2nd Eurasian Pediatrics Congress
&
VIII. School of Pediatric Association of Republic of Kosovo

November 14-17, 2024

Lakeside Hotel, Prizren / Kosovo

CONGRESS PROGRAM

www.eurasianpediatrics.org

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&
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INVITATION LETTER

Dear Colleagues

It is a great privilege and honor for us to invite you to the **2nd Eurasian Pediatrics Congress, which will be held in Prizren-Kosovo between 14-17 November 2024**.

We would like to thank the Kosovo Pediatrics Association, the Kosovo Neonatology Association and the Albania Neonatology Association for hosting our congress.

We aim to bring our historical, cultural and geographical similarities to the scientific platform.

Global pediatric diseases and the management of common pediatric diseases in the globalizing world will be discussed in our congress. We want to organize a congress that is both scientifically successful and productive.

Prizren, a beautiful city in terms of history and culture, is also rich socially.
We will be happy and honored for your participation in our congress..

Best regards,

Prof. Dr. Ali Bülbül
Co-Chairman of 2nd Eurasian Congress of Paediatrics

Dear Colleagues,

It is a great privilege and honor for us to invite you to the **2nd Eurasian Pediatrics Congress, which will be held in Prizren-Kosovo between 14-17 November 2024**. We would like to thank the Kosovo Pediatrics Association, the Kosovo Neonatology Association and the Friends of Children Association (Çocuk Dostları Derneği) for hosting our congress. We aim to bring our historical, cultural and geographical similarities to the scientific platform. Global pediatric diseases and the management of common pediatric diseases in the globalizing world will be discussed in our congress. Speakers from Turkey, Kosovo, Albania, North Macedonia, Montengero will bring the best information on evidence-based medicine in the field of neonatology and pediatrics. We want to organize a congress that is both scientifically successful and productive.

Prizen, a beautiful city in terms of history and culture is also rich socially. We will be happy and honored for your participation in our congress.

Best regards,

Prof. Dr. Alketa Qosja
Co-Chairman of 2nd Eurasian Congress of Paediatrics

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INVITATION LETTER

Dear Colleagues and Friends,

Mark your calendars and join us in Prizren for an unforgettable congress that promises to elevate your expertise, broaden your horizons, and leave you inspired. Get ready for an extraordinary journey of learning, sharing, and development!

Enjoy the congress! With warm regards,

Prof. Dr. Burbuqe Skenderi
Co-Chairman of 2nd Eurasian Congress of Paediatrics

Dear colleagues,

It is our pleasure to invite you to attend the **2nd Euroasian Pediatrics Congress, on November 14th -17th, in the beautiful city of Prizren.**

We are happy to bring together scientific knowledge and a variety of experiences aiming at advancing the services we provide for the children. At the same time, we will have the opportunity to discuss the challenges we face and how to overcome them in our own settings.

Free time during Congress will be enriched by cultural and historical dimensions of Prizren city and we look forward to having you be part of all this.

Prof. Dr. Ramush Bejiqi
Co-Chairman of 2nd Eurasian Congress of Paediatrics

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Yakup Ergül (Türkiye)
Yıldız Yıldırmak (Türkiye)

(Name Alphabetical)

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14 November 2024

17.00-17.30 **Openning Ceremony**

17.30-18.30 **Practical Pediatrics: Part 1**

Chairs: *Ali Bülbül, Ramush Bejiqi, Alketa Qosja (Hoxha), Burbuqe Skenderi*

Tetralogy of Fallot - From Pink to Pulmonary Atresia	*Ramush Bejiqi*
Respiratory Distress Syndrome (RDS)	*Adil Umut Zübarioğlu*
Recent updates of European Guideline on RDS Treatment 2023	*Burbuqe Skenderi*

18.30.-19.30 **Practical Pediatrics: Part 2**

Chairs: *Nazan Dalgıç, Lidvana Spahiu, Naim Zeka, Hasan Sinan Uslu*

Future Technology and Child's Heart Care	*Yakup Ergül*
Anti-Neutrophil Cytoplasmatic Antibodies (ANCA) – Associated vasculitis	*Lidvana Spahiu*
Autism and Epilepsy	*Naim Zeka*

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15 November 2024

08.30-09.00 **Oral Presentations - I**

Chairs: *Serdar Cömert, Ramush Bejiqi*

OP-1 **Ebstein Anomaly With Cerebrovascular Event And Bleeding Secondary To Paradoxical Thromboembolism**
Alper Divarcı

OP-2 **An Overview of retinoblastoma in Albania**
Donjeta Alia Bali

OP-3 **Investigation of Iron Deficiency Anemia Frequency and Affecting Factors in 18-24 Months old Children Applied to Healthy Child Follow-Up Clinic**
Emine Elifcan Örsler

OP-4 **A Rare Clinic in The Neonatal Period: Spontaneous Subcutaneous Emphysema with Pneumomediastinum**
Alper Divarcı

OP-5 **Hemophilia in Kosovo, our Treatment Experience With Emicizumab**
Flora Selimk

OP-6 **Clinical Follow Up of The Children And Adolescents With Central Hypothyroidism**
Seniha Kiremitçi Yılmaz

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09.00-10.00	**Practical Pediatrics: Part 3** **Update to Neonatology** ***Chairs:*** *Alketa Qosja (Hoxha), Ali Bülbül, İlke Mungan Akın, Teuta Hasbahta*	
	Necrotising Enterocolitis (NEC)	*Hasan Sinan Uslu*
	Early Neonatal Sepsis	*Teuta Hasbahta*
	Patent Ductus Arteriosus (PDA)	*Emre Dinçer*
	Improving the Skills of the Health Staff in the NICU in Reducing Mortality and Neonatal Morbidity	*Alketa Qosja (Hoxha)*
10.15-11.15	**Practical Pediatrics: Part 4** ***Chairs:*** *Emine Türkkan, Yıldız Yıldırmak, Violeta Grajqevci Uka, Donjeta Bali*	
	New Approaches to Childhood Hemongiomas	*Dildar Bahar Genç*
	Updates in Management of Chronic Idiopathic Thrombocytopenia	*Violeta Grajçevci-Uka*
	An Overview on Retinoblastoma in Albania, in the Last 25 Years	*Donjeta Bali Genç*
	Acute Leucemia in Pediatric Ages	*Rufadie Maxhuni*
11.15-11.30	**Coffee Break**	
11.30-12.30	**Practical Pediatrics: Part 5** ***Chairs:*** *Murat Elevli, Kazım Öztarhan, Ramush Bejiqi, Aferdita Mustafa Xhemajli*	
	Approach to Childhood Arrhythmias	*Alper Güzeltaş*
	Relation between connective tissue diseases in a patient (CTD): our experience in rheumatology department	*Arbnore Batalli Kepuska*
	Myocarditis in Children: Diagnostic, Clinical and Therapeutical	*Alije Keka*
	Auto Inflammatory Diseases in Childhood	*Özgür Kasapçopur*

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12.40-13.40	**Practical Pediatrics: Part 6** ***Chairs:*** *Evrim Kıray Baş, Hasan Dursun, Lidvana Spahiu, Velibor Tasic*	
	Update on the Approach to Pediatric Sepsis	*Esra Şevketoğlu*
	SGLT2 Inhibitors - New Horizons in Pediatrics	*Velibor Tasic*
	Hypophosphatemic Rickets	*Valbona Stavileci*
13.40-14.30	**Lunch**	
14.30-15.30	**Practical Pediatrics: Part 7** ***Chairs:*** *Aspazija Sofijanova, Filip Duma, Alma Nurce, Leonorë Zo*	
	CBD Efficiency in Resistant Epilepsy and Epileptic Syndromes	*Filip Duma*
	Calculated Risk in Neonatal Neurology For the Future Quality of Life After Brain Injury	*Aspazija Sofijanova*
	Stroke Related to COVID 19 in Children	*Petrit Gjaka*
15.30-16.30	**Practical Pediatrics: Part 8** ***Chairs:*** *Shqipe Spahiu, Sosjana Baja, Vlora Nimani, Luan Morina*	
	Newborn Screening in Kosovo - Plan and Program	*Shqipe Spahiu*
	Feto-Maternal Transfusion, Clinical Signs, Progress. Clinical Case From our Neonatology Service	*Sosjana Baja*
	Neonatal Screening	*Besa Islami-Poqesta*
	The use of CPAP in the Delivery Room and its Impact on Reducing the Number of Babies Transferred to our ICU	*Guriel Nasto*

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16 November 2024

08.30-09.00 **Oral Presentations - II**

Chairs: *İlke Mungan Akın, Evrim Kıray Baş, Virgjina Hasbahta, Abdurrahim Gërguri*

OP-7 **Improvement of the Knowledge and Skills of the Staff Health and the Impact in Morbidity and Mortality Rate of Preterm Infants**
Alketa Qosja

OP-8 **A Rare Cause of Neonatal Epilepsy: KCNQ-2 Gene Mutation**
Bülent Güzel

OP-9 **CBD Efficiency in Resistant Epilepsy and Epileptic Syndromes**
Filip Duma

OP-10 **Evaluation of Serological Tests After Vaccination and Immunoglobulin Administration of Infants Born to Hepatitis-B Surface Antigen Positive Mothers**
Alper Divarcı

OP-11 **Early Term Mortality and Morbidity Outcomes in Very Low Birth Weight Preterm Neonates**
Yadigar Öztürk

OP-12 **The Evaluation of Electrocardiographic Variations in Newborns in the Early Postnatal Period**
Duygu Açar

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09.00-10.00	**Practical Pediatrics: Part 9**	
	Chairs: *Nafiye Urgancı, Sonja Bojadzieva, Seda Geylani Güleç, Vlora Ismaili Jaha*	
	Food Protein Induced Allergic Proctocolitis	*Ayşe Merve Kesim Usta*
	Inflamatory Bowel Disease in Children	*Sonja Bojadzieva*
	Effects of Dietary Regime in Children With Autistic Spectrum	*Veselinka Djurisic*
	Clinical Presentation of Celiac Disease in Children and Adolescents	*Minire Çitaku*
10.00-11.00	**Practical Pediatrics: Part 10** **Update to Neonatology**	
	Chairs: *Emrah Can, Besa Poqesta Islami, Serdar Cömert, Xhevdet Gojnovci*	
	Improvement of the Primary Health Care for	*Rabia Gönül Sezer Yamanel*
	Children in Türkiye	
	Impact of Neonatal Early Onset Sepsis Calculator in our Clinical Practice	*Gentjana Koroveshi*
	The Role of risk Factors for the Early Treatment of Early Neonatal Infections	*Alma Nurce*
	Incidence, Prognosis of Prematurity, Our Experience	*Faton Krasniqi*
11.15-11.30	**Coffee Break**	
11.30-12.30	**Practical Pediatrics: Part 11**	
	Chairs: *Kamil Şahin, Yıldız Yıldırmak, Bardhyl Abrashi, Adem Karbuz*	
	The Role of Probiotics in Children Recent Advances	*Nazan Dalgıç*
	Hemophilia a Disease Overview and Outstanding Challenges Thrombocytopenia	*Mirela Xhafa*
	Hemophilia in Kosovo, our Experience in Treatment With Emicizumab	*Flora Selimi*
	Urgencies in Hemato - Oncology	*Arbana Baloku-Zejnullahu*

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12.40-13.40	**Practical Pediatrics: Part 12** ***Chairs:*** *Çağatay Nuhoğlu, Drita Telaku Qosja, Meltem Erol, Hüseyin Dağ, Shendvere Hasani*	
	Adeloscent and Childhood Obesity: New Frontiers	*Ahmet Uçar*
	Wheezing in Pre-School Age	*Drita Telaku Qosaj*
	Community Acquired Pneumonia	*Shendvere Hasani Doqiqi*
13.40-14.30	**Lunch**	
14:30-15:30	**Kosovo Pediatrics Society & Florence Nightingale Sponsored Session** ***Chairs:*** *Cihangir Ersoy, Doğukan Aktaş, Dilek Güller, Urata Beqa, Arlinda Maloku*	
	Suspicion of Cyanotic Congenital Heart Disease, Algorithmic Approach	*Doğukan Aktaş*
	Follow-up of a Patient Who Has Undergone Congenital Heart Surgery	*Cihangir Ersoy*
	Pediatric Liver Transplantation	*Dilek Güller*
15.30-16.30	**Practical Pediatrics: Part 13** ***Chairs:*** *Arbnore Batalli Kepuska, Valon Krasniqi, Lendita Kryeziu, Mensur Xhaferi*	
	Efficacy and safety profile of non-steroidal anti-inflammatory drugs in infants and children	*Valon Krasniqi*
	Challenges in Tuberous Sclerosis Diagnosis in Pre and Postnatal Period	*Lendita Kryeziu*
	Steven Johnson Syndrome - Case Report	*Mensur Xhaferi*

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09.00-11.00 **Practical Pediatrics: Part 14**

Chairs: *Ragip Retkoceri, Teuta Hoxha, Petrit Gjaka*

Nutrition of Children with Complex Congenital Heart Anomalies	*Arlinda Maloku*
Spinal Muscular Atrophy – Situation in Kosovo	*Leonorë Zogaj*
Future of Neonatology in the World	*Ali Bülbül*

11.00-11.40 **Oral Presentations - III**

Chairs: *Evrim Kıray Baş, Aferdita Mustafa Xhemajli*

OP-13 **Cerbrovascular insults in related to covid 19**
Petrit Gjaka

OP-14 **Pediatric myocarditis: the diagnostic, clinical, and therapeutic approach**
Alije Keka-Sylaj

OP-15 **Challenges In Treating Children With Acute Lymphoblastic Leukemia**
Rufadie Maçastena-Maxhuni

OP-16 **Autizmi dhe Epilepsia**
Naim Zeka

OP-17 **Demographic characteristics of SMA pediatric patients in Kosova**
Naim Zeka, Abdurrahim Gerguri, Leonora Zogaj, Lumnije Islamaj

OP-18 **Challenges in Diagnosis – Connective Tissue Disease**
Arbnore Batalli - Kepuska

OP-19 **A Case Report: Hypophosphatemic Rickets -Orthopedic and Pediatric Nephrologist joint management**
Valbona Stavileci

OP-20 **Updates In Management Of Chronic Idiopathic Thrombocytopenia**
Violeta Grajçevci-Uka

OP-21 **Newborn Screening Program - Kosova**
Shqipe Spahiu Konjusha

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OP-22 **Tetralogjia Fallot - nga forma pink deri te atrezioni i arteries pulmonare**
Ramush Bejiqi

OP-23 **Wheezing in preschool children**
Drita Qosaj

OP-24 **Pediatric Hematology/Oncology Emergencies**
Arbana Baloku Zejnullahu

OP-25 **Clinical Manifestations of Celiac Disease in Childhood and Adolescence**
Minire Çitaku

OP-26 **Hemophilia A disease, Overview and Outstanding Challenges**
Mirela Xhafa

OP-27 **Anti-neutrophil cytoplasmic antibodies (ANCA) - associated vasculitis**
Lidvana Spahiu

OP-28 **Nutrition of children with complex congenital heart anomalies**
Arlinda Maloku

OP-29 **Efficacy and safety profile of non-steroidal anti-inflammatory drugs in infants and children: review of the scientific evidence of the last two decades**
Valon Krasniqi

11:40-13:40 **Poster session**

The Role of Immunoglobulins in the Treatment of Autoimmune Diseases in Pediatric Age	*Eris Zeka*
Clinical Profile and Outcomes of Children Treated by Interventional Procedures in Kosovo During 2022	*Blend Bejiqi*
Management of Febrile Seizures in Primary Health Care	*Merita A.Gerguri*
Imaging Diagnosis of Malignant Lymphomas	*Art Uka*

14:00 **Closing Ceremony**

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POSTER PRESENTATIONS

PP-1 **Congenital Mesoblastic Nephroma In Early Neonatal Period Which Was Differentially Diagnosed With Willm's Tumor**
Alper Divarci

PP-2 **Roli i Imunoglobulinave në Trajtimin e Sëmundjeve Autoimune te Moshat Pediatrike**
Eris Zeka

PP-3 **Management of Febrile Seizures in Primary Care**
Merita Gërguri

PP-4 **Pasqyra Klinike dhe Ecuria e Fëmijëve të Trajtuar me Procedura të Kardiologjisë Intervente në Kosovë**
Blend Bejiqi

PP-5 **Imaging Diagnosis of Malignant Lymphomas**
Art Uka

Oral Presentations

OP-1

Ebstein Anomaly With Cerebrovascular Event And Bleeding Secondary To Paradoxical Thromboembolism

Alper Divarci[1], Evrim Kiray Bas[2], Ali Bulbul[2], Halil Ibrahim Ada[2], Ebru Turkoglu Unal[2], Muhammed Karabulut[2]

[1]Tatvan State Hospital
[2]Sisli Hamidiye Etfal Training and Research Hospital

Aim: Ebstein anomaly is a rare but important congenital heart disease. Its incidence was found to be 1-5 in 200,000 patients and <1% when compared to all congenital heart diseases. In the fetal population, this rate can be seen more frequently as 3-7%.The disease is pathologically characterized by right atrial enlargement in addition to displacement and dilation of the tricuspid valve anomaly. Although infant losses are almost half in the prenatal period, the prognosis is also poor in the postnatal period.Atrial septal defect (ASD) and patent foramen ovale (PFO) can often accompany Ebstein anomaly complex, however, atrial arrhythmias are common. Atrial arrhythmias and atrial wall anomalies are together related to cerebrovascular events (CVE) and systemic thromboembolism events.In our study, we present our patient, who was incidentally diagnosed with advanced stage intracranial hemorrhage and was diagnosed with Ebstein anomaly as the etiological cause.

Case: The patient, who was followed up after normal spontaneous birth at 41+5 weeks of gestation according to the last menstrual period, was diagnosed with early neonatal sepsis upon detection of pathological weight loss (6.2%) and nutritional intolerance at the 24th postnatal hour.Since the patient had a pansystolic murmur in the tricuspid focus during postnatal examination, cardiological evaluation and echocardiographic (ECHO) imaging were planned. Upon detection of stage 3 intracranial hemorrhage in the patient's cranial ultrasonographic evaluation, coagulation, thrombophilia panel and repeated hematological parameters, which were taken as the primary consideration in the etiological evaluation, were found to be normal. Brain magnetic resonance (MR) imaging revealed subdural bleeding areas in the parieto-occipital region during the initial evaluation and venous sinus thrombosis during the control evaluation. ECHO imaging of the patient revealed Ebstein anomaly, accompanying mitral valve and tricuspid valve insufficiency, patent ductus arteriosus and wide coronary sinus. It was also observed that the patient, whose medical and surgical treatment was planned, had intermittent arrhythmia during the monitored follow-up. Our patient's hemodynamics were monitored to stabilize and was referred to the center where surgery would be performed.

Conclusion: Ebstein anomaly is a rare congenital heart disease with high perinatal mortality. Although treatment can be planned medically and surgically, the prognosis is poor and survival is low in the postnatal period. In our patient, Ebstein's anomaly was detected in the cardiac imaging planned due to the murmur, and because of the advanced intracranial hemorrhage, it was thought that cardiac malformation may play a role in its etiology.

Keywords: Ebstein anomaly, Newborn, Paradoxic thromboemboli

OP-2

An overview of retinoblastoma in Albania

Donjeta Alia (Bali)[1], Enkeleda Duka[1], Denisa Dyrmyshi[2], Rajna Kanina[2], Iren Maloku[2], Mirzana Kapllanaj[1], Mirela Xhafa[1], Eneda Balliu[3], Alketa Tandili[3], Fabian Cenko[4], Anila Godo[1]

[1]Pediatric Oncohematology Service, Department of Pediatrics, University Hospital Center "Mother Theresa", Tirana, Albania.
[2]General Pediatric Resident, Faculty of Medicine, University of Medicine
[3]Ophthalmology Department, University Hospital Center "Mother Theresa",Tirana, Albania.
[4]Epidemiologist, Public Health Specialist\ Lecturer Catholic University "Our Lady of Good Counsel", Tirana, Albania

Purpose: To give an overview of retinoblastoma in Albania. Retinoblastoma is the most frequent primary cause of intraocular malignancy and 95% of cases are diagnosed before the age of 5 years. Retinoblastoma typically presents with leukocoria (Cat's eye reflex), or strabismus, nystagmus, eye redness, proptosis. Untreated retinoblastoma is fatal, so early diagnosis and treatment will imply a more favorable prognosis of the disease.

Material and Method: This is retrospective case series study, of patients diagnosed with retinoblastoma during the period 1997 to 2022, in a single reference country center in Albania. Data were extracted from the hospital registry and follow up charts of Pediatric Oncohematology Service. There were studied epidemiologic, clinical data and the outcome.

Findings: During the 25-year study period, 22 patients were diagnosed with RB, of whom 41% were males and 59% were females. The average age at diagnosis was 21.8 months. In 59% of cases, the disease was diagnosed within the first year of life, and less than 5% were diagnosed after the age of 5 years. Overall, 18% of patients had family history of RB and 41% had bilateral RB. The time from first symptom to diagnosis was less than a month in 32% of cases, while 77% of patients were diagnosed within 4 months. The main presenting symptoms were leukocoria in 27% of cases, strabismus in 14% of cases and a combination of both in other 14% of cases. Treatment was mainly a combination of enucleation and systemic chemotherapy in 71% of cases and only enucleation in 2 cases and chemotherapy only in one case. Of the hole cohort only 59% of patients were treated in the country -Albania and the rest were treated abroad, therefore we cannot estimate accurately the overall survival.

Discussion and Conclusion: Retinoblastoma, although a disease with a low incidence, continues to have high mutilating burden and be life-threatening in countries with low and middle incomes. The delay in diagnosis and treatment is consequence of lack of awareness in between pediatrician and coordination within specialist. A very simple routine ophthalmological examination, even by a basic pediatrician, prevents major dramas.

Keywords: Retinoblastoma, Albania, pediatrician, routine ophthalmological examination, LMIC.

OP-3

Investigation Of Iron Deficiency Anemia Frequency And Affectıng Factors In 18-24 Months Old Children Applied To Healthy Child Follow-Up Clinic

Elifcan Örsler[1], Gizem Kara Elitok[1], Ali Bülbül[1], Hasan Sinan Uslu[1]

[1]Şişli Hamidiye Etfal Training and Research Hospital Pediatrics Clinic

Purpose: The first 1000 days of life -from conception to the 2nd birthday – are the most critical period; And since growth and development are rapid during this period, macro and micronutrient deficiencies can cause slowdown and retardation in functional and cognitive development. This period also includes the transition to complementary feeding, and iron deficiency can be common, especially in developing countries, due to socioeconomic reasons. We aimed to determine the frequency of iron deficiency and iron deficiency anemia in the 18-24 month period of those who apply to our polyclinic, to determine the factors effective in iron deficiency, to investigate the necessity of continuing iron prophylaxis, which is applied in the first year of life in our country, in the second year, or to investigate for whom it may be beneficial to continue.

Material and Method: In this study, which we conducted as a single-center prospective clinical research, the characteristics of the patients in the age group between 18-24 months who applied to Şişli Hamidiye Etfal Training and Research Hospital between October 2022 and June 2023, gender, age, mother's age, number of siblings, educational status of the parents, The role of factors such as the duration of breastfeeding, the starting time and amount of cow's milk, the number of siblings and age differences, the mother having iron deficiency anemia during pregnancy or in the previous period, the starting age of iron prophylaxis for the child, its dose, and duration of use, in the development of anemia were investigated.

Findings: Iron deficiency (ID) was detected in 26.5% of the 200 children participating in the study, and iron deficiency anemia was detected in 3%; Iron level was sufficient (IS) in 73.5%. When the iron deficient and iron sufficient groups were compared, no statistically significant difference was found between the groups in terms of gender, weight SD, height SD, mode of delivery, birth weight, maternal employment status, parent education level and monthly income. Maternal age in the ID group was found to be higher than in the IS group ($p = 0.046$). When nutritional history was questioned, the duration of breastfeeding was longer in the DE group; Formula milk use was found to be higher in the IS group ($p=0.01$, $p=0.01$). When nutritional history is examined; There was a statistically significant difference between the ID and IS groups in red meat consumption, formula consumption and formula milk starting times ($p=0.009$, $p=0.008$, $p=0.041$). A positive correlation was detected between weekly red meat ($r=0.148$, $p=0.043$), egg consumption ($r=0.171$, $p=0.021$) and ferritin level. It was determined that the sociodemographic characteristics of the mother did not make any difference between the groups.

Discussion and Conclusion: Iron deficiency and iron deficiency anemia are important micronutrient deficiencies in Turkey as well as all over the world. The presence of iron-rich foods in complementary feeding, the use of iron prophylaxis and routine child health monitoring are effective factors in preventing iron deficiency.

Keywords: Iron deficiency, the first 1000 days of life, iron deficiency anemia, prophylaxis

OP-4

A Rare Clinic In The Neonatal Period: Spontaneous Subcutaneous Emphysema with Pneumomediastinum

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Aim: Subcutaneous emphysema (SE) refers to a type of air leak when gas or air accumulates and seeps under the subcutaneous layer of the skin. Generally, air comes from the chest cavity so emphysema is seen around the upper torso, such as on the face, neck, chest and arms, where it can travel with little resistance along the loose connective tissue within the superficial fascia. In most cases, the air leak manifests as visible distension or bloating in the chest, abdomen, neck, or face. The most common notable finding is crepitus, a characteristic sound and sensation of crackling upon palpation of the affected areas. SE has a variety of etiologies and can occur spontaneously, often as a sequela of infections, trauma, mechanical ventilation, or as complications from surgical/procedural interventions such as chest tube insertions. In hospitalized patients, pneumothorax or pneumomediastinum can accompany. Imaging such as chest X-ray and chest computed tomography (CT) scans can aid in diagnosis. Despite SE is well-documented in the adult population with signs and management clearly defined, it is a rarely documented occurrence in the neonatal population.

Case: We describe two identical cases of severe sponetane subcutaneous emphysema and pneumomediastinum. Both of our cases were full-term babies, weighing over 3000 g, born vaginally without instrumentation. The babies were reported to have a difficult birth and were admitted to the neonatal intensive care unit for observation due to postnatal tachypnea. There was no trauma reported for the babies. In both babies, swelling that started rapidly in the face and neck and spread to the shoulders and accompanying tachypnea findings were detected after hospitalization. In the simultaneous physical examinations, signs of crepitation were evident upon palpation. It was also observed that desaturation and respiratory distress developed in the patients. These patients, who were detected to have pneumomediastinum and widespread subcutaneous emphysema on chest X-RAY imaging, were admitted to level 3 intensive care for treatment. We discharged the patients after a conservative treatment plan consisting mainly of respiratory support.

Conclusion: SE in neonates is a rare complication, most frequently occurring secondary to pneumothorax or pneumomediastinum. The incidence of pneumothorax in neonates is found to be 1% in term neonates and 6-10% in preterm neonates. A pneumomediastinum is, like the word itself suggests, air trapped in the mediastinal area and was similarly found to have a 2.3% incidence in term neonates, 2% in preterm neonates, and 1% in neonates born via cesarean section. Spontaneous pneumothorax can result in SE via the Macklin effect where alveolar rupture is followed by air leaking into the loose connective tissue that surrounds the pulmonary vasculature. Management of SE starts with the treatment of the underlying cause, which generally leads to gradual resolution. For mild cases, observation is indicated, as it is typically self-limiting and resolves in 10 days or less if the cause is treated. In more severe cases, high-concentration oxygen (high FiO2) is generally recommended. Oxygen replaces nitrogen in the pneumothorax and allows for gaseous diffusion and resolution of the pneumothorax and SE.

Keywords: Subcutaneus emphysema, Newborn, Pneumomediastinum

OP-5

Hemophilia In Kosovo, Our Treatment Experience With Emicizumab

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Purpose: Introduction: Hemophilia is a hereditary bleeding disorder in which there is a lack of factor VIII (Hemophilia A) or factor IX (Hemophilia B). Hemophilia A and B are recessive disorders linked to the X chromosome Hemophilia usually affects men and is transmitted by women 30% of hemophilia cases are new mutations Purpose: Presentation of patients with Hemophilia A who have been on prophylactic treatment with factor VIII who, despite prophylactic therapy, have had complications, comparison of the response of therapy with bispecific antibodies Emcizumab that has begun to be applied in the Hemato-Oncology Department at the Pediatric Clinic

Material and Method: In the Pediatric clinic, more than 16 children with Hemophilia A were tested and based on the results of factor VIII activity that were below 1%, children with factor VIII activity lower than 1% were selected, resulting in a total of 10 patients.

Findings: The diagnosis of the patient is based on the anamnesis, clinical examination, laboratory analyses, Coagulogram (factor VIII activity in the serum), radiological images.The selection of patients for treatment with the new therapy with bispecific antibodies was done in a council by a pediatric hematologist, orthopedist, physiatrist. Four patients with hemophilic arthropathy, contractures, and neurological damage were selected After giving the indications, we started the treatment protocol of four pediatric patients with Hemophilia A with Emicizumab amp given subcutaneously. The treatment was performed under the guidance of doctors in the Hemato-Oncology Department.The monitoring of the disease, the continuation of the therapy, the laboratory analyses, and the follow-up of side effects are done by the doctors in our ward and the follow-up staff of the Institutions of the University Clinical Center of Kosovo.

Discussion and Conclusion: The treatment with bispecific antibodies Emicizumab - Hemlibra of our selected patients has resulted in obvious improvements in the reduction of arthropathies and removal of contractures, significantly improving the quality of life of pediatric patients with Hemophylia A.

Keywords: HA, Emicizumab

OP-6

Clinical Follow Up of The Children And Adolescents With Central Hypothyroidism

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Purpose: Central hypothyroidism (CH) is a deficiency of thyroid hormones due to pituitary or hypothalamic causes. In our country, since the newborn screening program for congenital hypothyroidism is implemented based on TSH, the diagnosis of CH may often be missed or delayed in patients without prior known pituitary involvement. There are very few studies in the literature on patients with CH. This study aims to guide clinicians for time of diagnosis, and follow-up features, and difficulties in diagnosis and management of patients diagnosed with CH.

Material and Method: 590 patients applied to pediatric outpatient clinic with any complaints, and low fT4 and nonelevated TSH between 2020-2023 were enrolled in the study. All patients had at least two serum fT4, TSH values at least 1-month apart. Low fT4 determined if serum fT4 below reference range, nonelevated TSH determined if TSH below 10 mU/L. Patients whose thyroid function tests did not improve during follow-up were considered to have CH. All of them underwent low-dose ACTH stimulation test and pituitary MRI.

Findings: Sixty eight patients (30 females, 28 males) of 590 had CH. Median age was 11.6 years (1-17). 47% of patients had no symptoms related hypothyroidism. Fatigue (17%), weight gain (16%), hair loss (9%), learning difficulties (9%), and cold intolerance (2%) were detected. Weight and height SDS were -0.2±1.7 and -1±1.3. 58 patients underwent low-dose ACTH stimulation test, because morning cortisol was below 15 µg/dL. 30% of the patients were diagnosed with adrenal insufficiency and hydrocortisone treatment was started. Four patients had panhypopituitarism. MRI findings showed: four patients had pituitary hypoplasia, three patients had microadenomas, two patients had prolactin-secreting macroadenoma, one patient had craniopharengeoma, and one patient had low grade hypothalamic gliom.

Discussion and Conclusion: Patients with CH might have adrenal insufficiency, so before levothyroxine therapy adrenal insufficiency must be excluded. All patients with CH should have pituitary imaging.

Keywords: central hypothyroidism, adrenal insufficiency, pituitary, ACTH stimulation test

OP-7

Improvement of the knowledge and skills of the staff health and the impact in morbidity and mortality rate of preterm infants

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Purpose: The aim of this study is to evaluate the impact of improvement the knowledge and the skills of the health staff in preventing neonatal mortality.

Material and Method: In our country, there are only two tertiary level centers-NICU, eleven regional maternity hospitals that offer secondary level health services and municipal maternity hospitals that offer first-level health services. This is a retrospective study, was conducted at UHOG "Koço Gliozheni" in Tirana and analyzed data in two time periods January 1-December 31, 2019 and January 1-December 31, 2023. This maternity hospital has 16 level III NICU beds. In this maternity hospital, inborn babies, babies transferred from regional maternity hospitals and babies transferred from private maternity hospitals are treated. But in this study we include only inborn babies. Preterm birth is defined as a live birth with gestational age of <37 weeks and in many studies the data are analyzed according to age groups, but in our study we will divide them based on their weight groups (500÷1000g / 1001÷1500g / 1501÷2000g / 2001÷2500g / >2500gr) in order to stay confident to the classification of the Statistics Department of our maternity. All neonatal deaths during this period, from birth to 28 days (or more), ≥ 500g were included, but in detail we will study the mortality in preterm infants with a low birth weight (<2500g).

Findings: About 7538 babies were analyzed in total, of which 3916 babies born in 2019 and 3622 babies born in 2023. Premature babies, with a gestational age of 22 ÷ <37 weeks have been in total 768 infants or 10.1% (respectively to each year: 411 infants or 10.4%; 357 infants or 9.8%). Despite there being a tendency for a decrease in the total number of births, the birth rates of the premature babies are roughly in the same percentages, but what is noticed is that there is an increase in the number of babies born with fetal hypotrophy (respectively to each year: 92 infants or 2.3%; 106 infants or 2.9%). From the comparison of the data of the two years, 2019 when interventions began and 2023, significant positive changes were observed in the reduction of infant mortality according to the subgroups included in the study, we see that we have improved mortality in the first group (98.5% versus 81%) but in this group root interventions must be made, and very significant changes in mortality in the other groups, respectively the second group (40.4% versus 12.5%), in the third group (7.8% versus 3.4%) and in the fourth group (5.8% versus 0 death)[p<0.001]. As we can see from the results, there is a statistically significant difference for these groups: 1001÷1500g / 1501÷2000g / 2001÷2500g. This is a study that was carried out in a tertiary center in our country and we will have to analyze and present the results from the whole country in another future activity.

Discussion and Conclusion: These results suggest that, to decrease neonatal mortality, improved staff education and perinatal care quality is crucial.

Keywords: NICU, neonates, mortality, perinatal care

OP-8

A Rare Cause of Neonatal Epilepsy: KCNQ-2 Gene Mutation

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Aim: Neonatal seizures pose diagnostic and therapeutic challenges, often stemming from various underlying causes, including genetic disorders. This paper presents a case study of a male neonate with generalized tonic seizures attributed to a KCNQ2 gene mutation, leading to KCNQ2 developmental and epileptic encephalopathy (KCNQ2-DEE).

Case: A 3780 g male baby was born at 41 5/7 weeks of gestation to a 29-year-old, gravida 1, para 0, woman by a prolonged vaginally delivery. The emergency prenatal ultrasound that was performed before caesarean section demonstrated polyhydramnios. Family history was negative for consanguinity and genetic disorders. Weight, height, and head circumference were normal. The baby was admitted to the NICU and respiratory support due to transient tachypnea of the newborn was done. A few hours after admission he had generalized tonic seizure activity and intermittent cyanosis. Levetiracetam and midazolam infusion was started and laboratory tests (serum electrolytes, glucose level, ammonia, blood gas and urine examination) were performed. However, there was no decrease in the frequency of seizures, his seizures evolved into more severe episodes, leading to adjustments in medication and initiation of additional therapies. Biochemical and metabolic screening was unremarkable. The burst suppression periods, and multifocal active epileptic discharge were seen on the conventional EEG. Genetic testing revealed a mutation in the KCNQ-2 gene. After 54 days of hospitalization and gradual improvement, he was discharged on phenobarbital, Levetiracetam, and carbamazepine therapy under the follow-up of a pediatric neurology specialist.

Conclusion: Despite multiple interventions, seizure control was elusive until genetic testing revealed the KCNQ2 mutation. This case highlights the importance of genetic evaluation in refractory neonatal epilepsy and discusses potential treatment strategies, including sodium channel blockers and adjunctive vitamin B6 therapy. The findings underscore the significance of genetic testing in guiding management decisions for neonates with seizures of unknown etiology.

Keywords: Neonatal, Epilepsy, Gene Mutation

OP-9

CBD efficiency in resistant epilepsy and epileptic syndromes

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Purpose: Epilepsy, defined as recurrent unprovoked seizures, occurs in 1–2% of the pediatric population. Up to 40% of children with epilepsy will not achieve seizure freedom with antiepileptic drugs (AEDs) Cannabis-based treatments for epilepsy have generated much interest, and clinical use of cannabis based products in the treatment of epilepsy is one of most scientifically researched.To describe the experiences and perceptions of the effects of KANOBIL® EPI as additional treatment in refractory epilepsy in 20 children.

Material and Method: A prospective observation describing the effect of KANOBIL® EPI as additional treatment in 20 outpatient children (age range 3–11 years) with intractable epilepsy resistant to >2 antiepileptic drugs and signed informed consent from the parent/responsible person in period July 2017-May 2018. KANOBIL® EPI, oil solution for oral use (oil extract from cannabis for medical use), containing 15 mg CBD and 1 mg THC/ 1 ml was used as additional treatment for period of six weeks with titration scheme of gradually dosing in accordance with Patient information leaflet. Observation was conducted by following: efficacy of the treatment as measured by number and frequency of seizures and tolerability as measured by frequency of appearance and strength of undesirable effects. Efficacy and tolerability were assessed by parental diary report.

Findings: Effects of treatment with KANOBIL® EPI were assessed in 18 children, due to lack of feedback information from parental diary. Treatment with KANOBIL® EPI, generally, yielded positive effect on seizure load. One patient was seizure free. Reduction in seizure frequency ranging (50-80%) was reported for five (~29%) patients, intermittent reduction of seizure frequency was reported for four children (~24%) and for three children (~18%) insignificant change in seizure frequency was reported. Five (~29%) patients withdraw the treatment: two due to no adherence to treatment, one due to operation procedure and in two patient aggravations of seizures were reported.For 12 patients with different range of seizure reduction, all parents reported improvement in behavior and alertness, communication and mood, appetite and sleep. No adverse reactions were reported.

Discussion and Conclusion: The results of this observation on KANOBIL EPI® treatment for intractable epilepsy in children are promising and further prospective trials with larger and more homogenous group of patients are warranted.Limitation to the observation: small group of patient, heterogeneous basic diagnosis and symptoms, adherence to treatment, results reported as perceived by parents

Keywords: refractory epilepsy, Cannabidiol, CBD

OP-10

Evaluation Of Serological Tests After Vaccination And Immunoglobulin Administration Of Infants Born To Hepatitis-B Surface Antigen Positive Mothers

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Purpose: To evaluate the long-term effectiveness of vaccination and immunoglobulin administered to infants born to HBsAg positive mothers.

Material and Method: The files of all infants born in our hospital in a ten-year period (between January 2013 and January 2023) were retrospectively scanned. Infants born to mothers with positive HBsAg antigen were accepted into the study. Recombinant hepatitis B Immunoglobulin (HBIG) and recombinant hepatitis B vaccine were administered intramuscularly to all infants within the first 24 hours. Vaccination and immunoglobulin administration were performed according to the national vaccination calendar. (Three doses at 0, 1, and 6 months for term infants and 4th dose at 0, 1, 2, and 7 months for infants with birth weight <2000 gr). Serum HBsAg and anti-HBs were tested in all infants between 9 and 12 months. Demographic characteristics of mothers and infants (mother's age, gestational age, mother's anti-HBeAg and HBV DNA titers at birth, birth weight of infants, percentile values according to birth weight, HBsAg and anti-HBs status and titers of infants when they were 9 and 12 months old were recorded on the study form.

Findings: During the study period, a total of 246 mothers were found to have positive HBsAg values. The average age of mothers who were found to have positive HBsAg was 28.7 ± 5.4 years and the delivery method was cesarean section in 57.3%. HBV DNA was positive in 45 (18.2%) of the mothers, HBeAg was positive in 29 (11.7%) and anti-HBe was positive in 76 (30.8%). While 50.4% of the infants were female, gestational age was 37.1±2.3 weeks, birth weight was 3170±584 grams and 14 were LGA. It was determined. The results of 198 of the vaccinated babies were obtained. Anti-HBs was positive in 178 of these babies (89.8%), anti-HBs titer was 98.7±84.6 IU/L on average, HBsAg was positive in 5 babies, and HBV DNA was positive in 3 babies. In all babies with HBsAg and HBV DNA positivity, the mothers had HBeAg positivity.

Discussion and Conclusion: HBV vaccination and HBIG for babies of HBsAg positive mothers provides a high rate of immunity against perinatal HBV transmission. It was determined that the babies of pregnant women with HBeAg and HBV DNA positivity are at higher risk for transmission. Since the vaccine responses of these babies are inadequate, close follow-up and counseling would be appropriate.

Keywords: HBsAg positive mothers, HBV vaccination, HBIG, HBV transmission, Vaccine responses

OP-11

Early Term Mortality and Morbidity Outcomes in Very Low Birth Weight Preterm Neonates

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Purpose: The aim of this study was to determine the frequency of prenatal, natal, and postnatal risk factors, as well as to evaluate mortality and severe morbidity rates among neonates born at less than 36 weeks of gestation and weighing under 1500 grams who were admitted to the Neonatal Intensive Care Unit of Şişli Hamidiye Etfal Training and Research Hospital over a ten-year period.

Material and Method: The study included a total of 359 very low birth weight neonates who met the inclusion criteria and had accessible data from the 502 admissions to our neonatal clinic between January 1, 2012, and December 31, 2021. Patient records were retrospectively reviewed. Datas on demographic and clinical characteristics, risk factors, and mortality and major morbidity were collected. Statistical analyses were performed using the Mann Whitney U test, Chi-Square Analysis, and Bonferroni multiple comparison test, with a significance level set at $p \leq 0.05$.

Findings: In the study, the average birth weight of the neonates was found to be 1094±329 g, and the average gestational age was 28.8±3.2 weeks. Among the neonates 51.5% were female. The cesarean section rate was 80.8%, the rate of small for gestational age (SGA) was 20%, and the incidence of full cure antenatal steroid treatment was 32.3%. The average maternal age was 29.1±6.3 years, and the multiple pregnancy rate was 18.9%. The rate of maternal conditions included preeclampsia at 20.1%, premature rupture of membranes at 10.3%, gestational diabetes at 6.4%, and chorioamnionitis at 5.3%.It was determined that 58.8% of the babies required resuscitation, and 95% required respiratory support. The average length of hospital stay was 48.8±39.7 days. Among the neonates, 87.7% had respiratory distress syndrome (RDS), 62.4% required surfactant for RDS, 28.4% developed bronchopulmonary dysplasia (BPD), 13.4% required treatment for patent ductus arteriosus (PDA), 23.1% had proven sepsis, 13% developed necrotizing enterocolitis (stages 2-3), 13.9% had grade IV intraventricular hemorrhage (IVH), and 4.8% had retinopathy of prematurity (ROP) (stages 3-4).The mortality rate among the neonates was found to be 23.4%, with 88.1% of these neonates lost before 30 days of life. The study revealed that as birth weight and gestational age decreased, the rates of RDS, BPD, treatment-requiring PDA, sepsis, necrotizing enterocolitis, IVH, ROP, and mortality increased.

Discussion and Conclusion: This study demonstrates that low birth weight and gestational age cause significantly to mortality and severe morbidity. Improving healthcare from the perinatal period, along with early and appropriate interventions during the natal and postnatal periods, may enhance survival rates and prevent early complications in neonates with certain risk factors for preterm birth. While the data from our study were similar to national statistics, morbidity and mortality rates were found to be higher compared to those in developed countries. This highlights the need for increased research and implementation of antenatal steroid administration.

Keywords: Preterm birth, very low birth weight neonates, mortality, morbidity, prematurity

OP-12

The Evaluation of Electrocardiographic Variations in Newborns in the Early Postnatal Period

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Purpose: There are few studies of electrocardiogram (ECG) data in the neonatal period. The aim of this study is to evaluate ECG variations in neonates during the early postnatal period.

Material and Method: ECG samples taken during the first hour of life from newborns born at our hospital were analysed in this prospective observational study. Demographic data and possible ECG changes were studied. The results were statistically analysed.

Findings: There were 260 cases during the study period. Of these, 50% were male (n=130), the mean gestational age was 38.1±1.4 weeks and the mean birth weight was 3.2±1.4 kg. In the ECGs obtained, low atrial rhythm was detected in 0.3% of cases (n=1). Right axis deviation was observed in 1.5% of cases (n=4) and left axis deviation in 1.2% of cases (n=3). An abnormal P-axis was found in one case and an abnormal QRS-T angle in another. According to the normogram of Davignon and colleagues, T-wave changes were significantly higher in lead V1 (p=0.02). No statistically significant differences were observed in other parameters.

Discussion and Conclusion: Different ECG changes can be observed in the early neonatal period. Further studies are needed to clarify the interpretation of the ECG findings.

Keywords: electrocardiogram, newborn

OP-13

Cerbrovascular insults in related to covid 19

Petrit Gjaka[1]

[1]Qkuk

Purpose: Topic: Cerebrovascular Insults in Children Related to COVID-19Author: Dr. Petrit Gjaka – UCCK, Pediatric Clinic – PristinaCoronavirus disease 2019 (COVID-19) has now spread worldwide following an outbreak in China at the end of 2019. Like other coronaviruses, SARS-CoV-2 primarily targets the respiratory system, typically causing severe pneumonia. However, aside from the lungs, many cases have been reported where other organs, such as the heart, kidneys, and brain are also affected. Research has shown that the pathogenesis of neurovascular disease due to SARS-CoV-2 is based on a multifactorial process involving direct primary infection with a following inflammatory response that affects the endothelium of blood vessels, causing vasculitis, intravascular coagulation, and thromboembolism, leading to secondary ischemia or hemorrhage. Severe forms of COVID-19 are rarer in children, and the long-term consequences of the disease and its effect on increasing the tendency toward thrombosis or the development of autoimmune diseases remain unclear.

Material and Method: In our research at the Pediatric Clinic, we observed that since 2020, there has been a significant increase in pediatric cases compared to the period before 2020, diagnosed and treated for cerebrovascular disease, especially ischemic strokes. A common factor among these cases was a current or previous COVID-19 infection, confirmed through the COVID-19 antigen/polymerase chain reaction (PCR) test or antibody testing.Additional microbiological, serological and imaging examinations were also conducted in these cases to rule out other causes. for COVID-19.

Findings: In our research at the Pediatric Clinic, we observed that since 2020, there has been a significant increase in pediatric cases compared to the period before 2020,

Discussion and Conclusion: In our research at the Pediatric Clinic, we observed that since 2020, there has been a significant increase in pediatric cases compared to the period before 2020,

Keywords: Insults

OP-14

Pediatric myocarditis: the diagnostic, clinical, and therapeutic approach

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Purpose: The purpose of this study is to highlight the complexities of diagnosing and managing pediatric myocarditis, an inflammatory condition of the heart muscle that can present with a range of symptoms from mild to life-threatening.

Material and Method: The diagnostic approach for pediatric myocarditis includes clinical evaluation, laboratory tests, electrocardiography (ECG), echocardiography, and advanced imaging techniques such as cardiac magnetic resonance imaging (MRI). Endomyocardial biopsy, while the gold standard, is reserved for uncertain diagnoses or cases of rapid clinical deterioration.

Findings: Management strategies vary based on disease severity. Mild cases may require only supportive care, while severe cases may need immunomodulatory therapies, antiviral treatments, or mechanical support for respiration and circulation. Individualized treatment plans focus on reducing inflammation, managing heart failure, and preventing long-term complications like dilated cardiomyopathy.

Discussion and Conclusion: The study emphasizes the challenges in early diagnosis due to nonspecific clinical presentations that can mimic other conditions. It also underscores the importance of a multidisciplinary approach in managing pediatric myocarditis to improve patient outcomes.Early diagnosis and prompt intervention are crucial for effective management of pediatric myocarditis. A coordinated, multidisciplinary strategy is essential to enhance prognosis and minimize the risk of long-term complications.

Keywords: Myocarditis, Pediatric, Diagnosis, Management, Long-term complications

OP-15

Challenges In Treating Children With Acute Lymphoblastic Leukemia

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Aim: Acute Lymphoblastic Leucemia (ALL) is a cancer of the lymphoid line of blood cells characterized by the development of large numbers of immature lymphocytes. Symptoms may include feeling tired, pale skin color, fever, easy bleeding or bruising, enlarged lymph nodes or bone pain. As an acute leukemia, ALL progresses rapidly and is typically fatal within weeks or months if left untreated.

Case: The Purpose of the Presentation: The presentation of one of the many cases we have with leucemia treatment in our repart. The case was very challenging because of the huge infiltration on organs with enormous levels of Leucocytes. Material and Methods: Presentation of a 16 year old male, Weight-77kg, Height-176cm, S-2m² and WBC levels 165.000…, Hg-96.0g/L…, Plt-45., LDH-4639U/L.., Tot bil 100mmol/L…, AST-585U/L.., ALT350U/L…, CRP-61mg/L, hepatosplenomegaly, lymphadenopathy. Result: Dg was placed in microscopic view of the peripheral blood smear, bonmero blood smear and definitive diagnosis with Flow Cytometry that is done in our department like ALL T-cell high risk. Therapy was given based on the protocol - AIEOP BFM-ALL 2009

Conclusion: Conclusion: Even though it was one of the most dangerous and challenging cases we have treated, we managed to successfully put him in remission and he's now in the last weeks and phases of treatment.

Keywords: Leucemia, Acute Lymphoblastic Leucemia, Treatment Challenges

OP-16

Autizmi dhe Epilepsia

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Purpose: This study aims to examine the neurobiological links between autism and epilepsy, identifying predisposing factors and shared pathophysiological mechanisms. Another objective is to assess the impact of epilepsy on the development and behavior of individuals with ASD and to review the best diagnostic and therapeutic approaches.

Material and Method: This paper is based on a systematic review of existing literature, including scientific articles, populationbased studies, and clinical analyses published in the last five years. Studies involving patients with ASD and epilepsy were reviewed to analyze prevalence, clinical manifestations, and the effects of antiepileptic medications on cognitive and behavioral development.

Findings: The review indicates a high prevalence of epilepsy in individuals with ASD. Neurobiological mechanisms include changes in synaptic connectivity and imbalances in the excitatory/inhibitory system. Studies suggest that the treatment of epilepsy in these individuals often affects neurocognitive development and requires a cautious approach to minimize the negative impacts of antiepileptic therapy.

Discussion and Conclusion: Discussion:The findings of the included studies suggest that the treatment of patients with ASD and epilepsy should be based on an individualized and interdisciplinary approach, taking into account the coexistence of these two disorders. The use of antiepileptic medications requires a delicate balance between seizure control and the preservation of cognitive and behavioral development. Early diagnosis and interdisciplinary treatment are essential to improving the quality of life of these patients.Conclusions:The coexistence of autism and epilepsy presents a complex clinical challenge that requires personalized and multidisciplinary treatment. A deeper understanding of shared neurobiological mechanisms and their interactions can help improve clinical outcomes and develop better therapeutic strategies. Early interventions remain key to improving long-term prognosis.

Keywords: Autism, epilepsy, antiepileptics

OP-17

Demographic characteristics of SMA pediatric patients in Kosova

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Purpose: To analyze demographic characteristics of pediatric patients with SMA in Kosova

Material and Method: Medical records were retrospectively analyzed

Findings: More than half of the patients had the most severe type 1 SMA.

Discussion and Conclusion: The results revealed the urgent need for modifying disease treatment options

Keywords: Sma, treatment, Sma

OP-18

Challenges in Diagnosis – Connective Tissue Disease

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Purpose: To present our cases from the Rheumatology Department at the Pediatric Clinic during the period from 2023 to November 2024.

Material and Method: The study was conducted at the Pediatric Clinic in the Rheumatology Department using patient history (anamnesis), clinical examinations, laboratory results, and imaging findings.

Findings: During this period, we have had 4 cases of CTD: 1.One patient with juvenile chronic arthritis, Morbus Behçet, and asthma. 2.Another patient diagnosed with Morbus Behçet, systemic lupus erythematosus, and lupus dermatitis. 3.A third case of Morbus Behçet and psoriasis. 4.The fourth case involves juvenile chronic arthritis and Sjögren's syndrome.

Discussion and Conclusion: Careful attention is required in diagnosing and treating patients with CTD, as early recognition and management are essential to prevent further complications and improve patient outcomes.

Keywords: CTD, pain.

OP-19

A Case Report: Hypophosphatemic Rickets -Orthopedic and Pediatric Nephrologist joint management

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Aim: Introduction: Hypophosphatemic rickets (HR) is a rare genetic disorder marked by renal phosphate wasting, leading to defective bone mineralization and rickets. This case report highlights the diagnostic journey and management of HR in a pediatric patient, emphasizing clinical presentation, diagnostic challenges, and treatment outcomes.

Case: Case Presentation: A 2year and half-old female presented with growth retardation, bone pain, and progressive bowing of the legs. Initial laboratory evaluations revealed hypophosphatemia, elevated alkaline phosphatase, and inappropriately normal 1,25-dihydroxyvitamin D levels and high urine phosphate. Radiographs confirmed rickets. Genetic testing for PHEX gene mutation confirmed the diagnosis X-linked hypophosphatemia (XLH).Management and Outcome: The patient was initially treated with oral phosphate supplements and active vitamin D analogs (calcitriol). While this regimen improve biochemical parameters, growth velocity, reduce bone pain, and correct limb deformities supported by orthopedic devices.Discussion: This case underscores the importance of early recognition and appropriate management of HR. While conventional treatments can stabilize phosphate levels, they might carry significant side effects, so should be followed carefully. Burosumab has emerged as a novel therapy that effectively normalizes phosphate metabolism and improves clinical outcomes, presenting a favorable safety profile.

Conclusion: Conclusion: HR requires a high index of suspicion for diagnosis. Genetic testing is pivotal for confirmation. Long-term treatment and follow-up of this patients are still recommended.

Keywords: XLH, Rickets, Renal genetic disease

OP-20

Updates In Management Of Chronic Idiopathic Thrombocytopenia

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Aim: The purpose of the paper: It was the presentation of cases with chronic idiopathic thrombocytopenia and treatment with Eltrombopag Tablets as a new method in the treatment of children in the Pediatric Clinic.

Case: CASE 1History/examination- In August 2024, a 7-year-old girl was brought to our clinic with complaints of bruising for 3-4 weeks, small red dots on the face for 3-4 days, and an episode of epistaxis 2 weeks ago. The girl has also had a decrease in the number of platelets. Initial physical examination revealed scattered ecchymosis on the upper and lower extremities, with greater ecchymosis on the lower back, anterior hip, and right leg; Patches of 1-2 mm in size were observed scattered over her face. Her spleen, liver and lymph nodes appeared normal. Laboratory results showed that the patient had a normal white blood cell count at diagnosis (8,310/µL; range, 4000-10000/µL), with a difference from normal values, severe thrombocytopenia (platelets, 11× 109/L), mild anemia (hemoglobin, 9.3 g/dL) ITP was diagnosed based on the patient's clinical presentation. Treatment with Eltrombopag 50 mg/day was initiated in August 2024. After 3 weeks, the patient showed a response, with her platelet count increasing to 52 × 109/L. Because the treatment was well tolerated, the response could be maintained with continuous exposure to eltrombopag. After 2 weeks, platelet values increased to 58 x 109/L.CASE 2History/examination - On August 6, 2024, a 16-year-old boy with bruises and hematomas all over his body was notified. This patient also had frequent hospitalizations and was treated with corticosteroids, immunoglobulins and during severe bleeding episodes with concentrated platelets, but without any long-term results. The spleen, liver and lymph nodes were normal. Laboratory results showed that the patient had a normal white blood cell count at diagnosis (8,310/µL; range, 4000-10000/µL), with a difference from normal values, severe thrombocytopenia (platelets, 11× 109/L), mild anemia (hemoglobin, 9.3 g/dL). ITP was diagnosed based on the patient's clinical presentation. Treatment with Eltrombopag 50 mg/day was initiated in August 2024. After 3 weeks, the patient showed a response, with her platelet count increasing to 52 × 109/L. Because the treatment was well tolerated, the response could be maintained with continuous exposure to eltrombopag.CASE 3History/examination - In July 2025, the girl patient I.K. aged 4 years with petechial changes on the skin of different parts of the body. This patient has been hospitalized several times. He was also in Turkey on 20/02/2024 for a secondary opinion and I.V.ig was prescribed, after a while the doctor also prescribed Eltrombopag 50 mg tablets. We continued the therapy which was indicated. Laboratory results showed that the patient had a normal white blood cell count at diagnosis (14,310/µL; reference value, 4000-10000/µL), with a difference from normal values, severe thrombocytopenia (platelets, 34× 109/L) , (hemoglobin , 14.7 g/dL)

Conclusion: Treatment with Eltrombopag tablets showed very good results in the treatment of chronic idiopathic thrombocytopenia despite receiving alternative therapy.

Keywords: ITP, treatment, Eltrombopag.

OP-21

Newborn Screening Program - Kosova

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Purpose: The purpose of drafting the Screening Program is to detect cases/diseases as early as possible, to prevent mortality, morbidity and permanent disability of the child through timely treatment.

Material and Method: The drafting of the neonatal screening program is a priority of the Ministry of Health based on the Strategy for the mother's health, child and reproductive health. Action Plan 2023-2025The Working Group reviewed materials and data on neonatal screening of many countries and used their experiences in this process.The plan clearly defines the activities for the realization of the screening process, coordination as well as the roles and responsibilities of all parties involved in this process.

Findings: The neonatal screening Program and Action Plan activities that will be carried out by professionals at the three levels of health care where births take place (maternities, general hospitals, KOGJ, private institutions) are supported by the Ministry of Health, respectively SHSKUK. The implementation of the financial activities of this plan will be monitored and reported on a regular basis.The leading institution for monitoring the implementation of the action plan is the Ministry of Health.

Discussion and Conclusion: The reporting will be periodic, with the time of implementation of the activities, eventual challenges and recommendations for changes, which will enable them to be addressed in a timely manner.

Keywords: Screening Program, neonatal screening

OP-22

Tetralogjia Fallot - nga forma pink deri te atrezioni i arteries pulmonare

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Purpose: Qëllimi i punimit është prezantimi i formave të ndryshme të Tetralogjisë Fallot duke filluar nga ato ku cianoza fare nuk është prezente deri te format me stenozë kritike apo atrezion të aretries pulmonare (AP).

Material and Method: Bazur në të dhenat e publikuara që nga përshkrimi i parë i TOF nga Fallot deri të publikimet e fundit, kemi prezantuar format e ndryshme të TOF në aspektin e ndryshimeve morfologjike të pjesës dalëse të ventrikulit të djathtë deri te ndryshimet hemodinamike të cilat kjo stenozë i shkakton. Kjo ka rëndësi të madhe te fëmija kardiopat pasi që shkalla e stenozës përcakton manifestimin klinik, kohën kur do të fillojnë shenjat klinike të cianozës qendrore, kohën kur duhet të bëhët korrigjimi kardiokirurgjik dhe prognozën afatgjate të korrigjimit kardiokirurgjik. Në aspketin afatgjatë postoperativ shkalla e stenozës të OTRV përcakton shkallën e dëmtimit të shëndetit të fëmijës dhe nevojen për riiintervenim kardiologjik në moshën adoleshnte.

Findings: Bazur në të dhenat e publikuara që nga përshkrimi i parë i TOF nga Fallot deri të publikimet e fundit, kemi prezantuar format e ndryshme të TOF në aspektin e ndryshimeve morfologjike të pjesës dalëse të ventrikulit të djathtë deri te ndryshimet hemodinamike të cilat kjo stenozë i shkakton. Kjo ka rëndësi të madhe te fëmija kardiopat pasi që shkalla e stenozës përcakton manifestimin klinik, kohën kur do të fillojnë shenjat klinike të cianozës qendrore, kohën kur duhet të bëhët korrigjimi kardiokirurgjik dhe prognozën afatgjate të korrigjimit kardiokirurgjik. Në aspketin afatgjatë postoperativ shkalla e stenozës të OTRV përcakton shkallën e dëmtimit të shëndetit të fëmijës dhe nevojen për riiintervenim kardiologjik në moshën adoleshnte.

Discussion and Conclusion: Bazur në të dhenat e publikuara që nga përshkrimi i parë i TOF nga Fallot deri të publikimet e fundit, kemi prezantuar format e ndryshme të TOF në aspektin e ndryshimeve morfologjike të pjesës dalëse të ventrikulit të djathtë deri te ndryshimet hemodinamike të cilat kjo stenozë i shkakton. Kjo ka rëndësi të madhe te fëmija kardiopat pasi që shkalla e stenozës përcakton manifestimin klinik, kohën kur do të fillojnë shenjat klinike të cianozës qendrore, kohën kur duhet të bëhët korrigjimi kardiokirurgjik dhe prognozën afatgjate të korrigjimit kardiokirurgjik. Në aspketin afatgjatë postoperativ shkalla e stenozës të OTRV përcakton shkallën e dëmtimit të shëndetit të fëmijës dhe nevojen për riiintervenim kardiologjik në moshën adoleshnte.

Keywords: tetralogjia Fallot, cianoza qendrore, korrigjimi kardiokirurgjik, keqformimet e lindura të zemrës

OP-23

Wheezing in preschool children

Drita Qosaj[1]

[1]Akustika

Purpose: The aim: presenting the factors that affect wheezing in preschool children, its duration, clinical phenotypes depending on immunopathological changes

Material and Method: Method: we conducted electronic research in MEDLINE, selection criteria were study with risk factors in wheezing preschool children

Findings: While in school children (6–16 years old) the key factors of asthma are allergic sensitization and type 2 immunological response to environmental factors, relatively little is known about immunopathology in preschool children. The development of clinical features suggests pathological mechanisms that distinguish it from school-aged asthma. Half of the children improve and do not develop allergic asthma at school age. We have 2 phenotypes of preschool wheezing depending on the presence or absence of allergic sensitization. Children with allergic sensitization are characterized by eosinophilia in the bronchial mucosa and tissues, while children without allergic sensitization are characterized by neutrophilic dominance. Genetic factors, prematurity, mode of birth, nutrition, environmental factors, viral and bacterial infections affect preschool wheezing

Discussion and Conclusion: Conclusion: Recurrent wheezing in preschool age is associated with early loss of lung function and has an impact on lung function later in life. Factors affecting intrauterine age as well as in the postnatal period will influence wheezing onset and duration.

Keywords: Kwheezing, preschool, asthma, risk factors

OP-24

Pediatric Hematology/Oncology Emergencies

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Purpose: Introduction: Survival of children with cancer has increased significantly over the years. This progress is not only because of advances in oncology therapies, but also to improvement of supportive care and ability to manage life-threatening complications. Often, oncological emergencies occur as an initial manifestation of cancer. It can also occur as a side effect of chemotherapy, or at the time of relapse or progression of the disease. Depending on the etiology, emergencies are divided into: Metabolic, cardiothoracic, abdominal, renal, neurological, endocrinological, treatment-related emergencies.The purpose of the paper: presentation of the most frequent emergency conditions in pediatric Hematology/ Oncology, knowledge about these conditions, their prevention, early detection and correct management.

Material and Method: Material and methods: Review of the latest literature related to pediatric Hematology/Oncology emergencies. This review aims to analyze the impact of acute oncological cases and the physician's role in their management.

Findings: The results: To investigate the main oncological emergencies and their management, the following acute pathologies were analyzed: neurological emergencies, cardiologic and vascular emergencies, metabolic and endocrinological emergencies, malignant effusions, neutropenic fever and anemia.

Discussion and Conclusion: Discussion: A redefinition of the emergency related to the treatment of oncological patients is necessary, taking into account not only the treatment of the oncological disease in the narrow sense, but also comorbidities, oncological emergencies and the environment of palliative care.The need to redesign a hematology/oncology department that is able to manage acute oncological and end-of-life cases is clear, especially when this turns out to be associated with severe effects that cannot be managed at home.Conclusion: A redefinition of pediatric hematology/oncology department is necessary, as is the integration between different specialists. Therefore, our work aims to detect, diagnose and treat oncological emergencies, hoping for the management of the patient in a multidisciplinary perspective, which can also lead to the regular/24-hour presence of a pediatric hematologist/oncologist in the hematology/oncology department.

Keywords: Oncologic, Neurologic, Cardiologic, Metabolic and Endocrine emergencies, Thrombocytopenia, Neutropenic fever, Tumor lysis syndrome., Pediatric Hematology

OP-25

Clinical Manifestations of Celiac Disease in Childhood and Adolescence

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Purpose: Celiac disease (CD) is a chronic autoimmune disorder triggered by gluten in genetically predisposed individuals. Its clinical manifestations in childhood and adolescence vary significantly, ranging from classical gastrointestinal symptoms to subtle extra intestinal signs, making diagnosis challenging. This presentation explores the diverse manifestations of CD, from chronic diarrhea and abdominal pain in young children to iron-deficiency anemia, delayed puberty, and neuropsychiatric symptoms in adolescents. Additionally, the prevalence of atypical and silent CD highlights the need for screening in high-risk populations. Early diagnosis and the adoption of a gluten-free diet are essential for preventing long-term complications and improving health outcomes in affected children and adolescents. Objective: This presentation aims to explore the diverse clinical manifestations of celiac disease in children and adolescents, highlighting the diagnostic challenges and the importance of early detection.

Material and Method: A comprehensive review of recent studies and clinical guidelines on pediatric celiac disease was conducted to identify key trends in its presentation.

Findings: •Gastrointestinal symptoms: In younger children, CD often presents with classical symptoms, including chronic diarrhea, abdominal pain, vomiting, failure to thrive, and malabsorption-related issues such as bloating and weight loss.•Extra intestinal manifestations: As children grow older, CD more commonly manifests with extra intestinal symptoms, such as iron-deficiency anemia, short stature, delayed puberty, dental enamel defects, and chronic fatigue. Neuropsychiatric symptoms, such as irritability, attention-deficit/hyperactivity disorder (ADHD), depression, and anxiety, are increasingly recognized.•Atypical and silent CD: In adolescents, atypical or silent CD, characterized by mild or absent gastrointestinal symptoms, is frequently observed. These cases are often diagnosed through screening in high-risk groups, such as individuals with type 1 diabetes, autoimmune thyroid disease, or first-degree relatives of CD patients.•Long-term complications: If untreated, CD can lead to serious long-term health issues, including osteoporosis, infertility, neurological disorders, and an increased risk of other autoimmune diseases.

Discussion and Conclusion: Celiac disease in childhood and adolescence presents with a broad spectrum of clinical manifestations, including both classical gastrointestinal and extra intestinal symptoms. Given the prevalence of atypical and silent forms, early detection through screening and a high index of suspicion are essential. Timely diagnosis and the initiation of a gluten-free diet are critical for preventing complications and improving long-term health outcomes in affected children and adolescents.

Keywords: Celiac Disease (CD), Autoimmune disorder, Clinical manifestations, Gastrointestinal symptoms, Extra intestinal symptoms., Gluten Free

OP-26

Hemophilia A disease, Overview and Outstanding Challenges

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Purpose: The overview and challenges in Hemophilia in Albania. The Hemophilia A (Factor VIII deficiency) and hemophilia B (factor IX deficiency) are the most frequent among hereditary severe coagulopathies. Hemophilia is a recessive inherited disease linked to chromosome X. HA is caused by a mutation in F8 gene, which lead to FVIII deficiency.The genes of factors VIII and IX are located at the end of the long arm of chromosome X. Hemophilia A, or classic hemophilia, accounts for 80-85% of congenital clotting disorders. Being an X-linked recessive hereditary disorder, HA is far more common in males. Hemophilia A or B depending on the factor activity level at baseline is classified into: severe form < 1%, moderate form (1-5%), mild form > 5%. HA may produce frequent spontaneous and traumatic bleeding, usually into muscles, soft tissues and joints. Recurrent bleeding, particularly into the joints, lead to long-term consequences, such as severe hemophilic arthropathies and an overall diminished quality of life.

Material and Method: This is a descriptiv and analytic study of all Hemophilic cases of Albanian National Coagulation Center, during 2018-2019.

Findings: In total, there are 179 cases with Hemophilia A in Albania, approximately 78% of these cases are adults and 22% are children. The majority of them are severe form 66% with a very high disease burden and less are of moderate form and mild form. Treatment options are: On-demand (episodic) therapy; Prophylaxis therapy; Gene therapy.The bypassing agents are used to treat bleeding in HA patients with FVIII inhibitors. Immune tolerance induction (ITI) is the sole treatment that can potentially eliminate FVIII inhibitors. NBDF and MASAC recommends Emicizumab as the first-line prophylaxis for people with FVIII inhibitors. Very important in management of hemophilia is the prenatal counseling in families with anamnestic antecedents to avoid traumatic practice during birth or afterword traumatic procedures (circumcision, etc.).

Discussion and Conclusion: The standard of care in Hemophilia should be multidisciplinary approach including the following actors: hematologist, geneticist, orthopedist, physical therapist, dentist, psychologist and social worker. The treatment should be a shared decision making with the hematologist guiding effectively the individuals with HA through their treatment journey.

Keywords: Hemophilia A, therapeutic strategies, prophylaxis, gene therapy, care.

OP-27

Anti-neutrophil cytoplasmic antibodies (ANCA) - associated vasculitis

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Aim: Cytoplasmic antineutrophil antibody associated vasculitis is a relatively rare autoimmune disease characterized by inflammation which causes necrosis of blood vessels. ANCA associated vasculitis was described for the first time in 1982, during the investigation of 8 cases diagnosed with segmental glomerulonephritis necrotizing In 2012, at the Chapel Hill Conference (CHCC), the classification was made, that is, the diagnostic criteria of ANCA associated vasculitis were established.is manifested depending on the organs where the inflammatory process develops.Clinical features: From changes in the skin in the form of rashes to severe multisystemic disease. In the involvement of the kidneys, the clinical manifestation is typical as in segmental necrotizing glomerulonephritis with rapid changes in glomeruli with pauci immune. Clinical manifestations are: arterial hypertension, proteinuria, nephroso nephritis, renal insufficiency.It also manifests itself with general symptoms; weight loss, high body temperature, arthralgia and arthritis. In the eye, the inflammatory process includes the conjunctiva, eyelid retina, unilateral or bilateral proptosis.

Case: Case presentation: At the Pediatric Clinic in Pristina in 2016, a 17-year-old girl was hospitalized with laboratory parameters of Chronic Renal Insufficiency. From the anamnesis, the girl does not feel well in terms of vomiting, rare skin rash, lethargy, loss of appetite, toothache... All these symptoms were presented two weeks before hospitalization. On admission, the girl is conscious, afebrile, with light redness of the skin of the whole body, dry, slightly dehydrated skin, eupnoic normocardic. TA 160/100 mmHg. Examination according to the systems results in the physiological limit. After carrying out laboratory tests, a very pronounced azotemia is observed with GFR <15 mL/min/1.73 m2, Anti DNA neg, antinuclear antibodies neg. MPO -ANCA POZ. Proteinuria 3 g/L. The biopsy of the kidney results in segmental glomerular necrosis. The girl undergoes hemodialysis. In the meantime, Rituximab is given, a dose is taken in Kosovo, then the treatment continues in Turkey, where unfortunately, after 3 weeks, she dies due to massive intracranial bleeding.

Conclusion: Conclusion: ANCA accompanying vasculitis is a very rare disease and very challenging to diagnose, taking into account that many autoimmune diseases can be included in the differential diagnosis. Keywords Anti-neutrophil cytoplasmic antibodies (associated vasculitis

Keywords: Keywords Anti-neutrophil cytoplasmic antibodies (associated vasculitis

OP-28

Nutrition of children with complex congenital heart anomalies

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[1]Qkuk Klinika e Pediatrise

Purpose: Nutrition of children with complex congenital heart anomalies, admitted to the clinic, are complicated conditions with a range of symptoms, including faddiness and food refusal, which both result in reduced food intake Our goal was to determine the frequency of feeding issues and the characteristics that predicted them, in children who had open heart surgery during the neonatal and early childhood periods

Material and Method: The research was conducted at the Pediatric Clinic, in the Cardiology and Intensive Care Department of the University Clinical Centre of Prishtina. 70 children were included in the study. The children were divided into two groups: the research group which included 40 and the control group with 30 children. The research group included children who underwent one of the forms of the Fontan procedure, while the control group included healthy children.

Findings: We found that 70% of the children after cardiac surgery intervention had eating issues. At the time of the study, 12 children had subnormal weights and heights, 28 children had refused to eat or lack of appetite and nutrition was a serious issue.

Discussion and Conclusion: In addition, kids with feeding issues typically ate fewer portions than those without eating issues. Individuals who have had repeated heart surgeries and related abnormalities are susceptible to eating problems. Keywords: Nutrition, Children, Complex congenital heart anomalies, Feeding difficulty, Open heart surgery

Keywords: Keywords: Nutrition, Children, Complex congenital heart anomalies, Feeding difficulty, Open heart surgery

OP-29

Efficacy and safety profile of non-steroidal anti-inflammatory drugs in infants and children: review of the scientific evidence of the last two decades

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Purpose: Efficacy and safety profile of non-steroidal anti-inflammatory drugs in infants and children: review of the scientific evidence of the last two decades'

Material and Method: This review summarizes the current knowledge on the safety and efficacy of various NSAIDs used in infants for which data are available. The effectiveness of NSAIDs has been proven for a number of conditions such as fever and pain. NSAIDs are also the mainstay of anti-inflammatory treatment, e.g. for inflammatory rheumatic diseases in pediatrics. There is limited data on the safety of most NSAIDs in infants.Adverse drug reactions can be renal, gastrointestinal, hematologic or immunologic in nature. Since NSAIDs are among the most commonly used drugs in the pediatric population, safety and efficacy studies can be performed as part of normal clinical routine, even in young children.Available data sources, such as (electronic) medical records, should be used for safety and efficacy analyzes. On a larger scale, existing data sources, e.g. adverse drug reaction programs/networks, national spontaneous reporting systems and electronic medical records, should be evaluated using child-specific methods to identify safety signals relevant to specific pediatric age groups or disease entities.To improve the safety of NSAIDs in infants, treatment must be started with the lowest age- or weight-related dose. The duration of treatment and the amount of drug used should be reviewed regularly, and the maximum dose and other recommendations of the manufacturer or expert bodies should be followed. Treatment of non-chronic conditions such as fever and acute (post-operative) pain should be kept as short as possible. Patients with chronic conditions should be monitored regularly for possible adverse effects of NSAIDs.

Findings: Caution should be exercised when NSAIDs are co-administered with corticosteroids (increased risk of gastrointestinal bleeding) or nephrotoxic drugs (increased risk of renal damage). The immunological effect of NSAIDs is still unclear with regard to their use in viral infections and varicella, as their role in the pathogenesis of complicated bacterial infections is not yet known. There are conflicting data on the risk of postoperative bleeding, but in general the use of NSAIDs in the pediatric postoperative situation appears to be well tolerated.

Discussion and Conclusion: There has been an increase in knowledge regarding the efficacy and safety of NSAIDs in infants and children over the past 20 years; however, despite NSAIDs being among the most frequently administered drugs in children, they are not among the most studied. On a wider level, existing data sources, e.g. adverse drug reaction programs, spontaneous national reporting systems, and electronic medical records, should be assessed with child-specific methods in order to detect safety signals pertinent to certain pediatric age groups or disease entities. To improve NSAID safety in infants, therapy should be initiated with the lowest age-appropriate or weight-based dose. Duration of treatment and drug doses used should be regularly evaluated. Treatment for non-chronic conditions such as fever and acute (postoperative) pain should be kept as short as possible. Patients with chronic conditions should be regularly monitored for NSAID adverse effects.

Keywords: NSAIDs, ibuprofen, ketoprofen, and ketorolac

Poster Presentations

PP-1

Congenital Mesoblastic Nephroma In Early Neonatal Period Which Was Differentially Diagnosed With Willm's Tumor

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Aim: Renal tumors account for 7% of congenital neonatal tumors and congenital mesoblastic nephroma (CMN) is the most common renal benign tumor. Combined use of ultrasound and magnetic resonance imaging may be beneficial in diagnosing CMN.In this report, we present a case who was followed up with the differential diagnosis of Wilms tumor and neuroblastoma in postnatal examinations and evaluated with the diagnoses of neuroblastoma, mesoblastic nephroma and Wilms tumor in detailed imaging, and the diagnosis was made pathologically.

Case: A female infant, who had cyanosis and tachypnea during her mother's care and was followed up in the neonatal intensive care unit. In her detailed examination, a mass lesion was detected on the left side of the abdomen by palpation, and she was referred to us with the prediagnoses of neuroblastoma and Wilms tumor. In the physical examination, there was no pathology other than a smooth, palpable, moderately hard, immobile mass that crossed the midline in the left lower quadrant of the abdomen. Laboratory tests, vanil mandelic acid and neuron-specific enolase results were normal. No hematuria was observed. The patient, who was evaluated with abdominal ultrasound and tomography for detailed evaluation, revealed a mass with heterogeneous enhancement in the left kidney, which affected the entire renal parenchyma. The laparoscopic examination performed for further examination and treatment. Pathological examination clarified that it was compatible with mesoblastic nephroma.

Conclusion: Congenital mesoblastic nephroma are lesions that can often be noticed with a mass in the abdomen on the first examination after birth, and they are prediagnosed with Wilms tumor and neuroblastoma with palpation. In addition, polyhydramnios and hydrops fetalis observed in these patients during intrauterine follow-up and should be evaluated. The treatment of these patients should be planned together with the pediatric surgery and pediatric oncology departments in the early period after delivery.

Keywords: Congenital mesoblastic nephroma (CMN), Willm's tumor, Newborn

PP-2

Roli i Imunoglobulinave në Trajtimin e Sëmundjeve Autoimune te Moshat Pediatrike

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Purpose: The aim of this thesis is to provide an accurate and comprehensive overview of the use of immunoglobulins in the treatment of autoimmune diseases in children, contributing to the advancement of knowledge and best practices in the treatment of these diseases.

Material and Method: This thesis belongs to the category of "literature review." The literature search was conducted using search platforms such as PubMed and Google Scholar. Additionally, existing databases, books, and references cited in other relevant studies were utilized.

Findings: Several scientific studies on the use of immunoglobulins in the treatment of autoimmune diseases in pediatric populations from various countries have been included in this thesis. The studies analyzed the use of immunoglobulins in the treatment of different autoimmune diseases, and in all cases, the role and improvement of patients after immunoglobulin therapy were evaluated.

Discussion and Conclusion: Immunoglobulins, particularly intravenous immunoglobulins (IVIG), play an important role in the management of autoimmune diseases discussed in this thesis. Their various mechanisms of action, including the neutralization of pathogenic antibodies, modulation of immune responses, and antiinflammatory effects, have consistently shown effectiveness in improving neurological outcomes and immune function in patients. Existing evidence from clinical studies and real-world experience consistently supports the beneficial effects of immunoglobulin therapy, including reducing disease progression, improving recovery rates, and enhancing quality of life.

Keywords: Immunoglobulin, Autoimmune disease, IVIG

PP-3

Management of Febrile Seizures in Primary Care

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Purpose: Abstract: Febrile convulsions are convulsions, frequent in children aged 6-60 months, at a temperature above 38 °C, with generalized clinical manifestation, usually after viral infections, and which are not the result of central nervous system infection or any metabolic disorder. Incidence 2-6%. They have a tendency to repeat, especially in latents, up to 50%. They can be: simple febrile and complex.

Material and Method: The cause of febrile convulsions is unknown, but the genetic factor is of particular importance, in most cases the disorder is polygenic and autosomal dominant. Evaluation of febrile convulsions begins with history, physical and neurological examination. In the differential diagnosis, meningitis should be eliminated first. Treatment begins with stopping the convulsions if they last more than 2 minutes, by giving Midazolam or Diazepam. Of special importance is the management of high body temperature, which is done with physical and pharmacotherapeutic methods. Antipyretics can reduce the child's discomfort, but do not reduce the risk of the seizure recurring.

Findings: If it is the first simple febrile seizure for the child in the field of his normal development, routine blood biochemistry is not preferred. If the crisis lasts, it is important to check glycemia, electrolytes (Na, Ca, Mg, Hgb). Hyponatremia, anemia favor the recurrence of febrile crisis within the next 24 hours. EEG is not recommended because it does not determine the degree of risk for the recurrence of seizures regardless of its pathological degree. Neuroimaging is recommended for focal manifestation and pathological neurological status.

Discussion and Conclusion: If the seizure lasts more than 20 minutes, has a focal manifestation, repeats more than 3 times/24 hours, with subfebrile temperature, the child should be referred for further evaluation.

Keywords: febrile convulsions, acute management, focal manifestation, referral

PP-4

Pasqyra klinike dhe ecuria e fëmijëve të trajtuar me procedura të kardiologjisë intervente në Kosovë

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Purpose: Vlerësimi i rezultateve te fëmijët e trajtuar me kardiologji intervente dhe fëmijëve të trajtur me metodat kardiokirurgjike si dhe krahasimi i rezultateve të këtyrë dy metodave në trajtimin e fëmijëve me KLZ

Material and Method: Në mënyrë retrospektive janë analizaur fëmijët me KLZ të trajtuar në Prishtinë, në periudhën kohore 13.11 – 19.11.2022 në Qendrën Klinike Universitare të Kosovës. Në dokumentacionin e Sherbimit të Kardiologjisë të Klinikës Pediatrike janë regjistruar gjithsejt 58 fëmijë për skrining konziliar kardiologjik, të gjithë me ALZ. Pas skiriningut konziliar, janë përzgjedhur 28 fëmijë për trajtim, prej tyre 10 fëmijë për trajtim kardiokirurgjik dhe 18 fëmijë pët intervenim kardiologjik. Janë analizuar mosha e fëmijëve në të dy grupet, pesha trupore, gjinia, të dhënat relevante klinike si shoqërimi me sindrome apo sëmundje tjera me rëndësi socioepidemiologjike, elektrokardiograma dhe gjetja ekokardiografike transtorakale.Të gjitha këto të dhëna janë analizuar dhë në mënyrë statistikore janë prezantauar.

Findings: Nga 58 fëmijë të cilet iu kanë nënshtruar skriningut kardiologjik, 28 fëmijë (48%) janë përzgjedhur për trajtim kardiologjik/kardiokirurgjik. Prej tyre në 10 fëmijë ose 35% është bërë intervenimi kardiokirurgjik kurse 18 fëmijë (77 %) janë përzgjedhur për trajtim kardiologjik. Nga ky grup te dy fëmijë, pas ekzaminimit ekokardiografik transezofageal është eliminuar sëmundja e lindur e zemrës, te 1 fëmijë është bërë kateterizimi, diagnostikimi invaziv, kurse te 15 fëmijë (53%) është bere trajtimi kardiokirurgjik. Të të gjithë fëmijët e të dy grupeve intervenimet janë kryer me sukses dhe të gjithë fëmijët, pas kohës së paraparë për qëndrim ne Klinikë, janë liruar në shtepi. Te asnjë fëmijë nuk janë regjistruar komplikime peri/postoperative si dhe gjatë intervenimit me kardiologji intervente.

Discussion and Conclusion: Metodat intervente kardiologjike edhe në këtë studim kanë treguar përparsi në krahasim me metodat klasike kardiokirurgjike në aspektin e kohës së hospitalizimit, kohës së qëndrimit në anestezion të përgjithshëm, numrit të transfuzioneve të gjakut dhe mungesës së vragës postoperative në kraharor dhe efekteve negative psiqike te fëmija gjatë gjithë jetës.

Keywords: Keqformimet e lindura të zemrës, ekokardiografia transtorkale, kardiokirurgjia e keqformimeve të lindura të zemrës, kardiologjia intervente pediatrike, mbyllësi Amplatzer

PP-5

Imaging Diagnosis Of Malignant Lymphomas

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Aim: It was the presentation of cases with Malignant Lymphoma diagnosed with imaging methods such as x-ray, echography, CT, magnetic resonance, CNB, scintigraphy, etc.

Case: Case I: A 15-year-old female child presented with enlargement of the axillary and mediastinal lymph nodes. Laboratory tests included hematological, biochemical, and imaging analyses. An ultrasound of the lymph nodes revealed a formation measuring 3.7X2.9 cm, with a septated structure and several hypoechoic formations. CT findings: A conglomerate of lymph nodes measuring approximately 2.5X2.0 cm was observed in the supraclavicular region. Enlarged lymph nodes were also noted in the left axillary region, while there were no signs of pathological lymphadenopathy in the mediastinum. No pathological lymphadenopathy was observed in the retroperitoneum and right axillary region. The liver and spleen were enlarged but with normal structure. A biopsy of the lymph nodes confirmed the diagnosis of Hodgkin's lymphoma, nodular sclerosis type.Case II: A 3.5-year-old male child presented with enlargement of the lymph nodes on the left axillary side. CT changes indicated enlargement of several perihilar lymph nodes on the left side, without focal infiltrative changes. A conglomerate of lymph nodes was observed in the left axillary fossa. A biopsy of the lymph nodes confirmed Hodgkin's lymphoma, type II.Case III: A 9-year-old male child was transferred to the Pediatric Surgery Clinic for thoracic surgery and removal of a tumor mass. CT imaging revealed a tumor mass in the mediastinum, consistent with a malignant lymphoma type, and biopsy confirmed non-Hodgkin lymphoma.Case IV: A 5-year-old male child was admitted due to enlargement of the lymph nodes on the left side of the neck. CT of the neck showed a conglomerate of lymph nodes on the left side. CT of the thorax and abdomen showed no pathological changes. A biopsy confirmed Hodgkin's lymphoma, stage II.

Conclusion: Imaging methods play a key role in the diagnosis of malignant lymphomas.

Keywords: Malignant lymphomas, Hodgkin and non-Hodgkin, imaging diagnostics

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