS: The incidence of RSV infection was 1.24% (n: 250) and RSV infection constituted 19.6% of all ALRI hospitalizations, 226 newborns (90.4%) had community-acquired whereas 24 (9.6%) patients had nosocomial RSV infection in the

NICUs. Of the 250 newborns, 171 (68.4%) were full-term infants, 183 (73.2%) had a BW >2500 g. RSV-related mortality rate was 1.2%. Four NICUs reported seven outbreaks on different months, which could be eliminated by palivizumab prophylaxis in one NICU.
CONCLUSION: RSV-associated ALRI both in preterm and term infants accounts an important percent of hospitalizations in the season, and may threat other high-risk patients in the NICU.

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34. Case Rep Infect Dis. 2015;2015:651315. doi: 10.1155/2015/651315. Epub 2015 Aug 13.

Two Case Presentations Infected by Trichosporon asahii and Treated with Voriconazole Successfully.

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Background. Trichosporon asahii is an opportunistic fungus that causes infections in immunosuppressed patients. Neutropenia developing due to malignancies is an important risk factor for fungal infection. Case Report. We present two pediatric oncology cases successfully treated with voriconazole after T. asahii infection that is known to cause fatal sepsis and invasive fungal infection. Conclusion. There is no conclusive evidence that the antifungal agent voriconazole is effective in the neutropenic patients infected with Trichosporon asahii. Liposomal amphotericin B has also been reported to be inadequate for treatment. We believe that our patients were successfully treated and survived because the antifungal agents were started early and properly, although the infection can be fatal in up to 80% of cases despite treatment.

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PMID: 26351595

35. Anadolu Psikiyatri Derg. 2015;16(6):426-432.

Genetic testing in children with autism spectrum disorders.

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OBJECTIVE: The aim of this study was to investigate karyotype abnormalities, MECP2 mutations, and Fragile X in a clinical population of children with Autism Spectrum Disorders (ASD) using The Clinical Report published by the American Academy of Pediatrics.
METHODS: Ninety-six children with ASD were evaluated for genetic testing and factors associated with this testing.

RESULTS: Abnormalities were found on karyotype in 9.7% and in DNA for fragile X in 1.4%. Karyotype abnormalities include inv(9)(p12q13); inv(9)(p11q13); inv(Y)(p11q11); Robertsonian translocation (13;14)(8q10q10) and (13,14)(q10q10); 9qh+; Yqh+; 15ps+; deletion 13(p11.2).
CONCLUSION: Genetic testing should be offered to all families of a child with an ASD, even not all of them would follow this recommendation. Although karyotype and FRAXA assessment will yield almost 10% positive results, a detailed history and physical examination are still the most important aspect of the etiological evaluation for children with ASD. Also, it is important to have geneticists to help in interpreting the information obtained from genetic testing.

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PMID: 26345476

36. Semin Ophthalmol. 2017;32(3):281-284. doi: 10.3109/08820538.2015.1068341. Epub 2015 Sep 4.

Serum Lipid Levels in Pseudoexfoliation Syndrome.

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PURPOSE: To investigate the serum lipid levels in pseudoexfoliation (PEX) syndrome and its association with systemic vascular disorders.
MATERIALS AND METHODS: Patients were divided into three groups: 52 patients with PEX syndrome (group 1), 20 patients with PEX glaucoma (group 2), and 47 control subjects without PEX syndrome or glaucoma (group 3). The fasting serum total cholesterol, high-density lipoprotein (HDL), low-density lipoprotein (LDL), and triglyceride levels were evaluated by Beckman Coulter DXC 800/USA biochemical analyzer.
RESULTS: The mean LDL values were 138 ± 33 mg/dl in group 1, 150 ± 37 mg/dl in group 2, and 127 ± 36 mg/dl in group 3. The mean LDL values in groups 1 and 2 were found to be significantly higher than that of group 3 ($p = 0.04$). The patients in groups 1 and 2 were more often diabetic and hypertensive than group 3 ($p < 0.008$, $p < 0.005$, respectively).
CONCLUSION: Increased LDL values are significantly associated with PEX.

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PMID: 26337324

37. J Pediatr Adolesc Gynecol. 2016 Feb;29(1):e13-5. doi: 10.1016/j.jpag.2015.08.007. Epub 2015 Aug 29.

A Rare Presentation of Paraovarian Sclerosing Stromal Tumor with High Mitotic Activity.

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BACKGROUND: Sclerosing stromal tumor is an extremely rare type of benign ovarian sex cord stromal tumor.
CASE: The benign characteristic of this tumor is well known but we present an uncommon case of paraovarian sclerosing stromal tumor with high mitotic activity.
RESULTS AND CONCLUSION: Despite this potential malignancy, our patient was treated successfully with enucleation only.

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38. J Coll Physicians Surg Pak. 2015 Aug;25(8):592-6. doi: 08.2015/JCPSP.592596.

Single Incision Pediatric Endoscopic Surgery: Advantages of a Relatively Large Incision.

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OBJECTIVE: To describe Single Incision Pediatric Endoscopic Surgery (SIPES) performed on children with various diagnoses, emphasizing its advantages.
STUDY DESIGN: An observational case series.
PLACE AND DURATION OF STUDY: Department of Pediatric Surgery, Dr. Sami Ulus Maternity and Child Health Hospital, Ankara, Turkey, from January 2011 to November 2014.
METHODOLOGY: A review of patient charts was conducted in which SIPES was preferred as the surgical procedure. Patient demographics, operative details, operative time, clinical outcomes, postoperative pain and cosmesis were analyzed.
RESULTS: SIPES was performed on 45 patients (21 girls, 24 boys). Thirty-three appendectomies, 5 varicocelectomies, 3 oophorectomies, 2 ovarian and one paratubal cyst excision, and one fallopian tube excision were performed. All except one procedures were performed through our standard 2 cm umbilical vertical or smile incision. In 18 cases, abdominal irrigation/aspiration was easily performed through the existing larger incision, as is done with open surgical technique. None of the patients had early postoperative shoulder/back pain since complete disinflation of CO2could be ensured. All of the patients/parents were satisfied with the cosmesis.
CONCLUSION: SIPES has the advantages of limiting the surgical scar to within the umbilicus and providing easy disinflation of CO2, allowing intraabdominal cleaning and extraction of large volume tissue samples through a single large umbilical incision.

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39. Am J Perinatol. 2016 Jan;33(2):136-42. doi: 10.1055/s-0035-1560044. Epub 2015 Aug 24.

Effect of Ventilation Support on Oxidative Stress and Ischemia-Modified Albumin

in Neonates.

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BACKGROUND AND OBJECTIVE: Mechanical ventilation (MV) can induce oxidative stress, which plays a critical role in pulmonary injury in intubated neonates. Ischemia-modified albumin (IMA)-a variant of human serum albumin-is a novel biomarker of myocardial ischemia that occurs due to reactive oxygen species during ischemic insult. This study aimed to investigate IMA production due to oxidative stress induced during MV in neonates.
MATERIALS AND METHODS: This study included 17 neonates that were ventilated using synchronized intermittent mechanical ventilation (SIMV; SIMV group) and 20 neonates ventilated using continuous positive airway pressure (CPAP; CPAP group). Blood samples were collected from each neonate during ventilation support and following cessation of ventilation support. Total antioxidant capacity (TAC) and total oxidant status (TOS) were measured using the Erel method. IMA was measured via an enzyme-linked immunosorbent assay kit (Cusabio Biotech Co., Ltd., Wuhan, China). The oxidant stress index (OSI) was calculated as OSI = TOS/TAC. Statistical analysis was performed using SPSS v.18.0 (SPSS Inc., Chicago, IL) for Windows.
RESULTS: Among the neonates included in the study, mean gestational age was 34.7 ± 3.8 weeks, mean birth weight was 2,553 ± 904 g, and 54% were premature. There were not any significant differences in mean gestational age or birth weight between the SIMV and CPAP groups. Among the neonates in both the groups, mean IMA, TOS, and OSI levels were significantly higher during ventilation support (102.2 ± 9.3 IU mL(-1), 15.5 ± 1.3 μmol H2O2 equivalent L(-1), and 0.85 ± 0.22 arbitrary units [ABU], respectively), as compared with following cessation of ventilation support (82.9 ± 11.9 IU mL(-1), 13.4 ± 1.3 μmol H2O2 equivalent L(-1), and 0.64 ± 0.14 ABU, respectively) (p = 0.001). Among all the neonates in the study, mean TAC was significantly lower during ventilation support than the postventilation support (1.82 ± 0.28 mmol 6-hydroxy-2,5,7,8-tetramethylchroman-2-carboxylic acid [Trolox] equivalent L(-1) vs. 2.16 ± 0.31 mmol Trolox equivalent L(-1)) (p = 0.001). There were no significant differences in mean TAC, OSI, or IMA levels between the SIMV and CPAP groups. The mean TOS level during ventilation support and the mean difference in TOS between during and postventilation support was significantly greater in the CPAP group than in the SIMV group. There were no significant relationships between the mean TOS, TAC, OSI, or IMA levels, and gestational age of the neonates.
CONCLUSION: SIMV and CPAP activated the oxidative stress and increased the IMA level in neonates; therefore, measurement of IMA and oxidant markers may be useful in the follow-up of lung injury in neonates due to ventilation support. Additional prospective studies are needed to compare the effects of various ventilation methods on oxidative stress and the IMA level in neonates.

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40. Arch Argent Pediatr. 2015 Oct;113(5):e283-5. doi: 10.5546/aap.2015.e283.

Rupture and displacement of umbilical arterial catheter: Bilateral arterial occlusion in a very low birth weight preterm.

[Article in English, Spanish]

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Umbilical vessel catheterization is a common procedure in Neonatal Intensive Care Units, especially in very low birthweight infants. Rarely, umbilical artery catheters break, and the retained fragments can cause thrombosis, infection, distal embolization, and even death. Herein, we describe a neonate with clinically significant bilateral limb ischemia developing after removal of a broken umbilical artery catheter. He was under vasodilator treatment in addition to fibrinolytic and anticoagulants. The evolution was favourable.

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41. Mol Genet Metab. 2015 Nov;116(3):163-70. doi: 10.1016/j.ymgme.2015.07.003. Epub 2015 Jul 29.

Key features and clinical variability of COG6-CDG.

Rymen D(1), Winter J(2), Van Hasselt PM(3), Jaeken J(4), Kasapkara C(5), Gokçay G(6), Haijes H(3), Goyens P(7), Tokatli A(8), Thiel C(9), Bartsch O(10), Hecht J(11), Krawitz P(12), Prinsen HC(13), Mildenberger E(2), Matthijs G(14), Kornak U(15).

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The conserved oligomeric Golgi (COG) complex consists of eight subunits and plays a crucial role in Golgi trafficking and positioning of glycosylation enzymes. Mutations in all COG subunits, except subunit 3, have been detected in patients with congenital disorders of glycosylation (CDG) of variable severity. So far, 3 families with a total of 10 individuals with biallelic COG6 mutations have been described, showing a broad clinical spectrum. Here we present 7 additional patients with 4 novel COG6 mutations. In spite of clinical variability, we delineate the core features of COG6-CDG i.e. liver involvement (9/10), microcephaly (8/10), developmental disability (8/10), recurrent infections (7/10), early lethality (6/10), and hypohidrosis predisposing for hyperthermia (6/10) and hyperkeratosis (4/10) as ectodermal signs. Regarding all COG6-related disorders a genotype-phenotype correlation can be discerned ranging from deep intronic mutations found in Shaheen syndrome as the mildest form to loss-of-function mutations leading to early lethal CDG phenotypes. A comparison with other COG deficiencies suggests ectodermal changes to be a hallmark of COG6-related disorders. Our findings aid clinical differentiation of this complex group of disorders and imply subtle functional differences between the COG complex subunits.

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PMID: 26260076 [Indexed for MEDLINE]

42. J AAPOS. 2015 Aug;19(4):327-31. doi: 10.1016/j.jaapos.2015.04.008. Epub 2015 Jul 31.

Serum neutrophil-to-lymphocyte ratio in retinopathy of prematurity.

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PURPOSE: To evaluate the relationship between serum neutrophil-to-lymphocyte ratio (NLR) and development of retinopathy of prematurity (ROP).
METHODS: Infants with a gestational age of ≤32 week were screened for ROP. Complete blood cell, high-sensitivity C-reactive protein, and interleukin 6 levels of subjects were measured within the first 24 hours of life. The NLR was calculated by dividing neutrophil count by lymphocyte count. The association between other risk factors and the development of ROP were analyzed using univariate analysis and multivariate logistic regression analysis.
RESULTS: A total of 100 infants were included: 80 with ROP and 20 without ROP. The NLR values differed significantly between the ROP group (median, 0.67; interquartile range, 0.38-1.09) and non-ROP group (median, 0.32; interquartile range, 0.22-0.79; P = 0.02). The lymphocyte count in the ROP group (4.01 ± 1.89) compared to that of the non-ROP group (5.69 ± 2.16) was significantly lower (P = 0.001). In multivariate analysis, lymphocyte count remained an independent predictor of ROP (OR = 0.599; 95% CI, 0.430-0.836; P = 0.003).
CONCLUSIONS: The NLR seems not to be an independent predictor of development of ROP. Lymphocyte count is inversely associated with ROP.

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PMID: 26239207 [Indexed for MEDLINE]

43. J Pediatr Orthop B. 2015 Nov;24(6):552-5. doi: 10.1097/BPB.0000000000000216.

Acute forearm compartment syndrome in a newborn caused by reperfusion after spontaneous axillary artery thrombosis.

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Acute compartment syndrome of the forearm in newborns is often misdiagnosed and can be disastrous if left untreated. Here, we report a full-term infant of a diabetic mother with underlying heterozygosity for MTHFR C677T and A1298C alleles. A spontaneous thrombosis occurred in the left axillary artery immediately after birth. The patient responded well to anticoagulant (heparin) and thrombolytic (tissue plasminogen activator) agents. After reperfusion of the extremity, acute compartment syndrome developed. Emergent fasciotomy was performed. In this case, effective collaboration between pediatricians and orthopedic surgeons resulted in salvage of the extremity, with good clinical and functional results.

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PMID: 26237661 [Indexed for MEDLINE]

44. Pediatr Hematol Oncol. 2015;32(6):415-22. Epub 2015 Aug 3.

Anthropometric and Biochemical Assessment of Nutritional Status in Pediatric Cancer Patients.

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Children are at greater risk for malnutrition due to increased needs of nutrients to obtain appropriate growth, and they exhibit elevated substrate needs due to cancer and its treatment. This study aimed to report anthropometric and biochemical evaluation of nutritional status in children with cancer at initial presentation and during treatment. A prospective, controlled study was performed in the pediatric oncology department of a tertiary care center. Control group consisted of the siblings of patients. Weight, height, body mass index, triceps skinfold thickness, and serum levels of total protein, albumin, prealbumin, serum

lipids, trace minerals, C-reactive protein (CRP), and vitamins were compared in patients and controls at initial presentation and at 6th month after the onset of treatment. According to weight for height, the frequency of malnutrition was 16% at initial presentation and 22% at 6th month. Triceps skinfold thickness was significantly thinner in patients than controls at both measurements. Patients had lower levels of prealbumin, albumin, iron, folate, zinc, and vitamin C and higher levels of ferritin, vitamin B12, and copper. Serum CRP levels were significantly higher in cancer patients at initial presentation and seemed to be correlated with copper levels. Compared with other patients, malnourished patients had significantly higher levels of vitamin B12 at 6th month. Results of the current study demonstrate that trace minerals, vitamins, and anthropometric measures may yield important clues for nutritional status and disease activity in pediatric oncology patients. However, validation and updating these potential markers warrant further trials on larger series.

PMID: 26237587 [Indexed for MEDLINE]

45. Gynecol Obstet Invest. 2016;81(1):23-7. doi: 10.1159/000437016. Epub 2015 Jul 28.

Waist Circumference as a Predictor of Failure of Sonographic Estimation of Fetal Birth Weight.

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OBJECTIVE: Several factors may interfere with the success of fetal birth weight (BW) prediction. In this study we tried to determine the most probable factors that may lead to unsuccessful BW estimation.
METHODS: 200 consecutive pregnancies between 34 and 41 weeks of gestation were enrolled for the study. All subjects underwent sonographic fetal BW estimation before membrane rupture or engagement of presented part. Sonography was performed by the same sonographer blinded to the study design. Failure of estimation was determined when deviation was found to be >15%.
RESULTS: Both amniotic fluid index (AUC = 0.768, $p < 0.001$) and maternal waist circumference (AUC = 0.698, $p = 0.004$) were significant predictors for failure of estimation. Optimal cut-off values were 80 mm for amniotic fluid index (77% sensitivity, 65% specificity) and 105 cm for maternal waist circumference (70% sensitivity, 61% specificity). The number of pregnancies with anteriorly located placenta was significantly higher in the group with failed estimation (12/20 vs. 39/180, $p = 0.001$).
CONCLUSION: Amniotic fluid volume, body mass index, maternal waist circumference and placental location may all cause failure of fetal weight estimation and may need to be adjusted. Moreover, our results indicate that waist circumference may be a more reliable predictor of failure of fetal weight estimation compared to body mass index.

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46. Genet Med. 2016 Apr;18(4):364-71. doi: 10.1038/gim.2015.89. Epub 2015 Jul 30.

Comprehensive analysis via exome sequencing uncovers genetic etiology in autosomal recessive nonsyndromic deafness in a large multiethnic cohort.

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PURPOSE: Autosomal recessive nonsyndromic deafness (ARNSD) is characterized by a high degree of genetic heterogeneity, with reported mutations in 58 different genes. This study was designed to detect deafness-causing variants in a multiethnic cohort with ARNSD by using whole-exome sequencing (WES).
METHODS: After excluding mutations in the most common gene, GJB2, we performed WES in 160 multiplex families with ARNSD from Turkey, Iran, Mexico, Ecuador, and Puerto Rico to screen for mutations in all known ARNSD genes.
RESULTS: We detected ARNSD-causing variants in 90 (56%) families, 54% of which had not been previously reported. Identified mutations were located in 31 known ARNSD genes. The most common genes with mutations were MYO15A (13%), MYO7A (11%), SLC26A4 (10%), TMPRSS3 (9%), TMC1 (8%), ILDR1 (6%), and CDH23 (4%). Nine mutations were detected in multiple families with shared haplotypes, suggesting founder effects.
CONCLUSION: We report on a large multiethnic cohort with ARNSD in which comprehensive analysis of all known ARNSD genes identifies causative DNA variants in 56% of the families. In the remaining families, WES allows us to search for causative variants in novel genes, thus improving our ability to explain the underlying etiology in more families.Genet Med 18 4, 364-371.

DOI: 10.1038/gim.2015.89
PMCID: PMC4733433
PMID: 26226137 [Indexed for MEDLINE]

47. Ir J Med Sci. 2016 Aug;185(3):689-93. doi: 10.1007/s11845-015-1343-0. Epub 2015

Jul 26.

Investigation of cardiovascular disease risk in women with uterine leiomyomas.

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OBJECTIVE: The aim of this study was to investigate the cardiovascular disease risk of patients with uterine leiomyoma using carotid intima-media thickness (CIMT), insulin resistance and lipid profile.
METHODS: A total of 84 reproductive-aged women (20-45 years) were divided into two groups as the study group (n = 42) of women with leiomyoma and the control group (n = 42) of healthy women without leiomyoma. The risk factors for cardiovascular disease such as age, body mass index (BMI), low-density lipoprotein (LDL), triglycerides (Tg), high-density lipoprotein (HDL), total cholesterol and lipoprotein a levels, systemic disorders, cigarette smoking and CIMT were all recorded and compared between groups.
RESULTS: The mean age, gravida, parity, BMI, total cholesterol level and CIMT were significantly different between the groups ($p < 0.05$). CIMT after adjusted for the age and age, BMI was significantly lower in study groups (<0.001). Insulin resistance, serum LDL, Tg, HDL, lipoprotein a, and endometrial thickness were comparable between groups ($p > 0.05$). The number of leiomyoma was significantly correlated with Tg ($r = 0.322$, $p = 0.037$) and LDL ($r = 0.431$, $p = 0.006$). The size of leiomyoma was significantly correlated with HOMA-IR values ($r = -0.370$, $p = 0.016$).
CONCLUSION: Uterine leiomyoma was associated with lipid profile, insulin resistance and CIMT in reproductive-aged women.

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PMID: 26208583 [Indexed for MEDLINE]

48. Eurasian J Med. 2015 Jun;47(2):85-90. doi: 10.5152/eurasianjmed.2015.48.

Renal Artery Doppler Findings in the Patients with Polyhydramnios before and after the Conservative Treatment.

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OBJECTIVE: The aim of this study was to evaluate the foetal renal blood flow with colour Doppler ultrasonography. Patients with polyhydramnios were investigated for the foetal renal artery pulsatility index (PI) at the beginning of the treatment, and after the conservative treatment in those who reached the normal amniotic fluid index.
MATERIALS AND METHODS: In this prospective study, 39 foetuses with polyhydramnios were evaluated at gestational weeks 26 to 36. The foetal development parameters, right and left foetal renal artery PIs, and amniotic fluid index were measured at the beginning of the treatment in all of these patients. Of these patients, 19 who responded to the conservative treatment were also revaluated when their

amniotic fluid index reached normal levels, and statistical analyses were performed for the renal artery PIs before and after the treatment.
RESULTS: In this study, 19 patients fulfilled the inclusion criteria as patients with polyhydramnios who responded to conservative treatment. For these patients, the mean foetal renal artery PI was 2.08 (range 1.5-3.0) at the first sonographic examination, and the mean foetal renal artery PI was 1.94 (range 1.53-2.69) after the conservative treatment. However, there was no statistically significant difference between these two groups (p=0.117).
CONCLUSION: In this study, no statistically significant difference was found in the foetal renal artery PIs of the patients with polyhydramnios before and after the conservative treatment. These results suggest that the renal artery blood flow may not have any effect on the renal artery PI; therefore, these findings indicate that the renal artery PI cannot be used as a marker in the evaluation of polyhydramnios.

Publisher: Bu çalışmanın amacı fetal renal arter kan akımını renkli Doppler ultrasonografi ile değerlendirmek olup polihidramniyos saptanan tüm fetuslarda konservatif tedavi öncesinde ve sonrasında fetal renal arter pulsatilite indeksleri ölçüldü. Konservatif tedavi sonrası amniyotik sıvı indeksi normale dönen fetuslarda renal arter pulsatilite indeksi yeniden ölçüldü.Bu prospektif çalışmaya 26–36. gestasyonel haftalar arasında polihidramniyosu olan 39 fetus dahil edildi. Tüm fetusların tedavi öncesinde fetal gelişim parametreleri, sağ ve sol renal arter pulsatilite indeksleri ve amniyotik sıvı indeksi ölçüldü. Bu hastaların 19'u konservatif tedaviye yanıt vermiş olup tedavi sonrası amniyotik sıvı indeksi normale döndü. Bu 19 fetusun renal arter pulsatilite indeksi tedavi öncesi ve sonrasında istatistiksel olarak değerlendirilmiştir.Çalışmaya polihidramniyosu olup konservatif tedavi sonrası tedaviye yanıt veren 19 hasta ile devam edildi. Bu fetuslarda mean fetal renal arter pulsatilite indeksi ilk sonografik incelemede 2,08 (range 1,5–3,0) ölçülmüş olup tedavi sonrasında 1,94 (range 1,53–2,69) olarak saptandı. Ancak bu iki grup arasında istatistiksel olarak anlamlı fark saptanmadı (p=0,117).Çalışmamızda polihidramniyosu olan hastalarda tedavi öncesi ve tedavi sonrasında fetal renal arter pulsatilite indeksi arasında anlamlı fark saptanmadı. Bu da bize renal arter kan akımının renal arter pulsatilite indeksi üzerinde etkisi olmayabileceğini gösterdi. Dolayısıyla renal arter pulsatilite indeksini polihidramniyos değerlendirilmesinde bir belirteç olarak kullanmak çok doğru değildir.
DOI: 10.5152/eurasianjmed.2015.48
PMCID: PMC4494556
PMID: 26180491

49. Arch Argent Pediatr. 2015 Aug;113(4):e211-4. doi: 10.5546/aap.2015.e211.

[Demographic characteristics of patients with hand-foot-and-mouth disease. Atypical cases series].

[Article in Spanish; Abstract available in Spanish from the publisher]

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Hand-foot-and-mouth disease (HFMD) is a common childhood exanthem. Various types of lesions and widespread distribution in atypical cases have been described, but data on the predilection of lesion localizations in atypical cases are

insufficient. We aimed to describe the demographic features of patients with HFMD, and to characterize lesion localizations in patients with atypical eruptions treated at an outpatient dermatology clinic of a pediatric hospital, between November 2011 and August 2013.The study included 67 patients. Mean age of the patients was 34 months and there was a male predominance (60%). All the patients had eruptions on hands, feet, and mouth. Children aged <24 months had involvement of the diaper area and extremities, which was significantly higher than those aged 24-48 months and >48 months (P < 0.0001 and P= 0.011, respectively). None of the patients had serious systemic complications.

Publisher: La enfermedad de pie-mano-boca es un exantema frecuente en la niñez. Se han descrito varios tipos de lesiones de distribucion generalizada en casos atípicos, aunque los datos sobre la predilección respecto de la localizacion de estas lesiones son insuficientes. Nuestro objetivo fue describir las caracteristicas demograficas de los pacientes con esta enfermedad y caracterizar las localizaciones de las lesiones en pacientes con erupciones atipicas, tratadas en un centro ambulatorio de dermatologia de un hospital pediatrico, entre noviembre de 2011 y agosto de 2013. Se incluyen a 67 pacientes en el estudio. La edad media de los pacientes fue de 34 meses con predominio de varones (60%). Todos los pacientes tuvieron erupciones en la boca, las manos y los pies. Los ninos <24 meses se vieron afectados en la zona cubierta por el panal y las extremidades, con un compromiso significativamente mayor en los que tenian entre 24 y 48 meses y en los >48 meses (p <0,0001 y p= 0,011, respectivamente). Ninguno de los pacientes tuvo complicaciones sistémicas graves.
DOI: 10.5546/aap.2015.e211
PMID: 26172020

50. Pak J Med Sci. 2015;31(3):532-7. doi: 10.12669/pjms.313.6858.

Factors determining poor prognostic outcomes following diabetic hand infections.

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BACKGROUND AND OBJECTIVE: Hand ulcers are seen in a small percentage of patients with diabetes. The predisposing factors of diabetic hand varies between different countries. However, the effects of predisposing factors on prognosis are not clear in diabetic hand infections. In this study, our aim was to determine the effects of predisposing factors on poor prognostic outcomes in patients with diabetes mellitus.
METHODS: Thirty-four patients with diabetes mellitus who were treated and followed up for a hand infection in between 2008 and 2014 were investigated retrospectively. Patients were evaluated according to predisposing factors defined in the literature that included disease period, age, gender, admission

time, presence of neuropathy, smoking habits, HbA1c levels at admission time, peripheral vascular disease, end-stage renal disease (ESRD), and trauma. Death and minor/major amputation cases during treatment were defined as poor prognosis.
RESULTS: Patients who had ESRD, peripheral neuropathy, or an HbA1c level greater than 10% had significantly higher amputation rates.
CONCLUSIONS: Peripheral neuropathy, ESRD, and HbA1c levels greater than 10% at the time of admission were determined as poor prognosis criteria for diabetic hand treatment.

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PMID: 26150838

51. Arch Ital Urol Androl. 2015 Jul 7;87(2):147-50. doi: 10.4081/aiua.2015.2.147.

Evaluation of Tl-201 SPECT imaging findings in prostate cancer.

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OBJECTIVES: To compare with histopathological findings the findings of prostate cancer imaging by SPECT method using Tl-201 as a tumor seeking agent.
METHODS: The study comprised 59 patients (age range 51-79 years, mean age 65.3 ± 6.8 years) who were planned to have transrectal ultrasonography (TRUS)-guided biopsies due to suspicion of prostate cancer between April 2011 and September 2011. Early planar, late planar and SPECT images were obtained for all patients. Scintigraphic evaluation was made in relation to uptake presence and patterns in the visual assessment and to Tumor/Background (T/Bg) ratios for both planar and SPECT images in the quantitative assessment. Histopathological findings were compatible with benign etiology in 36 (61%) patients and malign etiology in 23 (39%) patients. Additionally, comparisons were made to evaluate the relationships between uptake patterns,total PSA values and Gleason scores.
RESULTS: A statistically significant difference was found between the benign and malignant groups in terms of uptake in planar and SPECT images and T/Bg ratios and PSA values. No statistically significant difference was found between uptake patterns of planar and SPECT images and Gleason scores in the malignant group.
CONCLUSIONS: SPECT images were superior to planar images in the comparative assessment. Tl-201 SPECT imaging can provide an additional contribution to clinical practice in the diagnosis of prostate cancer and it can be used in selected patients.

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52. J Pediatr Adolesc Gynecol. 2016 Feb;29(1):65-8. doi: 10.1016/j.jpag.2015.06.010. Epub 2015 Jul 2.

Nausea and Vomiting in Early Pregnancy of Adolescents: Relationship with Depressive Symptoms.

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STUDY OBJECTIVE: To determine the relationship between severity of nausea and vomiting during pregnancy (NVP) and depressive symptoms in pregnant adolescents.
DESIGN: Prospective cross-sectional study.
SETTING: A maternity research hospital outpatient clinic, Ankara, Turkey.
PARTICIPANTS: A total of 200 pregnant adolescents.
INTERVENTIONS AND MAIN OUTCOME MEASURES: Demographic features and obstetric histories of the participants were assessed. The Rhodes test was performed to determine nausea and vomiting severity in a face-to-face interview, and the self-reported Edinburgh Postnatal Depression Scale was administered with supervision.
RESULTS: The Rhodes test results showed that 52/200 patients (26%) were classified with none, 83/200 patients (41.5%) with mild, 48/200 patients (24.0%) with moderate, and 17/200 patients (8.5%) with severe symptoms. The mean depression score in the severe vomiting group was significantly higher than that in the no NVP and mild NVP groups (P = .028 and .041, respectively). No differences were found between the other groups.
CONCLUSION: Severe nausea and vomiting was associated with greater depressive symptom severity in pregnant adolescents.

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PMID: 26143555 [Indexed for MEDLINE]

53. J Matern Fetal Neonatal Med. 2016;29(11):1808-11. doi: 10.3109/14767058.2015.1064105. Epub 2015 Jul 30.

Does diurnal variation affect the first trimester fetal aneuploidy screening test biochemical parameters of fetuses with normal nuchal translucency?

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OBJECTIVE: The purpose of this study was to investigate the effect of diurnal variation on biochemical results of first trimester aneuploidy screening test.
METHODS: A total of 2725 singleton pregnant female, who had normal fetal nuchal translucency (NT) thickness, were included in the study during this period. Individuals were divided into two groups according to the sampling time (morning group: 09:00-11:00 am and afternoon group: 02:00-04:00 pm). Hormonal parameters (free-beta human chorionic gonadotropin [free β-hCG] and pregnancy-associated plasma protein-A [PAPP-A] multiples of median [MoM] levels) of first trimester (11(+0)-13(+6) weeks) combined aneuploidy screening test were compared between morning and afternoon groups.
RESULTS: PAPP-A MoM levels were significantly lower in the afternoon group when

compared to the morning group (p = 0.001), whereas free β-hCG MoM levels were similar in the both groups (p = 0.392). Rate of high risk for Down syndrome (Combine risk >1/300) and amniocentesis ratio were found higher in the afternoon group than morning group, but there were no difference between groups for the number of fetuses with Down syndrome.
CONCLUSION: Receiving the venous blood sample for first trimester aneuploidy screening test in the afternoon causes low PAPP-A MoM levels.

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PMID: 26135776 [Indexed for MEDLINE]

54. J Vasc Access. 2015 Sep 29;16(5):e93-4. doi: 10.5301/jva.5000445.

Transumbilical retrieval of broken umbilical artery catheter in a 1000 gm premature newborn.

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DOI: 10.5301/jva.5000445
PMID: 26109533 [Indexed for MEDLINE]

55. Turkiye Parazitol Derg. 2015 Jun;39(2):159-63. doi: 10.5152/tpd.2015.3609.

[Coexistence of Pulmonary Hydatid Cyst and Mycoplasma pneumoniae Pnömonia in a Child].

[Article in Turkish]

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Hydatid cyst is a zoonotic disease and endemic in Turkey. The disease can involve any organ. The most common involved organ is lung in childhood. Hydatid cyst of lung may be asymptomatic or may be sometimes ruptured or infected. Secondary bacterial infections associated with the hydatid cyst are well known. A previously not reported pediatric case of hydatid cyst with Mycoplasma pneumoniae pneumonia is described in this report. It is emphasized that M. pneumoniae should be kept in mind as a cause of infected hydatid cyst which is unresponsive to beta-laktam antibiotics.

DOI: 10.5152/tpd.2015.3609
PMID: 26081892 [Indexed for MEDLINE]

56. Turkiye Parazitol Derg. 2015 Jun;39(2):147-50. doi: 10.5152/tpd.2015.3593.

[Three Pediatric Cases of Leishmaniasis with Different Clinical Forms and Treatment Regimens].

[Article in Turkish]

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Several clinical syndromes caused by an obligate intracellular parasite Leishmania spp. subsumed under the term leishmaniasis. Leishmaniasis is endemic in Turkey and the neighboring countries Iran, Iraq, and Syria. Leishmania spp. causes three main clinical forms: cutaneous, mucocutaneous, and visceral disease. The clinical forms may vary by species and/or region of acquisition. Two forms are observed in Turkey; visceral leishmaniasis and cutaneous leishmaniasis. Two cases of cutaneous leishmaniasis with different treatment regimens and a case of visseral leishmaniasis associated with hemophagocytic lymphohistiocytosis are presented in this report.

DOI: 10.5152/tpd.2015.3593
PMID: 26081889 [Indexed for MEDLINE]

57. J Inherit Metab Dis. 2015 Nov;38(6):1099-108. doi: 10.1007/s10545-015-9856-2. Epub 2015 Jun 12.

Clinical characteristics of megaconial congenital muscular dystrophy due to choline kinase beta gene defects in a series of 15 patients.

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A new form of congenital muscular dystrophy (CMD) with multisystem involvement and characteristic mitochondrial structural changes, due to choline kinase beta (CHKB) gene defects has been characterized by intellectual disability, autistic features, ichthyosis-like skin changes, and dilated cardiomyopathy. We define the clinical characteristics in 15 patients, from 14 unrelated families with so-called 'megaconial CMD', all having mutations in CHKB. Core clinical phenotype included global developmental delay prominent in gross-motor and language domains, severe intellectual disability (ID), and/or muscle weakness in all cases. Muscle biopsies were equivocally 'megaconial' in all. Other peculiarities were: ichthyosis-like skin changes (n = 11), increased serum CK levels (n = 12), microcephaly (n = 6), dysmorphic facial features (n = 7), neonatal hypotonia (n = 3), seizures (n = 3), epileptiform activity without clinically overt seizures (n = 2), dilated cardiomyopathy (n = 2), decreased left ventricular systolic function (n = 2), congenital heart defects (n = 3), sensorineural (n = 1), and conductive hearing loss (n = 1). Ten patients had cranial neuroimaging (MRI-MRS) study, which was notably normal in all, other than one patient having a decreased choline: creatine peak. Intra-familial variability in clinical expression of the disease is noted in four families. Two siblings from the same family, one presenting with global developmental delay and dilated cardiomyopathy, and the other with ichthyosis, ID and proximal weakness without cardiomyopathy died at the ages of 2 years 1 month, and 7 years 4 months

respectively. Evolution was progressive (n = 13) and static (n = 2).

DOI: 10.1007/s10545-015-9856-2
PMID: 26067811 [Indexed for MEDLINE]

58. Eye (Lond). 2015 Aug;29(8):1081-4. doi: 10.1038/eye.2015.96. Epub 2015 Jun 12.

The association of vitamin D deficiency with tear break-up time and Schirmer testing in non-Sjögren dry eye.

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PURPOSE: To investigate the effect of vitamin D deficiency on tear break-up time (TBUT) and Schirmer test scores and to assess their relationship in non-Sjögren dry-eye patients.
METHODS: Thirty-four patients with serum vitamin D deficiency and 21 control subjects with normal vitamin D levels were included in this study. The TBUT and Schirmer-1 test without topical anesthesia were performed to all patients.
RESULTS: The mean TBUT were 5.18±2.15 and 7.36±3.10 s and Schirmer scores were 12.18±6.44 and 18.57±8.99 mm in the study and control groups, respectively. TBUT scores and Schirmer-1 results of the study group were significantly lower than the control group (P=0.01 and 0.007, respectively). The mean vitamin D levels were 11.50±1.8 ng/ml in the study group and 32.8±8.72 ng/ml in control group (P=0.001). Dry-eye symptoms were detected in all patients in the study group and 15% of the patients in the control group.
CONCLUSIONS: We demonstrated that vitamin D deficiency decreases the TBUT and Schirmer test values and may be associated with dry-eye symptoms in non-Sjögren syndrome.

DOI: 10.1038/eye.2015.96
PMCID: PMC4541362
PMID: 26066054 [Indexed for MEDLINE]

59. Pediatr Surg Int. 2015 Jul;31(7):639-46. doi: 10.1007/s00383-015-3722-z. Epub 2015 May 20.

A novel technique for laparoscopic inguinal hernia repair in children: single-port laparoscopic percutaneous extraperitoneal closure assisted by an optical forceps.

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AIM: The aim of this study was to describe and report the results of our new pediatric inguinal hernia repair technique, in which single-port laparoscopic percutaneous extraperitoneal closure (SPEC) technique was modified by using optical foreign-body forceps (OFF) of the rigid bronchoscope.

MATERIALS AND METHODS: Between January 2012 and January 2014, a total of 79 children who were operated using SPEC assisted with OFF (SPEC-OFF) were included in this study. Demographic and clinical features of the children were obtained and reviewed retrospectively.
RESULTS: Ninety-nine hernia repairs were performed on a total of 79 children (51 boys, 28 girls). All of the patients were operated by SPEC-OFF without the need of introducing extra forceps, with or without an additional trocar. The mean operating time was 17.6 ± 5.5 min. The mean follow-up period was 17.5 ± 7.1 months. There were six recurrences (two boys, four girls). No wound infection, hydroceles or testicular atrophy occurred in any patients during post-surgery follow-up. The technique left a very small scar with excellent cosmesis in the umbilicus and groin area.
CONCLUSIONS: SPEC-OFF is a simple, safe and effective technique for laparoscopic inguinal hernia repair, and for determining contralateral hernia. There is no need to use additional working forceps for the technique and the surgeon can perform the procedure without any assistance for laparoscope.

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PMID: 25989867 [Indexed for MEDLINE]

60. J Pediatr (Rio J). 2015 Jul-Aug;91(4):392-6. doi: 10.1016/j.jped.2014.10.009. Epub 2015 May 16.

Lactobacillus reuteri DSM 17938 shortens acute infectious diarrhea in a pediatric outpatient setting.

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OBJECTIVE: Two randomized controlled clinical trials have shown that Lactobacillus (L) reuteri DSM 17938 reduces the duration of diarrhea in children hospitalized due to acute infectious diarrhea. This was the first trial evaluating the efficacy of L. reuteri DSM 17938 in outpatient children with acute infectious diarrhea.
METHODS: This was a multicenter, randomized, single-blinded, case control clinical trial in children with acute watery diarrhea. A total of 64 children who presented at outpatient clinics were enrolled. The probiotic group received 1×10(8)CFU L. reuteri DSM 17938 for five days in addition to oral rehydration solution (ORS) and the second group was treated with ORS only. The primary endpoint was the duration of diarrhea (in hours). The secondary endpoint was the

number of children with diarrhea at each day of the five days of intervention. Adverse events were also recorded.
RESULTS: The mean duration of diarrhea was significantly reduced in the L. reuteri group compared to the control group (approximately 15h, 60.4±24.5h [95% CI: 51.0-69.7h] vs. 74.3±15.3h [95% CI: 68.7-79.9h], $p<0.05$). The percentage of children with diarrhea was lower in the L. reuteri group (13/29; 44.8%) after 48h than the control group (27/31; 87%; RR: 0.51; 95% CI: 0.34-0.79, $p<0.01$). From the 72nd hour of intervention onwards, there was no difference between the two groups in the percentage of children with diarrhea. No adverse effects related to L. reuteri were noted.
CONCLUSION: L. reuteri DSM 17938 is effective, safe, and well-tolerated in outpatient children with acute infectious diarrhea.

DOI: 10.1016/j.jped.2014.10.009
PMID: 25986615 [Indexed for MEDLINE]

61. Lung India. 2015 May-Jun;32(3):258-61. doi: 10.4103/0970-2113.156246.

Miliary tuberculosis disease complicated by Pott's abscess in an infant: Seven year follow-up.

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A 20-month-old boy presented with 1-year history of persistent fever, cough, and progressive abdominal distention. Abdominal ultrasonography showed hepatomegaly and multiple calcifications in the liver and spleen. Thoracic computed tomography showed multiple mediastinal lymph nodes and consolidation in both lungs. Additionally, there was a 2-cm thick retroperitoneal soft tissue mass destroying the T7-8 and L1-L2 vertebral bodies. The patient was preliminarily diagnosed with miliary tuberculosis (TB) and Pott's disease, and began administering anti-TB treatment consisting of isoniazid, rifampin, ethambutol, and pyrazinamide. Acid-resistant bacilli analysis and mycobacterial culture of the biopsy specimen of Pott's abscess were positive. Mycobacterial culture and PCR of gastric aspirate were also positive. The patient's condition progressively improved with anti-TB treatment and he received 12 months of antiTB therapy. At the end of the treatment all of the patient's symptoms were relieved and he was well except for kyphosis. Miliary TB complicated by Pott's abscess is a very rare presentation of childhood TB. The presented case shows that when Pott's abscess is diagnosed and surgically corrected without delay, patients can recover without squeal.

DOI: 10.4103/0970-2113.156246
PMCID: PMC4429388
PMID: 25983412

62. Indian J Pediatr. 2016 Jan;83(1):22-6. doi: 10.1007/s12098-015-1765-8. Epub 2015 May 8.

Efficacy of Single Dose Oral Paracetamol in Reducing Pain During Examination for Retinopathy of Prematurity: A Blinded Randomized Controlled Trial.

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OBJECTIVE: To investigate the efficacy of paracetamol in reducing pain during examination for retinopathy of prematurity (ROP) in preterm infants.
METHODS: A total of 114 infants undergoing eye examination for retinopathy of prematurity screening were prospectively randomized. Topical anesthetic (Proparacaine; Alcaine® drop 0.5%) was applied 30 s before the eye examination in all the infants. The infants in the intervention group (Group 1, n = 58) received 15 mg/kg of oral paracetamol, 60 min before the examination. The control group (Group 2, n = 56) received the same volume of sterile water per oral with an opaque syringe. Primary outcome measurement was pain assessed by Premature Infant Pain Profile (PIPP) score. Secondary outcome measurements were tachycardia (>180 bpm)/bradycardia (<100 bpm), desaturations (<85% for >10 s), and crying time.
RESULTS: The groups were similar for gestational age, birthweight or postnatal age at examination. The intervention group had a significantly lower mean PIPP score during eye examination, following insertion of the speculum [Group 1:12 (9-13) vs. Group 2:14 (13-15), p 0.001]. There were no significant differences between the groups with regard to crying time and the number of the patients with tachycardia/bradycardia and desaturation.
CONCLUSIONS: Oral paracetamol modestly reduces pain scores during eye examinations. Further cross-over trials on dose and frequency of paracetamol and combination of pharmacological with non-pharmacological approaches and paracetamol alone as a single agent in significant pain reduction are needed.

DOI: 10.1007/s12098-015-1765-8
PMID: 25947264 [Indexed for MEDLINE]

63. Case Rep Pediatr. 2015;2015:682842. doi: 10.1155/2015/682842. Epub 2015 Apr 5.

An interesting fistula tract presenting with recurrent gluteal abscess: instructive case.

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A fistula extending from the gluteus to penis is an extremely rare entity. In this paper, we have highlighted novel variant of congenital penile to gluteal fistula complicated with gluteal and penoscrotal abscess in a previously healthy boy. A fistulous tract extending from the gluteus to penis has been shown by fistulogram. Bleomycin has been used in fistula tract with successful results in our patient.

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PMCID: PMC4402180

PMID: 25945276

64. J Craniofac Surg. 2015 May;26(3):e213-6. doi: 10.1097/SCS.0000000000001437.

Blood parameters as indicators of upper airway obstruction in children with adenoid or adenotonsillar hypertrophy.

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Adenotonsillar hypertrophy (ATH) is the most common cause of obstructive sleep apnea in children. This study aimed to evaluate the blood parameters of children with ATH who underwent surgery.METHODS: The study included a review of the medical records of 130 children who underwent adenoidectomy or adenotonsillectomy with a diagnosis of adenoid hypertrophy and/or chronic tonsillitis. Patients were classified into 3 groups: group 1 (n=69) underwent adenoidectomy, group 2 (n=61) underwent adenotonsillectomy, and group 3 consisted of 82 healthy children. White blood cell count, platelet count, hemoglobin levels, mean platelet volume, and platelet distribution width values were the primary outcome measures.
RESULTS: Mean platelet volume, platelet distribution width and hemoglobin values decreased in the groups that underwent surgery. Whereas the decrease in group 1 was insignificant, it was significant in group 2. White blood cell count values increased in both group 1 (adenoidectomy) and group 2 (adenotonsillectomy), but the increase in group 2 was significant. No significant difference in platelet count was detected before versus after the operation.
CONCLUSIONS: Upper airway obstruction caused by ATH remarkably changes the blood parameters related to chronic hypoxia. Significant improvement can be achieved after adenotonsillectomy rather than adenoidectomy alone.

DOI: 10.1097/SCS.0000000000001437
PMID: 25933146 [Indexed for MEDLINE]

65. Australas J Ultrasound Med. 2015 May;18(2):60-66. doi: 10.1002/j.2205-0140.2015.tb00043.x. Epub 2015 Dec 31.

Can we measure the spiral and uterine artery blood flow by real-time sonography and Doppler indices to predict spontaneous miscarriage in a normal-risk population?

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Introduction: The predictive value of spiral artery flow Doppler measurements of a subsequent early miscarriage in first trimester pregnancy is explored here. Objective: The aim of this study is to determine uterine and spiral artery blood flow changes in first trimester subsequent miscarriages and correlate within the mechanisms of the Doppler indicies. Study design: The uterine artery and spiral artery pulsatility and resistance indexes, systolic and diastolic ratios,

acceleration times, and blood flow of both the right and left uterine arteries were obtained by trans vaginal color Doppler ultrasonography in consecutive viable pregnancies between 5 and 12 gestational week. Women were subsequently classified as having continuing pregnancies or pregnancy loss before 20 weeks gestation. To predict subsequent pregnancy loss, Doppler findings were adjusted for maternal age, history of previous abortion, presence of subchorionic hematoma, embryonic bradycardia, and gestational age by means of multivariate logistic regression analysis. The cut-off values are used for the ROC curve. Results: Twenty-five pregnancies (11.7%) were spontaneously aborted before 20 weeks of gestational age. In 29 (13.6%) cases there were previously abortion history, 30 (14%) had bradycardia, and 37 (17.3%) had subchoronic hematoma. Regarding the parameters of uterine and spiral artery pulsatility and resistive index, acceleration time, systolic/diastolic ratios and blood flows, only uterine artery S/D low values were significantly associated with pregnancy loss in the multivariate logistic regression analysis (P = 0.0001,95% CI: 4.968-55.675). Conclusion: The uterine artery systolic/diastolic ratios have a predictive value for early pregnancy loss and seem to be useful as a marker. On the other hand, spiral artery changes could be so local that they cannot be determined by the parameters of spectral Doppler techniques. This suggests that uterine vascular bed alterations should be measured to understand the prognosis of early pregnancy loss during the first trimester.

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PMCID: PMC5024967
PMID: 28191242

66. J Exp Med. 2015 May 4;212(5):619-31. doi: 10.1084/jem.20141065. Epub 2015 Apr 27.

Inherited IL-17RC deficiency in patients with chronic mucocutaneous candidiasis.

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Chronic mucocutaneous candidiasis (CMC) is characterized by recurrent or persistent infections of the skin, nail, oral, and genital mucosae with Candida species, mainly C. albicans. Autosomal-recessive (AR) IL-17RA and ACT1 deficiencies and autosomal-dominant IL-17F deficiency, each reported in a single kindred, underlie CMC in otherwise healthy patients. We report three patients from unrelated kindreds, aged 8, 12, and 37 yr with isolated CMC, who display AR IL-17RC deficiency. The patients are homozygous for different nonsense alleles that prevent the expression of IL-17RC on the cell surface. The defect is complete, abolishing cellular responses to IL-17A and IL-17F homo- and heterodimers. However, in contrast to what is observed for the IL-17RA- and ACT1-deficient patients tested, the response to IL-17E (IL-25) is maintained in these IL-17RC-deficient patients. These experiments of nature indicate that human IL-17RC is essential for mucocutaneous immunity to C. albicans but is otherwise largely redundant.

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PMCID: PMC4419340
PMID: 25918342 [Indexed for MEDLINE]

67. Ann Otol Rhinol Laryngol. 2015 Oct;124(10):820-3. doi: 10.1177/0003489415583330. Epub 2015 Apr 22.

Successful Treatment of Macroglossia Due to Lymphatic Malformation With Sirolimus.

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OBJECTIVE: To evaluate the effectiveness and safety of sirolimus therapy in a child with macroglossia due to lymphatic malformation.
METHODS: Sirolimus treatment was applied to the patient with an initial dosing of 0.8 mg/m2 per dose, administered orally, twice daily at approximately 12-hour intervals.
RESULTS: After 9 months of sirolimus therapy, there was a nearly complete

resolution of lymphatic malformation. The last evaluation was performed 6 months after withdrawal of treatment, and the lesion had almost completely resolved. CONCLUSION: This article presents a novel approach to the treatment of lymphatic malformation of the tongue using sirolimus, which appears to be safe and effective for the management of complex cases.

DOI: 10.1177/0003489415583330
PMID: 25902840 [Indexed for MEDLINE]

68. J Infect Public Health. 2015 Jul-Aug;8(4):373-6. doi: 10.1016/j.jiph.2015.02.004. Epub 2015 Apr 18.

An Unusual Manifestation of Q Fever: Peritonitis.

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Q fever has rarely been reported and can be difficult to diagnose, especially in immunocompromised patients. In the present report, we describe an unusual case of Q fever that presented as peritonitis and was treated with long-term combination therapy with doxycycline, ciprofloxacin and rifampicin for five weeks in a patient who had been on peritoneal dialysis for six years due to hypertensive nephropathy.

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69. Pediatr Dermatol. 2015 Sep-Oct;32(5):684-9. doi: 10.1111/pde.12588. Epub 2015 Apr 15.

Is Patch Testing with Food Additives Useful in Children with Atopic Eczema?

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BACKGROUND: Atopy patch testing is a useful way to determine delayed-type hypersensitivity reactions to foods and aeroallergens. Although food additives have been accused of worsening atopic eczema symptoms, according to recent studies the role of food additives in atopic eczema remains unclear. The purpose of our study was to investigate food additive hypersensitivity in a group of

children with atopic eczema by using standardized atopy patch testing and to determine the role of food additive hypersensitivity in atopic eczema.
METHODS: Thirty-four children with atopic eczema and 33 healthy children were enrolled in the study. Children who consumed foods containing additives and did not use either antihistamines or local or systemic corticosteroids for at least 7 days prior to admission were enrolled in the study. All children were subjected to atopy patch testing and after 48 and 72 hours their skin reactions were evaluated by using the guidelines.
RESULTS: Positive atopy patch test results were significantly higher in the atopic eczema group. Forty-one percent of the atopic eczema group (n = 14) and 15.2% (n = 5) of the control group had positive atopy patch test results with food additives (p = 0.036) (estimated relative risk 1.68, case odds 0.7, control odds 0.17). Carmine hypersensitivity and the consumption of foods containing carmine, such as gumdrops, salami, and sausage, were significantly higher in the children with atopic eczema.
CONCLUSION: This is the first study investigating hypersensitivity to food additives in children with atopic eczema. Our results indicate that carmine may play a role in atopic eczema.

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PMID: 25873103 [Indexed for MEDLINE]

70. Pediatr Dermatol. 2015 Jul-Aug;32(4):476-80. doi: 10.1111/pde.12577. Epub 2015 Apr 15.

Recurrent Aphthous Stomatitis in Childhood and Adolescence: A Single-Center Experience.

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Comment in
Pediatr Dermatol. 2016 Mar-Apr;33(2):242.
Pediatr Dermatol. 2016 Mar-Apr;33(2):241.

BACKGROUND: Recurrent aphthous stomatitis (RAS) is a common oral ulcerative condition in children. The objective was to describe the clinical features of RAS in children with accompanying clinical and laboratory findings.
METHODS: The study included 120 patients younger than 18 years of age (mean age 9.6 ± 4.3 years) with three or more oral aphthous ulcers per year between August 2008 and February 2014. Demographic characteristics of the patients, clinical features of the ulcers, and associated clinical and laboratory findings were evaluated.
RESULTS: The mean number of aphthae per year was 12.8 ± 8.5 and the mean duration of the disease was 3.6 ± 2.9 years. Minor aphthae were the most common type (87%), papulopustules were the most common accompanying cutaneous lesions (13.3%), and family history of RAS was the most common associated factor (35.8%). Genital scarring (p = 0.04) and pathergy (p = 0.01) were significantly more

common in the adolescent group. Pathergy was significantly related to genital scarring ($p = 0.04$) and Behçet's disease ($p = 0.02$). There was no association between the number of aphthae per year and the duration of the disease and hematologic and immunologic abnormalities.
CONCLUSION: Our study is consistent with previous reports in terms of clinical features of aphthous ulcers, related diseases, and family history of RAS, but no associated laboratory abnormalities were noted.

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PMID: 25872873 [Indexed for MEDLINE]

71. J Atten Disord. 2015 Apr 6. pii: 1087054715577991. [Epub ahead of print]

The Prevalence and Comorbidity Rates of ADHD Among School-Age Children in Turkey.

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OBJECTIVE: The aim of the present study was to explore the prevalence and comorbidity rates of ADHD in a community sample of school-age children.
METHOD: Participants were 1,508 children aged 6 to 14 years. Parents and teachers of each child completed the Turgay Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV) Disruptive Behavior Disorders Rating Scale (T-DSM-IV-S). Screen-positive cases were interviewed using the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL). Diagnoses were based on DSM-IV criteria.
RESULTS: The prevalence rate of ADHD was 8%. Children from extended families had extremely high rates (46.4%) of ADHD. Sixty percent of children with ADHD had one or more comorbid diagnoses. The most common comorbidities were learning disorders (35.7%) and oppositional defiant disorder (22.6%).
CONCLUSION: The prevalence and comorbidity rates of ADHD in school-age children in Turkey are similar to those found in previous studies in other countries.

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PMID: 25846229

72. Indian J Pediatr. 2015 Jul;82(7):619-24. doi: 10.1007/s12098-015-1725-3. Epub 2015 Apr 5.

Vitamin B12 Deficiency in Infants.

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OBJECTIVE: To determine different clinical presentations of vitamin B12 deficiency in infants.
METHODS: Infants at the age of 1-20 mo admitted to infancy clinic of authors'

hospital between January 2011-2013 with various clinical presentations due to vitamin B12 deficiency were included in the study. Hospital records of all the patients were evaluated by means of history, physical, laboratory, imaging examinations and treatment. The diagnosis was based on a nutritional history of mothers and infants, clinical findings, hematological evaluation, and low level of serum vitamin B12.
RESULTS: A total of 20 patients with a mean age of 6.65 ± 4.5 mo were included in the study. The weight and height were below the third percentile in four patients. The most common symptoms of the patients were; infections in 30 %, pallor in 25 %, hypotonia and neuro-developmental delay in 25 %, refusal to solid food or to suck in 20 %, failure to thrive in 15 %, fatigue in 10 %. Twenty-five percent of patients had neurologic signs and symptoms. Anemia was found in 16/20 (80 %) patients. Three (15 %) patients had leukopenia, 7 (35 %) had neutropenia, 2 (10 %) patients had thrombocytopenia. All of the mothers had vitamin B12 deficiency. All of the patients were fed with breast milk. Cyanocobalamin was administered to all the patients and mothers. After the treatment, clinical and laboratory findings of all the patients improved.
CONCLUSIONS: Vitamin B12 deficiency should be considered in the differential diagnosis of some hematological, neurological, and gastrointestinal disturbances of infants.

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PMID: 25840526 [Indexed for MEDLINE]

73. J Pediatr Surg. 2015 Apr;50(4):651-4. doi: 10.1016/j.jpedsurg.2014.05.018. Epub 2014 Jul 11.

Early diagnosis of testicular torsion in rats by measuring plasma d-dimer levels: comparative study with epididymitis.

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PURPOSE: To evaluate the differential diagnosis of testicular torsion and acute epididymo-orchitis by measuring the acute increase in plasma d-dimer levels in an experimental rat model.
METHODS: Thirty male Wistar rats were randomly divided into 5 groups, 1--sham operated group (acute term; 4 hours), 2--early torsion group (acute term; 4 hours), 3--late torsion group (long-term; 72 hours), 4--control of epididymitis group (vehicle injected; 0.1 ml physiologic saline injected into the left ductus deferens) (long term; 72 hours), 5--epididymitis group (0.1 ml Escherichia coli injected into the left ductus deferens), (n=6 for each group).
RESULTS: Serum d-dimer levels were significantly higher compared with the sham operated group with early torsion (p=0.002). This elevation remained mildly in the late torsion group compared with the control group (p<0.001), but there was no difference between 4 and 72 hours of the testis torsions (p=0.794). On the other hand, d-dimer levels were significantly higher in the torsion groups compared to the epididymitis group (p=0.042).
CONCLUSIONS: The present study demonstrated that testicular damage that occurs following testicular torsion shows a higher increase in d-dimer levels than epididymitis, suggesting that d-dimer level can be used as a diagnostic marker of

testicular torsion.

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PMID: 25840081 [Indexed for MEDLINE]

74. J Matern Fetal Neonatal Med. 2016 Mar;29(6):954-61. doi: 10.3109/14767058.2015.1026255. Epub 2015 Apr 2.

Maternal risk factors associated with lead, mercury and cadmium levels in umbilical cord blood, breast milk and newborn hair.

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OBJECTIVE: Lead (Pb), mercury (Hg) and cadmium (Cd) are environmental pollutants that are wide spread throughout the world. The present study aimed to investigate the level of exposure to Pb, Hg and Cd during the prenatal period, and the possible routes of maternal exposure to these toxic heavy metals.
PARTICIPANTS: The study included 123 mothers and their newborns. Umbilical cord blood samples were collected immediately after delivery, and breast milk and newborn hair samples were collected between postpartum d 3 and 10.
RESULTS: Among the 121 cord blood samples that were analyzed, Pb was present in 120 (99.2%) and the mean level was 1.66 ± 1.60 μg dL(-1) (range: <detection limit-12.50 μg dL(-1)), whereas Hg was noted in only 2 (1.7%) (15.74 and 33.20 μgL(-1)) and Cd was detected in 24 (19.8%) (range: < detection limit-6.71 μgL(-1)). The level of Pb in cord blood was ≥2 μg dL(-1) in 29% of the samples. Pb, Hg and Cd were detectable in all the newborn hair samples.
DISCUSSION: Among the 107 breast milk samples analyzed, 89 (83.2%) had a detectable level of Pb and the mean level was 14.56 ± 12.13 μgL(-1). Detection rate of Cd in breast milk was higher in women who resided near to city waste disposal site. Detection rate of Cd in cord blood was significantly higher in the women who consumed ≥2 servings of fish weekly. Maternal exposure to environmental tobacco smoke (ETS) resulted in elevated levels of Pb and Cd in newborn hair samples.
CONCLUSION: Most of the study samples had detectable levels of Pb, Hg and Cd, indicating that there was long-term maternal exposure prior to and during pregnancy, and a considerable number of the cord and breast milk samples had levels that exceeded the present accepted safety level.

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PMID: 25835381 [Indexed for MEDLINE]

75. J Autism Dev Disord. 2015 Aug;45(8):2578-81. doi: 10.1007/s10803-015-2428-3.

Initial Ophthalmic Findings in Turkish Children with Autism Spectrum Disorder.

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Children with autism spectrum disorders (ASD) frequently have ophthalmologic disorders. Due to poor cooperation with ophthalmological examination, ocular abnormalities in such children may be overlooked. We retrospectively studied the records of 324 patients diagnosed as ASD that underwent ophthalmological examination between January 2011 and November 2014 at Dr. Sami Ulus Maternity and Children Research and Training Hospital, Ankara, Turkey. Ophthalmic pathology was noted in 26.9% of patients with ASD, of which 22% had significant refractive errors and 8.6% had strabismus. Comprehensive eye examination by a pediatric ophthalmologist is recommended for all children diagnosed as ASD.

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PMID: 25800865 [Indexed for MEDLINE]

76. Horm Res Paediatr. 2015;84(1):54-61. doi: 10.1159/000375410. Epub 2015 Mar 17.

Urinary C-Peptide/Creatinine Ratio Can Distinguish Maturity-Onset Diabetes of the Young from Type 1 Diabetes in Children and Adolescents: A Single-Center Experience.

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BACKGROUND: The urinary C-peptide/creatinine ratio (UCPCR) and fasting C-peptide level can assess beta-cell function in clinical practice. In the present study, the use of the UCPCR and fasting C-peptide levels was investigated in the differential diagnosis between maturity-onset diabetes of the young (MODY) and type 1 diabetes mellitus (T1DM).
METHODS: Twenty-seven patients with genetically confirmed MODY by next-generation sequence analysis and 42 children with T1DM were included. C-peptide levels were measured after an overnight fast before breakfast, and urine samples were collected 2 h after a standard lunch in the hospital.
RESULTS: The UCPCR in the T1DM group was 0.17 ± 0.5 nmol/mmol, and in the MODY group it was 1.27 ± 1.03 nmol/mmol ($p = 0.001$). The receiver operating characteristic (ROC) curves showed excellent discrimination (area under the curve 0.93). A UCPCR ≥0.22 nmol/mmol yielded a 96.3% sensitivity and an 85.7% specificity. The fasting C-peptide level in the T1DM group was lower than that in the MODY group ($p = 0.001$). The fasting C-peptide cutoff determined by ROC curve analysis was 0.62 ng/ml, with a sensitivity of 93% and a specificity of 90% for discriminating between MODY and T1DM.
CONCLUSIONS: We showed that the UCPCR and fasting C-peptide levels in children and adolescents can distinguish patients with MODY from patients with T1DM with high specificity and sensitivity. A value of UCPCR ≥0.22 nmol/mmol may indicate further genetic testing for MODY.

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77. J Matern Fetal Neonatal Med. 2016 Mar;29(6):928-32. doi:

10.3109/14767058.2015.1023710. Epub 2015 Mar 19.

Association of vitamin D deficiency with acute lower respiratory tract infections in newborns.

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OBJECTIVE: To determine the association between serum 25-hydroxy vitamin D [25(OH)D] levels and acute respiratory tract infections (ALRTI) in newborns.
STUDY DESIGN: The study group consisted of 30 term newborns with ALRTI who were admitted to our neonatal intensive care unit. Controls were 30 healthy newborns with the same age as the study group. Newborns and their mothers were tested for serum 25(OH)D levels, with a low level defined as ≤15 ng/mL.
RESULTS: The groups were similar in gestational week, birthweight, postnatal age and gender. Forty-three of the 60 infants (including study and control) had low 25(OH)D levels. The median 25(OH)D levels were lower [9.5 ng/mL (IQR = 7.9-12.2)] in the study group than those of the control group [15.5 ng/mL (IQR: 12-18)] (p = 0.0001). The median serum 25(OH)D levels in the mothers of the study group were also lower than those in the mothers of the control group [11.6 ng/mL (IQR = 9.4-15.8) and 17.3 ng/mL (IQR = 13.7-20.6), respectively] (p = 0.0001).
CONCLUSION: Lower blood 25(OH)D levels might be associated with increased risk of ALRTI in term newborn babies. Appropriate vitamin D supplementation during pregnancy and early childhood may enhance newborns' respiratory health.

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PMID: 25786473 [Indexed for MEDLINE]

78. Balkan Med J. 2015 Jan;32(1):56-63. doi: 10.5152/balkanmedj.2015.15136. Epub 2015 Jan 1.

Effect of obesity on left ventricular longitudinal myocardial strain by speckle tracking echocardiography in children and adolescents.

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BACKGROUND: Impaired subclinical ventricular function may contribute to the risk of cardiovascular disease in obesity.
AIMS: The aim of this study was to determine the influence of obesity on left ventricular (LV) longitudinal myocardial function in normotensive obese children using two-dimensional (2D) speckle tracking echocardiography (STE).
STUDY DESIGN: Case-control study.
METHODS: Sixty normotensive obese children aged 10-16 years (mean age, 13.9±2.3 years) were compared with 50 normal-weight controls. Obese participants had a body mass index (BMI)≥95(th) percentile. Regional strain/strain rate (SR) values

were compared with left ventricular (LV) parameters. The correlation was studied by linear regression analysis.
RESULTS: Obese subjects exhibited a significantly higher LV end-diastolic diameter, left atrium/aortic diameter ratio, and LV mass/index when compared to controls ($p<0.001$). Left ventricular ejection fraction and regional systolic myocardial velocities were similar in the obese and control groups. By 2D STE, regional strain of both the septal wall (average strain: -16.0±3.9% vs -21.9±2.4%, $p<0.001$) and lateral wall (average strain: -15.6±2.3% vs -22.9±3.5%, $p<0.001$); regional SR of both the septal wall (average SRsys: -0.7±0.22 s(-1) vs -1.3±0.32 s(-1), $p<0.001$) and lateral wall (average SRsys: -0.67±0.19 s(-1) vs -1.33±0.31 s(-1), $p<0.001$); regional SRE/A of both the septal wall (average SRE/A: 1.8±0.83 vs. 2.2±0.91, p: 0.004) and lateral wall (average SRE/A: 1.4±0.43 vs. 2.4±1.21, $p<0.001$); and global strain (-14.6±7.34% vs -20.9±3.24%, $p<0.001$) were lower in the obese group compared with the controls. These strain imaging parameters appear to be related to the severity of obesity and can contribute to increased BMI. Left ventricular mass was found to be correlated with a decrease in global LV strain.
CONCLUSION: Our study showed that childhood obesity is associated with an alteration in the longitudinal LV function. Segmental analysis of the LV can provide subtle markers for the emergence of future obesity-related cardiac disease.

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PMID: 25759773

79. Clin Ter. 2015;166(1):12-5. doi: 10.7417/CT.2015.1794.

Clinical features of potato sensitivity in children with allergic disease.

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BACKGROUND AND OBJECTIVE: Although potato is greatly consumed all over the world, adverse reactions to potato are uncommon. Our aim is to describe the clinical features of potato sensitivity in allergic children.
MATERIALS AND METHODS: Forty children with sensitivity to potato were followed up in the Pediatric Immunology and Allergy Clinic of our hospital were included in the study. These patients were retrospectively evaluated from January 2012 to December 2013.
RESULTS: Forty children aged between 6 months and 10 years (mean 2.9±3.2, median:1.5 years) were enrolled of whom 26 were male (65%). Thirty three of these children had presented eczema, nine wheezing, seven urticaria and/or angioedema, six rhinitis, four subjects had experienced anaphylaxis, and two vomiting or other gastrointestinal complaints. In 38 (95%) patients, skin prick tests detected sensitivity to other allergens besides potato. The most frequently identified sensitivities were to food sensitivities (82.5%). In addition sensitivity to house dust mite, cat dander, pollens, A. Alternata and cockroaches in skin prick tests were documented in nine, six, five, four and four patients, respectively. Latex sensitivity was not detected in any patient. Five (38.5%) out of 13 patients over the age of three showed sensitivity to pollen.
CONCLUSIONS: Potatoes sensitivity is mostly seen in children with atopic dermatitis. In children with atopic eczema should be asked whether the increase in complaints with potatoes. Mostly potato sensitivity is combined with other food allergies. Therefore potato should be included in the test in patients with atopic eczema and food allergy.

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80. Blood. 2015 Mar 5;125(10):1674-6. doi: 10.1182/blood-2014-08-595397.

Hypomorphic mutation in TTC7A causes combined immunodeficiency with mild structural intestinal defects.

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81. J Allergy Clin Immunol. 2015 Aug;136(2):402-12. doi: 10.1016/j.jaci.2014.12.1945. Epub 2015 Feb 25.

The extended clinical phenotype of 64 patients with dedicator of cytokinesis 8 deficiency.

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BACKGROUND: Mutations in dedicator of cytokinesis 8 (DOCK8) cause a combined immunodeficiency (CID) also classified as autosomal recessive (AR) hyper-IgE syndrome (HIES). Recognizing patients with CID/HIES is of clinical importance because of the difference in prognosis and management.
OBJECTIVES: We sought to define the clinical features that distinguish DOCK8 deficiency from other forms of HIES and CIDs, study the mutational spectrum of DOCK8 deficiency, and report on the frequency of specific clinical findings.
METHODS: Eighty-two patients from 60 families with CID and the phenotype of AR-HIES with (64 patients) and without (18 patients) DOCK8 mutations were studied. Support vector machines were used to compare clinical data from 35 patients with DOCK8 deficiency with those from 10 patients with AR-HIES without a DOCK8 mutation and 64 patients with signal transducer and activator of transcription 3 (STAT3) mutations.
RESULTS: DOCK8-deficient patients had median IgE levels of 5201 IU, high eosinophil levels of usually at least 800/μL (92% of patients), and low IgM levels (62%). About 20% of patients were lymphopenic, mainly because of low CD4(+) and CD8(+) T-cell counts. Fewer than half of the patients tested produced normal specific antibody responses to recall antigens. Bacterial (84%), viral (78%), and fungal (70%) infections were frequently observed. Skin abscesses (60%) and allergies (73%) were common clinical problems. In contrast to STAT3 deficiency, there were few pneumatoceles, bone fractures, and teething problems. Mortality was high (34%). A combination of 5 clinical features was helpful in distinguishing patients with DOCK8 mutations from those with STAT3 mutations.
CONCLUSIONS: DOCK8 deficiency is likely in patients with severe viral infections, allergies, and/or low IgM levels who have a diagnosis of HIES plus hypereosinophilia and upper respiratory tract infections in the absence of parenchymal lung abnormalities, retained primary teeth, and minimal trauma fractures.

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82. J Obstet Gynaecol. 2015;35(7):696-8. doi: 10.3109/01443615.2015.1007343. Epub 2015 Feb 18.

Is lateral localisation of placenta a risk factor for adverse perinatal outcomes?

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The aim of this study was to evaluate the relationship between placental localisation and perinatal outcomes. This study was performed in a tertiary centre hospital by retrospectively analysing the medical records of patients who were followed up and underwent delivery in the same hospital. The patients were divided into two groups according to the placental locations (central and

lateral) in their routine sonographic findings between the 18 and 24 weeks' gestation. Out of 1,057 patients, 87.4% (n = 919) had centrally located placentas and 12.6% (n = 133) had laterally located placentas. Preeclampsia was found to be significantly higher in the lateral placental location group (4.5% vs. 1.6%; p = 0.027). There was a significant correlation with foetal growth restriction (FGR), preterm birth rates, low Apgar scores and need for neonatal intensive care unit in the lateral placental location group ($p < 0.05$). The pregnant women with laterally located placentas should be followed up promptly with special care for the risk of preeclampsia and FGR, and poor neonatal outcomes.

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PMID: 25692404 [Indexed for MEDLINE]

83. Ren Fail. 2015 May;37(4):672-7. doi: 10.3109/0886022X.2015.1010940. Epub 2015 Feb 17.

Long-term prognosis of idiopathic nephrotic syndrome in children.

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BACKGROUND: To investigate the demographic, clinical and laboratory data of the children with idiopathic nephrotic syndrome (INS), and to determine prognostic factors that affect the clinical outcome of the patients.
METHODS: Medical charts of 372 patients diagnosed to have INS and followed up at least 5 years between January 1990 and December 2008 were evaluated, respectively. After initial demographic, clinical and laboratory findings of the patients were documented, therapeutic protocols, prognosis and prognostic factors were investigated.
RESULTS: 299 of the patients (80.4%) were steroid responsive and 73 (19.6%) were not. Focal segmental glomerulosclerosis (FSGS) was observed in 57%, minimal change disease (MCD) in 20.6% and diffuse mesengial proliferation in 21.9% renal biopsy materials. Steroid sensitivity was higher in patients with MCD and under the age of five years. Resistance to steroids was higher in children with FSGS. Complete remission was achieved in 96% of patients who were sensitive to steroids and in 46.6% who were resistant. 15% of patients who were steroid resistant developed chronic kidney disease (CKD).
CONCLUSION: Intercurrent infections and response to steroid therapy are the most important factors affecting the prognosis of the disease.

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PMID: 25687382 [Indexed for MEDLINE]

84. Nutr Clin Pract. 2015 Apr;30(2):266-73. doi: 10.1177/0884533614567338. Epub 2015 Jan 28.

Skinfold thickness of preterm newborns when they become late preterm infants.

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BACKGROUND: Nutrition of very low-birth-weight newborns is important for a good physical and neurologic outcome. Body composition assessment, together with anthropometric measurements, is considered necessary to monitor adequate nutrition and growth. Objectives of this study were to assess body fat changes in newborns ≤32 weeks gestation by weekly skinfold thickness (SFT) measurements and to compare them with those of late preterm infants born at 34, 35, and 36 weeks once they reached 34, 35, and 36 weeks corrected age (CA).
MATERIALS AND METHODS: Preterm infants ≤32 weeks gestation had SFT measured from 4 body sites, including biceps, triceps, and subscapulary and suprailiac regions, by a Holtain caliper starting from 48 hours of age at weekly intervals until 34, 35, and 36 weeks CA. The measurements were compared with those of late preterm controls born at 34, 35, and 36 weeks gestation.
RESULTS: There were 37 preterm infants in the patient group. When reaching 34, 35, and 36 weeks CA, preterm infants had higher SFT values compared with controls in all body sites. Median and range of total SFT were 14.6 mm (9.6-18.9 mm) in patients and 11 mm (7.8-16.4 mm) in controls at 34 weeks CA, 15.5 mm (10.7-21.8 mm) in patients and 12.3 mm (7-17 mm) in controls at 35 weeks CA, and 16.4 mm (11.8-23.7 mm) in patients and 12.9 mm (7-17.8 mm) in controls at 36 weeks CA ($P = .001$ in all). No sex difference was observed at 34 and 35 weeks.
CONCLUSION: These results show that preterm infants start accumulating excess fat even from early weeks of life. Careful assessment of growth by tools other than simple anthropometric measurements is essential to avoid future complications.

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85. Int J Gynecol Cancer. 2015 Feb;25(2):279-87. doi: 10.1097/IGC.0000000000000347.

Clinical outcomes of uterine carcinosarcoma: results of 94 patients.

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OBJECTIVE: We aimed to determine the clinicopathologic features and identify prognostic factors of patients with uterine carcinosarcoma.
MATERIALS AND METHODS: A total of 94 patients with uterine carcinosarcoma who were diagnosed between January 1993 and October 2013 were included. Staging surgery consisted of total abdominal hysterectomy, bilateral salpingo-oophorectomy, pelvic and para-aortic lymphadenectomy, peritoneal cytology, and omentectomy. Staging is undertaken according to the 2009 International Federation of Gynecology and Obstetrics staging system. Kaplan-Meier survival analysis was used to determine the effects of variables on disease-free survival (DFS) and overall survival (OS).
RESULTS: Seventy-nine patients underwent staging surgery and none of them had residual tumor after surgery. Three-year DFS and 3-year OS were 42.7% and 59.2%, respectively. In the univariate analysis, stage, presence of para-aortic metastatic lymph nodes, uterine serosal spread, positive peritoneal cytology, and extrapelvic metastases were associated with 3-year DFS and stage, presence of

para-aortic metastatic lymph nodes, uterine serosal spread, positive peritoneal cytology, adnexal involvement, and extrapelvic metastases were associated with 3-year OS. Seventy-four patients received adjuvant therapy. Adjuvant therapy did not reduce recurrence or improve survival. Any of the chemotherapy regimens was not superior to the others. In the multivariate analysis, only age was an independent prognostic factor for 3-year DFS and no parameter was statistically significant for 3-year OS.
CONCLUSIONS: Age was an independent prognostic factor for 3-year DFS. Older age was associated with poor survival. Extrauterine spread was associated with survival. The aims of surgery should be both staging and providing tumoral debulking. Prospective randomized trials are needed to better define the necessity and modality of the administered adjuvant therapy.

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86. Int J Pediatr Otorhinolaryngol. 2015 Mar;79(3):405-10. doi: 10.1016/j.ijporl.2014.12.038. Epub 2015 Jan 7.

Subjective and objective assessments of seasonal effect in children with seasonal allergic rhinitis.

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BACKGROUND: Epidemiological and clinical studies suggest a relationship between rhinitis and asthma. Upper and lower airways may be influenced by a common inflammatory process.
OBJECTIVE: This study aimed to investigate the relationships between rhinitis symptom scores, and both nasal and bronchial airflow among children with seasonal allergic rhinitis (SAR) by means of spirometric and rhinomanometric measurement during and outside the pollen season.
METHODS: Twenty-nine children with both seasonal allergic rhinitis and asthma (AR+A), 30 children with SAR and no asthma (AR) and 36 non-allergic healthy children were evaluated prospectively during and outside the pollen season. Symptom severity was evaluated using both total symptom score and visual analog score (VAS). All participants also received rhinomanometric evaluation and pulmonary function testing.
RESULTS: In children with SAR the median total nasal flow, FEV1, FEF25-75 values were lower than control group during pollen season ($p=0.01$, $p<0.001$ and $p<0.001$ respectively). They had also higher total nasal resistance compared with control groups ($p=0.01$). Nasal symptom scores were higher among patients with concurrent asthma than patients who had only SAR out of pollen season ($p<0.001$). There was no significant difference between SAR participants with or without asthma and control group in terms of total nasal flow and total nasal resistance measured out of season ($p=0.105$ and $p=0.19$). FEF25-75 values of patients with and without asthma were significantly lower than those of controls out of season ($p=0.022$, $p<0.001$ respectively).
CONCLUSION: Our data suggests that as the presence of AR worsens asthma control, the presence of asthma may worsen symptoms of AR out of pollen season. We found that total nasal flow, FEV1, FEF25-75 values of patients with SAR were lower than those of controls out of season. FEF25-75 values of patients with asthma and without asthma were significantly lower than those of controls out of season.

Thus, a careful evaluation of lower airways should be performed in even patients with seasonal allergic rhinitis alone.

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PMID: 25604260 [Indexed for MEDLINE]

87. J Pediatr. 2015 Mar;166(3):545-51.e1. doi: 10.1016/j.jpeds.2014.12.004. Epub 2015 Jan 13.

The propre-save study: effects of probiotics and prebiotics alone or combined on necrotizing enterocolitis in very low birth weight infants.

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OBJECTIVE: To test the efficacy of probiotic and prebiotic, alone or combined (synbiotic), on the prevention of necrotizing enterocolitis (NEC) in very low birth weight (VLBW) infants.
STUDY DESIGN: A prospective, randomized, controlled trial was conducted at 5 neonatal intensive care units in Turkey. VLBW infants (n = 400) were assigned to a control group and 3 study groups that were given probiotic (Bifidobacterium lactis), prebiotic (inulin), or synbiotic (Bifidobacterium lactis plus inulin) added to breastmilk or formula for a maximum of 8 weeks before discharge or death. The primary outcome was NEC (Bell stage ≥2).
RESULTS: The rate of NEC was lower in probiotic (2.0%) and synbiotic (4.0%) groups compared with prebiotic (12.0%) and placebo (18.0%) groups (P < .001). The times to reach full enteral feeding were faster (P < .001), the rates of clinical nosocomial sepsis were lower (P = .004), stays in the neonatal intensive care unit were shorter, (P = .002), and mortality rates were lower (P = .003) for infants receiving probiotics, prebiotics, or synbiotic than controls. The use of antenatal steroid (OR 0.5, 95% CI 0.3-0.9) and postnatal probiotic (alone or in synbiotic) (OR 0.5, 95% CI 0.2-0.8) decreased the risk of NEC, and maternal antibiotic exposure increased this risk (OR 1.9, 95% CI 1.1-3.6).
CONCLUSIONS: In VLBW infants, probiotic (Bifidobacterium lactis) and synbiotic (Bifidobacterium lactis plus inulin) but not prebiotic (inulin) alone decrease NEC.

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PMID: 25596096 [Indexed for MEDLINE]

88. Eur J Radiol. 2015 Mar;84(3):346-9. doi: 10.1016/j.ejrad.2014.12.006. Epub 2014 Dec 13.

Role of preoperative sonography in predicting conversion from laparoscopic cholecystectomy to open surgery.

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BACKGROUND: Laparoscopic cholecystectomy is the first step treatment in cholelithiasis. The purpose of this study was to establish a radiologic view on prediction of conversion from laparoscopic cholecystectomy to open surgery.
METHODS: This study included 176 patients who had undergone laparoscopic cholecystectomy. Preoperative ultrasonographic findings were assessed and we gave points to each finding according to results from correlation analysis. After the scoring we investigated the relationship between ultrasonographic findings and conversion from laparoscopic cholecystectomy to open surgery.
RESULTS: Scoring significantly predicted failure in laparoscopic approach (AUC=0.758, P=0.003,). Optimal cut off score was found to be 1.95 with 67% sensitivity and 78% specificity. Score>1.95 was a risk factor for failure in laparoscopic approach [odds ratio=7.1(95% CI,2-24.9, P=0.002)]. There were 8 subjects out of 36(22%) with high score underwent open surgery while 4 out of 128 (3%) subjects with low score needed open surgery (p=0.002). Negative predictive value of 128/132=97%. Mean score of whole study population was 1.28 (range 0-8.8) and mean score of subjects underwent open surgery was 3.6 while it was 1.1 in successful laparoscopic approach group (p<0.001). Mean Age and BMI were similar between groups (p>0.05). Sex of subjects did not affect the success of surgery (p>0.05).
CONCLUSION: The contribution of preoperative ultrasonography is emphasized in many studies. Our study suggests quantitative results on conversion from laparoscopic cholecystectomy to open surgery. We believe that radiologists have to indicate the risk of conversion in their ultrasonography reports.

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PMID: 25579475 [Indexed for MEDLINE]

89. Ticks Tick Borne Dis. 2015 Mar;6(2):185-8. doi: 10.1016/j.ttbdis.2014.12.003. Epub 2014 Dec 30.

Transient sinus bradycardia during the course of Crimean-Congo hemorrhagic fever in children.

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Crimean-Congo hemorrhagic fever (CCHF) is an acute tick-borne viral zoonotic disease which is endemic in Turkey. Bradycardia has been reported among pediatric and adult patients with CCHF. But, it remains unclear, whether bradycardia is associated with ribavirin treatment or the severity of CCHF. In this study 26 hospitalized CCHF patients were reviewed in terms of age, gender, history of tick bite, duration of hospitalization, presence of bradycardia, laboratory features, ribavirin treatment, and blood products requirement. The demographic, clinical, laboratory and treatment characteristics of CCHF patients with or without bradycardia were compared. The mean age of the patients was 126.42±48.21 months. There were 8 female and 18 male patients. Sinus bradycardia was noted in 15 patients (mean age was 120.20±50.59 months, 5 female). Ribavirin had been administered 18 (69.2%) patients and 11 of them had bradycardia. There was not statistically significant relationships between bradycardia and ribavirin treatment (p=0.683). Furthermore the occurrence of bradycardia was not associated with disease severity according to Swanepoel severity criteria (p=0.683). We concluded that independent of the disease severity and the ribavirin treatment, transient sinus bradycardia might occur during the clinical course of CCHF in pediatric patients. For this reason clinicians should be aware of this finding and all CCHF patients should be monitored closely.

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PMID: 25555370 [Indexed for MEDLINE]

90. Anatol J Cardiol. 2015 Aug;15(8):663-8. doi: 10.5152/akd.2014.5544. Epub 2014 Aug 19.

Assessment of left ventricular functions with tissue Doppler, strain, and strain rate echocardiography in patients with familial Mediterranean fever.

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Comment in
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OBJECTIVE: This study assessed the early changes in regional and global systolic and diastolic myocardial functions in patients with familial Mediterranean fever without any cardiovascular symptoms using tissue Doppler and strain and strain rate echocardiography and compared them to the results of a control group.

METHODS: This study has a cross-sectional and observational design. FMF patients with normal left ventricular function were included in the study. We excluded patients who had arrhythmia, acquired/congenital heart disease, pericarditis, or acute attack. We compared 45 children with familial Mediterranean fever on colchicine therapy and 45 age- and sex-matched healthy children.
RESULTS: The 45 patients with familial Mediterranean fever included 24 (55.3%) girls and 21 (46.7%) boys with a mean age of 11.3 ± 3.7 (range 2-18) years. The mean disease duration was 4.6 ± 2.4 (range 0.5-10) years. In the patient group, the homozygous M694V mutation was the most common (64.4%) mutation. The patients with familial Mediterranean fever had statistically lower longitudinal global strain, radial global strain, and strain rates (-14.44 ± 4.77%, 14.80 ± 6.29%, and 0.59 ± 0.24 s, respectively) than the controls (-17.40 ± 1.79%, 17.53 ± 4.63%, and 0.83 ± 0.51 s) ($p < 0.05$). The circumferential global strain did not differ significantly between the groups.
CONCLUSION: Patients with familial Mediterranean fever who are subclinical from a cardiac aspect might have normal left ventricular function as measured by conventional echocardiography. However, the disease affects their myocardial tissue, and these patients should be followed with conventional, strain, and strain rate echocardiography techniques regularly.

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PMID: 25550179 [Indexed for MEDLINE]

91. Cardiol Young. 2015 Oct;25(7):1326-31. doi: 10.1017/S1047951114002467. Epub 2014 Dec 30.

Association of MTHFR A1298C polymorphism with conotruncal heart disease.

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Congenital heart diseases are common congenital anomalies with 1% prevalence worldwide and are associated with significant childhood morbidity and mortality. Among a wide range of aetiologically heterogeneous conditions, conotruncal anomalies account for approximately one-third of all congenital heart defects. The aetiology of conotruncal heart diseases is complex, with both environmental and genetic causes. Hyperhomocysteinaemia, which is often accompanied by the defects of folic acid metabolism, is known to cause conotruncal heart anomalies. In this study, we have evaluated three polymorphisms in the following two hyperhomocysteinaemia-related genes: methylenetetrahydrofolate reductase (MTHFR C677T and A1298C) and nicotinamide N-methyl transferase (NNMT rs694539) in 79 children with conotruncal heart disease and 99 children without conotruncal heart disease. Genotype distribution of the MTHFR A1298C polymorphism showed a statistically significant difference between the two groups. In the case group, AC and CC genotypes were higher than the control group ($p<0.05$). We have found that MTHFR A1298C polymorphism is associated with conotruncal heart disease; C allele (p=0.028), AC (OR[95% CI]=2.48[1.24-4.95], p=0.010), CC (OR[95% CI]=3.01[1.16-7.83], p=0.023), and AC+CC (OR[95% CI]=2.60[1.36-4.99], p=0.004) genotypes are more frequent in the patient group. Genotype distributions of the MTHFR C677T and NNMT rs694539 polymorphisms were similar in the two groups when evaluated separately and also according to the dominant genetic model ($p>0.05$). Our results suggest that MTHFR 1298C allele is a risk factor for conotruncal heart disease.

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PMID: 25547204 [Indexed for MEDLINE]

92. J Craniofac Surg. 2015 Jan;26(1):87-90. doi: 10.1097/SCS.0000000000001244.

Computed tomographic analysis of frontal sinus drainage pathway variations and frontal rhinosinusitis.

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OBJECTIVE: The objective of this study was to radiologically determine frontal sinus drainage pathway variations with respect to superior attachment of uncinate process (SAUP) and their effect on prevalence of frontal rhinosinusitis.
DESIGN: This was a retrospective cohort study.
METHODS: Computed tomography scans of the 919 frontal sinus sides of 460 patients (252 female, 208 male; mean age, 35.1 ± 10.5 years) who were candidates for endoscopic sinus surgery were evaluated retrospectively between August 2012 and January 2013 by 3 radiologists to determine the SAUP types and the presence of frontal rhinosinusitis.
RESULTS: The frontal sinus outflow tract was localized medial to the SAUP in 651 frontal sinus sides and lateral to the SAUP in 268 sides. We determined 3 types (types 7, 8, and 9) of SAUP in addition to 6 types defined in literature. The most common type of SAUP was type 3 (n = 332, 36.1%) followed by type 2 (n = 256, 27.8%) and type 7 (n = 160, 17.4%). Of the evaluated sides, 316 (34.3%) had frontal rhinosinusitis. Frontal rhinosinusitis was more common in the sides where the frontal sinus outflow tract was localized medial to the SAUP than those localized lateral (37.2% vs 27.6%, P = 0.006).
CONCLUSIONS: Endoscopic approach to frontal recess usually requires uncinectomy, and it is necessary to know SAUP to prevent postoperative retained superior portion of the uncinate process. The location of frontal sinus outflow tract on the SAUP affects the prevalence of frontal rhinosinusitis as well. Frontal rhinosinusitis is significantly more common when the frontal sinus outflow tract was localized medial rather than lateral to the SAUP.
LEVEL OF EVIDENCE: 2b.

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PMID: 25534057 [Indexed for MEDLINE]

93. Pediatr Int. 2015 Aug;57(4):578-81. doi: 10.1111/ped.12510. Epub 2015 Feb 11.

Neurobrucellosis in children: Case series from Turkey.

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BACKGROUND: Brucellosis is a multisystem disease that may present with a broad spectrum of clinical manifestations and complications. Neurobrucellosis is an uncommon and serious complication of pediatric brucellosis.
METHODS: We describe seven cases of neurobrucellosis.
RESULTS: Ataxia (one patient), diplopia (one patient) and hearing loss (one patient) were among the neurological signs and symptoms. The most common diagnoses were acute meningitis and meningoencephalitis. Five of the patients fully recovered, one was lost to follow up and the other had hearing loss as a sequela.
CONCLUSION: Neurobrucellosis should be kept in mind in patients with any neurological or neuropsychiatric diseases who live in endemic areas of brucellosis.

DOI: 10.1111/ped.12510
PMID: 25522124 [Indexed for MEDLINE]

94. J Infect Public Health. 2015 May-Jun;8(3):302-4. doi: 10.1016/j.jiph.2014.09.008. Epub 2014 Nov 18.

A case of brucellosis mimicking Crimean-Congo hemorrhagic fever.

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Brucellosis is a zoonotic disease caused by Brucella spp. that is transmitted to humans by the ingestion of unpasteurized milk and other dairy products from infected animals or through close contact with secretions. Crimean-Congo hemorrhagic fever (CCHF) is a tick-borne disease caused by a virus that is transmitted to humans by ixoid tick bites, contact with blood and tissue of infected animals or contact with infected humans. The symptoms of brucellosis are non-specific; it can mimic other diseases. In this paper, we present a case of brucellosis that was initially evaluated as CCHF. We emphasize that brucellosis should be considered in the differential diagnosis of CCHF, especially in endemic countries.

DOI: 10.1016/j.jiph.2014.09.008
PMID: 25467988 [Indexed for MEDLINE]

95. J Pediatr Adolesc Gynecol. 2015 Feb;28(1):6-11. doi: 10.1016/j.jpag.2014.01.106. Epub 2014 Nov 12.

Clinical review of 95 patients with 46,XX disorders of sex development based on the new Chicago classification.

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STUDY OBJECTIVE: The aim of our study was to determine the etiologic distribution of 46,XX disorder of sexual development (DSD) according to the new DSD classification system and to evaluate the clinical features of this DSD subgroup in our patient cohort.
PARTICIPANTS: The evaluation criteria and clinical findings of 95 46,XX patients were described by clinical presentation, gonadal morphology, genital anatomy, associated dysmorphic features, presence during prenatal period with/without postnatal virilization, hormonal characteristics, and presence or absence of steroidogenic defects among 319 patients with DSD.
RESULTS: Types and ratios of each presentation of our 95 patients with 46,XX DSD were as follows: 82 had androgen excess (86.3%): (74 had classical congenital adrenal hyperplasia, 2 had CAH variant possibility of P450-oxidoreductase gene defect), 6 had disorders of ovarian development (6.3%): (1 patient had gonadal dysgenesis with virilization at birth with bilateral streak gonad, 4 patients had complete gonadal dysgenesis, and 1 patient had ovotesticular DSD) and 7 had other 46,XX DSD. Two sisters, who had 46,XX complete gonadal dysgenesis,were diagnosed with Perrault Syndrome with ovarian failure due to streak gonads and associated with sensorineural deafness.
CONCLUSION: 46,XX DSD are usually derived from intrauterine virilization and CAH is the most common cause of 46,XX DSD due to fetal androgen exposure.

DOI: 10.1016/j.jpag.2014.01.106
PMID: 25444050 [Indexed for MEDLINE]

96. Jpn J Infect Dis. 2015;68(1):50-4. doi: 10.7883/yoken.JJID.2014.051. Epub 2014 Nov 25.

Bacteremia caused by Pseudomonas luteola in pediatric patients.

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Pseudomonas luteola has rarely been reported as a human pathogen. The clinical manifestations of P. luteola bacteremia and its susceptibility to antibiotics have not been characterized. This retrospective study was conducted at a 382-bed tertiary care center in Turkey. During the 9-year study period, 7 patients (5 females and 2 males) were diagnosed with P. luteola bacteremia. Six of these patients had hospital-acquired bacteremia, whereas 1 patient had community-acquired P. luteola infection. All patients had monomicrobial bacteremia. Antimicrobial susceptibility testing revealed that all strains of P. luteola were sensitive to amikacin, gentamicin, trimethoprim-sulfamethoxazole, and meropenem, and that all strains were resistant to piperacillin-tazobactam,

aztreonam, and colistin. In conclusion, we believe that P. luteola can cause both community- and hospital-acquired bacteremia. Amikacin, gentamicin, trimethoprim-sulfamethoxazole, and meropenem were effective against P. luteola in the present study.

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PMID: 25420649 [Indexed for MEDLINE]

97. Am J Perinatol. 2015 Jun;32(7):667-74. doi: 10.1055/s-0034-1393933. Epub 2014 Nov 7.

Effect of therapeutic hypothermia on C-reactive protein levels in patients with perinatal asphyxia.

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OBJECTIVE: To determine the changes in serum C-reactive protein (CRP) levels during therapeutic hypothermia.
STUDY DESIGN: Between January 2011 and June 2013, 133 hypoxic-ischemic encephalopathy patients being followed up in the neonatal intensive care unit of Dr. Sami Ulus Maternity and Children's Hospital are prospectively evaluated. Group 1; patients that received therapeutic hypothermia (n = 74) and group 2; patients that did not required therapeutic hypothermia (n = 59). All the patients underwent serial complete blood cell count and CRP assessments; blood cultures were obtained from all the cases at the time of admission and when CRP levels were elevated.
RESULTS: Positive blood cultures were encountered in five cases (6.7%) in group 1 while no blood culture-proven septicemia was encountered in group 2. The CRP levels elevated gradually reaching a peak level on the 4th day and then decreased during the therapeutic hypothermia in patients with no blood culture-proven septicemia in group 1. The CRP levels showed statistically significant changes reaching a peak level on the 7th day in patients with blood culture-proven septicemia in group 2. Also, the CRP levels showed no alteration with time in group 2.
CONCLUSION: Therapeutic hypothermia itself might be associated with CRP elevation rather than an actual infection.

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PMID: 25380405 [Indexed for MEDLINE]

98. J Trop Pediatr. 2015 Feb;61(1):74-7. doi: 10.1093/tropej/fmu056. Epub 2014 Oct 24.

Regression of symptomatic multiple cardiac rhabdomyomas associated with tuberous sclerosis complex in a newborn receiving everolimus.

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Cardiac rhabdomyoma is the most common primary cardiac tumor, is considered to be a hamartoma of developing cardiac myocytes. Cardiac rhabdomyoma is associated with tuberous sclerosis complex (TSC) in 50-86% of cases. Mutations in TSC-1/TSC-2 genes result in increased mammalian target of rapamycin (mTOR) pathway activation responsible for the hamartomatous lesions of tuberous sclerosis complex. Therapy with mTOR inhibitors is currently under investigation as a treatment option for tumors associated with TSC. In this report we present a case with multiple symptomatic rhabdomyomas associated with tuberous sclerosis complex, deemed to be ineligible for surgical removal, treated with everolimus (mTOR inhibitor).CONCLUSION: As we observed in our patient, in cases with inoperable symptomatic rhabdomyomas associated with TSC, everolimus, an mTOR inhibitor, may be the treatment of choice, which should be confirmed with additional studies.

DOI: 10.1093/tropej/fmu056
PMID: 25344617 [Indexed for MEDLINE]

99. J Hum Genet. 2015 Jan;60(1):1-9. doi: 10.1038/jhg.2014.85. Epub 2014 Oct 9.

The phenotypic and molecular genetic spectrum of Alström syndrome in 44 Turkish kindreds and a literature review of Alström syndrome in Turkey.

Ozantürk A(1), Marshall JD(2), Collin GB(2), Düzenli S(3), Marshall RP(4), Candan Ş(5), Tos T(6), Esen İ(7), Taşkesen M(8), Çayır A(9), Öztürk Ş(10), Üstün İ(11), Ataman E(12), Karaca E(13), Özdemir TR(13), Erol İ(14), Eroğlu FK(15), Torun D(16), Parıltay E(12), Yılmaz-Güleç E(17), Karaca E(17), Atabek ME(18), Elçioğlu N(19), Satman İ(20), Möller C(21), Muller J(22), Naggert JK(2), Özgül RK(1).

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Erratum in
J Hum Genet. 2015 Jan;60(1):51.

Alström syndrome (ALMS) is an autosomal recessive disease characterized by multiple organ involvement, including neurosensory vision and hearing loss, childhood obesity, diabetes mellitus, cardiomyopathy, hypogonadism, and pulmonary, hepatic, renal failure and systemic fibrosis. Alström Syndrome is caused by mutations in ALMS1, and ALMS1 protein is thought to have a role in microtubule organization, intraflagellar transport, endosome recycling and cell cycle regulation. Here, we report extensive phenotypic and genetic analysis of a large cohort of Turkish patients with ALMS. We evaluated 61 Turkish patients, including 11 previously reported, for both clinical spectrum and mutations in ALMS1. To reveal the molecular diagnosis of the patients, different approaches were used in combination, a cohort of patients were screened by the gene array to detect the common mutations in ALMS1 gene, then in patients having any of the common ALMS1 mutations were subjected to direct DNA sequencing or next-generation sequencing for the screening of mutations in all coding regions of the gene. In total, 20 distinct disease-causing nucleotide changes in ALMS1 have been identified, eight of which are novel, thereby increasing the reported ALMS1 mutations by 6% (8/120). Five disease-causing variants were identified in more than one kindred, but most of the alleles were unique to each single patient and identified only once (16/20). So far, 16 mutations identified were specific to the Turkish population, and four have also been reported in other ethnicities. In addition, 49 variants of uncertain pathogenicity were noted, and four of these were very rare and probably or likely deleterious according to in silico mutation prediction analyses. ALMS has a relatively high incidence in Turkey and the present study shows that the ALMS1 mutations are largely heterogeneous; thus, these data from a particular population may provide a unique source for the identification of additional mutations underlying Alström Syndrome and contribute to genotype-phenotype correlation studies.

DOI: 10.1038/jhg.2014.85
PMID: 25296579 [Indexed for MEDLINE]

100. Pediatr Hematol Oncol. 2015 Mar;32(2):126-8. doi: 10.3109/08880018.2014.954685. Epub 2014 Sep 24.

A case of congenital abdominal aortic aneurysm complicated with bilateral renal arterial and venous thromboses after surgery.

Fettah ND(1), Dilli D, Uçan B, Koç M, Özyazıcı E, Özgür S, Zenciroğlu A, Şahin İO, Okumuş N.

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DOI: 10.3109/08880018.2014.954685
PMID: 25250785 [Indexed for MEDLINE]

101. Am J Perinatol. 2015 Feb;32(3):211-8. doi: 10.1055/s-0034-1389090. Epub 2014 Sep 21.

Comparison of two natural surfactants for pulmonary hemorrhage in very low-birth-weight infants: a randomized controlled trial.

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OBJECTIVE: To compare the efficacy of two natural surfactants for pulmonary hemorrhage in very low-birth-weight (VLBW) infants.
STUDY DESIGN: A prospective randomized controlled trial was conducted on 42 infants who were divided into two groups, poractant alfa (n = 21) and beractant (n = 21).
RESULTS: In both the groups, the mean standard deviation (SD) birth-weight and gestational age were similar (p = 0.33 and 0.89, respectively). Although, the mean oxygenation index (OI) increased after pulmonary hemorrhage compared with baseline value and decreased after surfactant in both groups, variations in OI were more prominent in poractant alfa group (before hemorrhage: 11.9, after hemorrhage: 22.7, 1 hour of surfactant: 14.6, 8th hour of surfactant: 7.8, 24th hour of surfactant: 8.5, p = 0.007 vs. before pulmonary hemorrhage:11.1, after pulmonary hemorrhage: 17.9, 1 hour of surfactant: 12.8, 8th hour of surfactant: 12.8, 24th hour of surfactant: 9.7, p = 0.02). There was no significant difference between the groups for OI values at all time points (p > 0.05). The rates of bronchopulmonary dysplasia (BPD) and mortality related to pulmonary hemorrhage were similar in both the groups.
CONCLUSION: Both natural surfactants improved oxygenation when administered for pulmonary hemorrhage in VLBW infants. The type of surfactant seems to have no effect on BPD and mortality rates in these patients.

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DOI: 10.1055/s-0034-1389090
PMID: 25241106 [Indexed for MEDLINE]

102. Am J Perinatol. 2015 Feb;32(3):247-50. doi: 10.1055/s-0034-1383849. Epub 2014 Sep 13.

Is higher 25-hydroxyvitamin D level preventive for respiratory distress syndrome in preterm infants?

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OBJECTIVE: The objective of this study was to investigate the relationship between cord blood 25-hydroxyvitamin D (25(OH)D) levels and respiratory distress syndrome (RDS) development in preterm infants.
STUDY DESIGN: Between January 2012 and January 2013, 81 preterm infants,

gestational age below 32 weeks, were prospectively enrolled into the study. Cord bloods of these newborns were tested for 25(OH)D levels. Low level was defined as ≤ 15 ng/mL (Group 1) and normal level as > 15 ng/mL (Group 2). Patients in Group 1 were also divided further into two subgroups as severe deficiency (Group 1a, ≤ 5 ng/mL) and mild deficiency (Group 1b, 5-15 ng/mL).
RESULTS: In this study, 57 infants had low 25(OH)D levels (Group 1, median 8.0 ng/mL [interquartile range, IQR, 5-10]; Group 2, median 21 ng/mL [IQR, 19-24.7]). RDS rate was significantly higher in Group 1a (n = 18, 32.7%) and Group 1b (n = 34, 61.8%) compared with Group 2 (n = 3, 5.4%) (p = 0.001). There were no difference of having RDS between Group 1a (94.7%) and Group1b (89.5) (p = 0.512). Multivariate analysis showed that higher 25(OH)D level can be preventive for the development of RDS (odds ratio, 0.6; 95% confidence interval (0.5-0.8); p = 0.001).
CONCLUSION: Lower cord blood 25(OH)D levels might be associated with increased risk of RDS in preterm infants with very low birth weight.

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DOI: 10.1055/s-0034-1383849
PMID: 25217734 [Indexed for MEDLINE]

103. J Clin Ultrasound. 2015 Jan;43(1):48-9. doi: 10.1002/jcu.22236. Epub 2014 Sep 8.

Response regarding our article, "sonographic measurement criteria for the diagnosis of internal jugular phlebectasia in children".

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Comment on
J Clin Ultrasound. 2013 Oct;41(8):486-92.
J Clin Ultrasound. 2015 Jan;43(1):47.

DOI: 10.1002/jcu.22236
PMID: 25200764 [Indexed for MEDLINE]

104. J Matern Fetal Neonatal Med. 2015 Sep;28(13):1537-41. doi: 10.3109/14767058.2014.960832. Epub 2014 Sep 22.

Exchange transfusion for neonatal hyperbilirubinemia: an 8-year single center experience at a tertiary neonatal intensive care unit in Turkey.

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OBJECTIVE: The aim of present study was to evaluate the indications and the complications associated with neonatal exchange transfusion (ET) performed for hyperbilirubinemia.
METHODS: This study included overall 306 neonates who underwent ET between 2005 and 2012. The demographic characteristics of patients, causes of jaundice and adverse events occurred during or within 1 week after ET were recorded from their medical files. Those newborns that underwent ET were classified as either

"otherwise healthy" or "sick" group.
RESULTS: Of the 306 patients who underwent ET, 244 were otherwise healthy and had no medical problems other than jaundice. The remaining 62 patients were classified as sick that had medical problems other than jaundice ranging from mild to severe. The mean gestational age was 37.6 ± 2.5 weeks and the mean peak total bilirubin levels was 25.8 ± 6.6 mg/dl. The mean age at presentation was 5.4 ± 3.8 d for all infants. The most common cause of hyperbilirubinemia was ABO isoimmunization (27.8%). None of newborns died secondary to ET. Three infants had had necrotizing enterocolitis, and also three infants had had acute renal failure. The most common encountered complications of ET procedure were hyperglycemia (56.5%), hypocalcaemia (22.5%) and thrombocytopenia (16%).
CONCLUSIONS: Our data showed that ABO isoimmunization was the most common cause of hyperbilirubinemia. Even mortality was not seen, very rare but major gastrointestinal and renal complications were associated with ET. The majority of adverse events associated with ET were laboratory abnormalities mainly hyperglycemia, hypocalcaemia and thrombocytopenia which were asymptomatic and treatable.

DOI: 10.3109/14767058.2014.960832
PMID: 25182682 [Indexed for MEDLINE]

105. Ir J Med Sci. 2015 Sep;184(3):607-12. doi: 10.1007/s11845-014-1184-2. Epub 2014 Aug 21.

The place of four-dimensional ultrasound in evaluating fetal anomalies.

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OBJECTIVE: To analyze the capability of four-dimensional surface rendering mode ultrasound (4D SRM USG) in the detection of fetal abnormalities, and also compare it with 2D USG.
MATERIALS AND METHODS: A total of 1,379 pregnant women were enrolled in the study, and they all underwent 2D USG screening. In the same session, they were all subsequently screened using 4D USG. The findings of both methods were compared.
RESULTS: A total of 194 fetal anomalies were detected in 176 of 1,379 pregnant women by 2D USG. When all cases, including superficial and non-superficial anomalies, were evaluated together, we found that 2D USG was significantly better than 4D SRM USG in detecting anomalies ($p < 0.001$). However, 4D SRM USG was superior to 2D USG in terms of image quality, clarity, the distinction between the surrounding structures, and intelligibility among the cases with a superficial anomaly ($p < 0.005$).
CONCLUSION: 4D USG is superior to 2D USG in detecting malformations related to fetus face, spine, extremities, abdominal wall, and the body surface. However, 4D SRM USG detected only approximately half of the cases with anomalies, and showed a better quality of image in only 15 % of all cases. Therefore, 4D SRM USG may only be suitable for use as a complementary tool in the evaluation of fetal anomalies, especially those of the face, spine, extremity, and abdominal wall.

DOI: 10.1007/s11845-014-1184-2
PMID: 25142340 [Indexed for MEDLINE]

106. J Matern Fetal Neonatal Med. 2015 May;28(7):812-8. doi: 10.3109/14767058.2014.933801. Epub 2014 Jul 28.

The utility of cervical elastosonography in prediction of cervical insufficiency: cervical elastosonography and cervical insufficiency.

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OBJECTIVE: To evaluate the utility of cervical elastosonography (ES) in prediction of cervical insufficiency (CI).
METHODS: A total of 40 women, of which 20 who had previously received the diagnosis of CI and 20 healty women were included in the study. None of the women were pregnant. All subjects underwent sonographic evaluation including cervical length measurement and ES of uterine cervix. Adjacent muscular tissue was the reference point for elastosonography evaluation. Tissue strain ratio values were obtained from all the patients.
RESULTS: The area around the internal cervical os of the group with CI was found to be significantly softer as compared to the control group (higher SR rate, $p < 0.05$). Furthermore, the outer parts of the cervix (sites A and D) were also found harder in the group that had CI (lower SR rate, $p < 0.05$).
CONCLUSIONS: According to our knowledge, this is preliminary study to evaluate the predictive value of cervical ES in CI and we concluded that ES can be used as reliable method to determine CI but it is necessary to be studied in different cohort groups.

DOI: 10.3109/14767058.2014.933801
PMID: 25068949 [Indexed for MEDLINE]

107. Indian J Pediatr. 2015 Jan;82(1):101. doi: 10.1007/s12098-014-1512-6. Epub 2014 Jul 1.

Mean platelet volume and uric acid levels in neonatal sepsis: authors' reply.

Aydın B(1), Dilli D, Zenciroğlu A, Karadağ N, Beken S, Okumuş N.

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Comment on
Indian J Pediatr. 2014 Dec;81(12):1342-6.
Indian J Pediatr. 2015 Jan;82(1):99.
Indian J Pediatr. 2015 Jan;82(1):100.

DOI: 10.1007/s12098-014-1512-6
PMID: 24974966 [Indexed for MEDLINE]

108. J Pediatr Orthop. 2015 Jan;35(1):43-9. doi: 10.1097/BPO.0000000000000229.

Serial derotational casting in congenital scoliosis as a time-buying strategy.

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BACKGROUND: Serial casting is an effective treatment modality in early-onset idiopathic scoliosis; however, the role of this method in congenital scoliosis is not well studied.
METHODS: A total of 11 patients with progressive congenital scoliosis were treated with serial cast application. Age at initial cast application, magnitudes of the congenital, compensatory and sagittal deformities, coronal balance, T1 to T12 height, number of casts and time-in cast per patient, subsequent surgical interventions, and complications were evaluated.
RESULTS: Mean age at the first cast application was 40 months, and the average number of cast changes was 6.2 per patient. There were no major complications. The average precasting curve magnitude was 70.7 degrees (range, 44 to 88 degrees) and was significantly reduced to 55.1 degrees (range, 16 to 78 degrees) at the latest follow-up (P=0.005). The average precasting compensatory curve was 55.8 degrees (range, 38 to 72 degrees) and was significantly reduced to 39.8 degrees (range, 23 to 62 degrees) at the latest follow-up (P=0.017). Average T1 to 12 height increased from 12.8 cm at post-first cast to a 14.6 cm at the latest follow-up (P=0.04). Average time in cast was 26.3 months (range, 13 to 49 mo). During the treatment period, none of the patients required surgery for curve progression.
CONCLUSIONS: Serial derotational casting is a safe and effective time-buying strategy to delay the surgical interventions in congenital deformities in the short-term follow-up.
LEVEL OF EVIDENCE: Level IV, case series.

DOI: 10.1097/BPO.0000000000000229
PMID: 24887080 [Indexed for MEDLINE]

109. Ir J Med Sci. 2015 Jun;184(2):399-402. doi: 10.1007/s11845-014-1130-3. Epub 2014 May 15.

Experience with different techniques for the management of postpartum hemorrhage due to uterine atony: compression sutures, artery ligation and Bakri balloon.

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Comment in
Ir J Med Sci. 2014 Dec;183(4):693.

OBJECTIVES: To report our experience with different management approaches to treat postpartum hemorrhage (PPH) due to uterine atony with reference to need for hysterectomy.
METHODS: A retrospective study of data of all women who delivered in Dr. Sami Ulus Medical and Research Hospital between April 2010 and April 2013 was collected from the department's medical records, to identify patients who had undergone the compressive suture techniques, artery ligation, Bakri balloon application and hysterectomy operation because of PPH due to uterine atony.
RESULTS: A total of 32 cases who had PPH due to uterine atony were identified. Bleeding was successfully treated without the need for hysterectomy in 25 patients. Compressive suture technique and artery ligation without Bakri balloon application were used in 22 patients with the success rate of 72.7%. Bakri balloon was applied to ten patients, and there were three cases with failure: two

patients needed an additional procedure (hypogastric artery ligation and B-Lynch suture) and one patient needed hysterectomy. The overall success rate of intrauterine balloon tamponade alone was 70%. The success of Bakri balloons in combination with artery ligation and B-Lynch suture was promising. CONCLUSION: Our case series suggest that in the condition of PPH due to atony, both compression sutures and Bakri balloon tamponade are effective methods. In combination of uterine artery ligation and B-Lynch suture with Bakri balloon tamponade might be the best surgical approach due to its higher success according to our results. To obtain more information further studies with large case series are important.

DOI: 10.1007/s11845-014-1130-3
PMID: 24831795 [Indexed for MEDLINE]

110. Mikrobiyol Bul. 2014 Apr;48(2):259-70.

[Evaluation of 44 pediatric measles cases detected in Ankara, Turkey during 2012-2013 epidemic and molecular characterization of the viruses obtained from two cases].

[Article in Turkish]

Metin O(1), Tanir G, Oz FN, Kalaycioglu AT, Yolbakan S, Tuygun N, Bayhan GI, Aydin Teke T, Korukluoglu G.

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Elimination of measles and rubella until the end of 2015 in parallel with the "World Health Organization (WHO) Europe Region's Measles Elimination" work-up has been targetted and "Measles Elimination Program" has been carried out since 2002 in Turkey. Due to the routine vaccination programmes the number of the vaccinated children have increased and epidemic incidences have been falling. However, imported measles cases from Europe and other neighboring countries have been observed in Turkey in the recent two years. Patients who applied to Dr. Sami Ulus Maternity and Children's Training and Research Hospital with a pre-diagnosis of measles between December 2012 and April 2013 were screened in this study. Seventy-eight patients who match the clinical definition of the disease (> 38°C fever and maculopapular rash and cough or nasal discharge or conjunctivitis) were evaluated. Forty-four children (25 male, 19 female; age range: 4-191 months, mean age: 58.6 ± 59.5 months) with a positive measles IgM test result were taken into consideration and the epidemiological and clinical features of these children were evaluated. In addition to fever and rash, cough, nasal discharge and conjunctivitis were seen in 36 (82%), 24 (55%), and 18 (41%) patients, respectively. Thirty five (80%) patients were diagnosed in December, 6 (14%) in January, 2 (4%) in February, and 1 (2%) in March. All patients included in the study were unvaccinated or too young to be vaccinated according to the routine vaccination calendar. The index case was a three-year old unvaccinated girl who had a history of contact with the Syrian neighborhoods. During the study period; following contact with the index case, two doctors (born in 1986 with a history of single dose of vaccination at ninth month) and three children (without vaccination) were also diagnosed as measles. Eight (18%) patients were hospitalized because of complications. Four (50%) of them had pneumonia and the other four (50%) had lack of oral feeding and dehydration. Average duration of hospitalization for patients was 4 ± 1.7 (range: 2-6) days and all patients were discharged with full recovery. For molecular typing, viral RNAs were isolated from urine samples of two of the measles IgM positive patients, subjected to sequence analysis of 450 nucleotides comprising the most variable C-terminal

region of the nucleoprotein (N) gene. Phylogenetic analysis revealed that those two strains belonged to genotype D8. This study represented the involvement of measles virus genotype D8 in an outbreak in Turkey for the first time. During a measles epidemic, following the index case; medical personnel should be informed about possible, probable, and definite case definitions and should apply for appropriate triage or fast-track (rapidly examination) if necessary, and routine announcements should be made precisely and accurately at proper times and unvaccinated medical personnel and any people in touch with the patient should be vaccinated. In order to reach the elimination goal declared by European WHO for 2015, susceptible populations should be identified and vaccinated in Turkey to obtain sufficient herd immunity for preventing outbreaks.

PMID: 24819263 [Indexed for MEDLINE]

111. Ir J Med Sci. 2015 Jun;184(2):285-9. doi: 10.1007/s11845-014-1101-8. Epub 2014 Mar 19.

A predictor of small-for-gestational-age infant: oral glucose challenge test.

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OBJECTIVE: This study was performed to investigate the role of first-hour 50-g oral glucose challenge test (GCT) parameters in predicting the risk of delivering a small-for-gestational-age infant and to determine the accuracy of estimated fetal weight.
METHODS: We screened 2,643 pregnant women >20 years of age and excluded 552 patients according to exclusion criteria. Newborns were assigned to three groups as SGA(n:100), AGA(n:100), and LGA(n:100) according to birth weight. All mothers received 50-g GCT in their 24-28th weeks of gestation. We examined the relationship between birthweight and test results.
RESULTS: First-hour serum glucose level after the test significantly predicted babies with small for gestational age. Optimal cutoff value was obtained at a level of 74.5 mg/dl with 67% sensitivity and 55% specificity. The estimated fetal weight of Hadlock 5 formula was strongly correlated with the birth weight (Pearson r = 0.89).
CONCLUSION: Our study revealed that 50-g oral glucose challenge test may predict small-for-gestational-age cases with 67% sensitivity, and our data revealed that there is a significant correlation between estimated fetal weight of Hadlock 5 formula and the birth weight.

DOI: 10.1007/s11845-014-1101-8
PMID: 24643741 [Indexed for MEDLINE]

112. Child Care Health Dev. 2015 May;41(3):443-9. doi: 10.1111/cch.12133. Epub 2014 Feb 26.

An intervention to preschool children for reducing screen time: a randomized controlled trial.

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BACKGROUND: Screen time, defined as time spent watching television, DVDs, or videos or playing computer or video games, has been related to serious health consequences in children, such as impaired language acquisition, violent behaviour, tobacco smoking and obesity. Our aim was to determine if a simple intervention aimed at preschool-aged children, applied at the health maintenance visits, in the primary care setting, would be effective in reducing screen time.
METHODS: We used a two group randomized controlled trial design. Two- to 6-year-old children and their parents were randomly assigned to receive an intervention to reduce their screen time, BMI and parental report of aggressive behaviour. At the end of the intervention we made home visits at 2, 6 and 9 months and the parents completed questionnaire.
RESULTS: Parents in the intervention group reported less screen time and less aggressive behaviour than those in the control group but there were no differences in BMI z scores.
CONCLUSIONS: This study shows that a preschool-based intervention can lead to reductions in young children's television/video viewing.

DOI: 10.1111/cch.12133
PMID: 24571538 [Indexed for MEDLINE]

113. J Renin Angiotensin Aldosterone Syst. 2015 Sep;16(3):514-20. doi: 10.1177/1470320313510585. Epub 2014 Feb 14.

Association between urinary angiotensinogen, hypertension and proteinuria in pregnant women with preeclampsia.

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INTRODUCTION: Preeclampsia is a life-threatening disorder of pregnancy. The pathogenic mechanisms of preeclampsia remain uncertain. The aim of this study is to investigate the relation between urinary angiotensinogen (UAGT) levels, an indicator of local renin-angiotensin system (RAS) activity in the kidney, and blood pressure and urinary protein excretion in preeclampsia.
MATERIALS AND METHODS: For this study, 90 women aged between 20-39 years were recruited. Spot urine samples were collected to measure urinary angiotensinogen/creatinine ratio (UAGT/UCre). Log(UAGT/UCre) was compared in pregnancies with and without preeclampsia and non-pregnant controls. Factors affecting log(UAGT/UCre) in pregnancies were also investigated.
RESULTS: In all pregnancies log(UAGT/UCre) levels were significantly higher than in non-pregnant controls (0.58±0.19 vs. 0.33±0.14, respectively, p=0.002). However, log(UAGT/UCre) levels in pregnancies with preeclampsia were slightly lower than in normal pregnancies (0.52±0.18 vs. 0.64±0.19, respectively, p=0.012). Log(UAGT/UCre) levels were correlated positively with blood pressure and proteinuria in pregnancies with preeclampsia. However, log(UAGT/UCre) levels were not correlated with age, height, body weight, gestational age, body mass index, and serum creatinine.
CONCLUSION: This study showed that elevated local RAS activity in kidney was correlated with high blood pressure and proteinuria in preeclampsia. Local RAS

activation in the kidneys may be one of the contributing factors in the development of preeclampsia.

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PMID: 24532824 [Indexed for MEDLINE]

114. Semin Ophthalmol. 2015 Jul;30(4):305-12. doi: 10.3109/08820538.2013.839814. Epub 2014 Jan 10.

Congenital keratoglobus with multiple cardiac anomalies: a case presentation and literature review.

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Keratoglobus is a rare condition of bilateral corneal ectasia, which results in high myopia, irregular astigmatism, scarring, and rarely spontaneous globe rupture. Globoid protrusion of a clear, diffusely thin cornea is the pathology. The congenital form has been associated with blue sclera in which there is a systemic connective tissue disorder with abnormal collagen synthesis like Ehlers-Danlos syndrome, Marfan syndrome, and osteogenesis imperfecta. Some concomitant abnormalities reported with kertoglobus include joint hypermobility, dental and skeletal abnormalities, osteal fragility, and deafness. Acquired forms have been reported to be associated with vernal keratoconjunctivitis and thyroid ophthalmopathy. We report the case of a 16-year-old boy with keratoglobus who presented with a history of photophobia and a low vision in both eyes since birth. He has been followed up by our pediatric cardiology department due to multiple cardiac anomalies. He had hypermobility of large joints, easy bruising, thin and hyperextensible skin with visible veins, which were also described in his elder brother. We aimed to discuss the etiology and the association of keratoglobus with some systemic abnormalities caused by collogen tissue disturbance, and make a brief review about the recent literature concerning the management of keratoglobus patients.

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PMID: 24409942 [Indexed for MEDLINE]

115. Pediatr Neonatol. 2015 Aug;56(4):268-70. doi: 10.1016/j.pedneo.2013.03.015. Epub 2013 Apr 30.

Hypertrophic Cardiomyopathy After a Single Dose of Dexamethasone in a Preterm Infant.

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Dexamethasone is widely used in preterm infants with severe pulmonary disease.

Hypertrophic cardiomyopathy (HCM) is a transient side effect observed after multiple doses of dexamethasone. We report a preterm infant with myocardial hypertrophy after a single dose of dexamethasone (0.5 mg/kg) used to treat laryngeal edema secondary to prolonged intubation. A benign course was observed without left ventricular outflow tract obstruction and with recovery within 4 weeks. Myocardial effects of dexamethasone may be independent of dose and duration of treatment. The risk/benefit ratio must be carefully considered before using even a single dose of dexamethasone in preterm infants.

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