



**Turkish National Pediatric Society
Turkish Neonatal Society
Società Italiana Pediatria Ospedaliera**



Cooperation in Pediatrics International Joint-Meeting



**5th - 10th July 2011
Kemer - Turkey**

**Presidents of the Congress
TEZER KUTLUK
MURAT YURDAKOK
SALVATORE VENDEMMIA**



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Introduzione al Convegno

Colleghi e Colleghe,

buon pomeriggio e benvenuti a questo terzo Convegno internazionale che vede la SIPO impegnata con la Turkish National Pediatric Society e la Turkish Neonatal Society. In questi ultimi anni la Società Italiana di Pediatria Ospedaliera ha molto curato i rapporti di collaborazione con la SIP e le altre Società Italiane ad essa affiliate, ma ha anche stipulato ed approvato un protocollo di intesa con la Società Turca di Pediatria (12 dic. 2010): ciò al fine di una ulteriore collaborazione con le società dell'Eurasia, Caucasia ed i popoli del bacino mediterraneo.

Recentemente, al Congresso SIP di Milano, l'8 giugno 2011, è stato ratificato un protocollo d'intesa con l'associazione nazionale genitori (A.Ge) al fine di promuovere l'umanizzazione delle cure in Pediatria. A questo accordo hanno aderito la SIMEUP e la SIPPS. È stato anche approvato l'accordo con l'Associazione Dermatologi Ospedalieri Italiani (ADOI), che ha dato origine alla "Campagna di prevenzione sul melanoma 2011", con la distribuzione alle famiglie, nei reparti e negli ambulatori ospedalieri di pediatria, del fumetto SUPER-ADO, preparato opportunamente per tale iniziativa.

La SIPO ha sensibilizzato numerose amministrazioni ospedaliere dislocate sul territorio nazionale per la divulgazione di tale progetto.

Ci auguriamo che queste nostre iniziative siano sempre più validate dalla vostra partecipazione e collaborazione.

Il 6-7-8 Ottobre si terrà a Capri il 4° Congresso Nazionale SIPO.

Ad Antalya si svolgerà il Congresso Nazionale della Società Turca di Pediatria (12-16 ottobre 2011). A tale evento parteciperemo con una giornata SIPO in collaborazione con i colleghi turchi che ringrazio per l'ospitalità e l'opportunità che ci hanno affettuosamente concesso.

Vi aspetto tutti a questi prossimi eventi!

Salvatore Vendemmia
Presidente della Società Italiana di Pediatria Ospedaliera

SCIENTIFIC PROGRAMME

Tue, 05 July 2011 - I Session

President: T. Kutluk

Discussants: R. Goglia - G. Vetrano

- 16.00 Opening Ceremony & Welcome \ Addresses
- 16.30 Respiratory syncytial virus infections in Turkey: a 2-year epidemiological study
Murat Yurdakok (Haccettepe University, Ankara)
- 17.00 The birth rate in Turkey
Basak Tezel (Ministry of Health, Turkey)
- 17.30 The birth rate in Italy -
Basilicata Angelo (Caserta)
- 18.00 Promotion of breastfeeding in Turkey
Basak Tezel (Ministry of Health, Turkey)
- 18.30 Nutrient deficiencies in premature baby
Gerardo Chirichiello (Avellino)
- 19:00 Discussion

Wed, 06 July 2011 - II Session

President: P. Indolfi

Discussants: A. Mastromonico - C. Capristo

- 16.00 Metabolic screening in Turkey
Fatih Ezgu (Gazi University, Ankara)
- 16.30 Metabolic screening in Italy
Norberto Nosari (Umberto I Hospital - Nocera)
- 17:00 Vasculities: diagnostic paths and treatments program in Turkey
Sevcan Ezgu (Gazi University, Ankara)
- 17:30 Gastroesophageal Reflux Diseases: the best treatment today
Carlo Tolone (SUN University, Napoli)
- 18:00 Necrotizing enterocolitis epidemiology in Italy
Maria Vendemmia (S. Anna and S. Sebastiano Hospital, Caserta)
- 18:30 Discussion

Thu, 07 July 2011 - III Session

President: F. Nunziata

Discussant: G. Russo - M. Vendemmia

- 16.00 Lecture: "Multiple pregnancies: associated deases"
Salvatore Vendemmia (President of SIPO)
- 16.30 Bronchiolitis: clinical and therapeutic approach in Turkey
Ebru Yalcin (Haccettepe University, Ankara)
- 17.00 Bronchiolitis: clinical and therapeutic approach in Italy
Carlo Capristo (SUN University, Napoli)
- 17.30 Childhood cancer in Turkey
Tezer Kutluk (Haccettepe University, Ankara)
- 18.00 Childhood cancer in Italy
Paolo Indolfi (SUN University, Napoli)
- 18:30 Discussion

Fry, 08 July 2011 - IV Session

President: G. Chirichiello

Discussants: C. Tolone - M. Viola

- 16.00 Cow's milk protein allergy: diagnostic paths in Turkey
Cansin Sackesen (Haccettepe University, Ankara)
- 16.30 Cow's milk protein allergy: diagnostic paths in Italy
Carlo Capristo (SUN University, Napoli)
- 17.00 Cow's milk protein allergy: therapeutic paths in Turkey
Cansin Sackesen (Haccettepe University, Ankara)
- 17.30 Cow's milk protein allergy: therapeutic paths in Italy
Nunzia Maiello (SUN University, Napoli)
- 18:30 Discussion

Sat, 09 July 2011 - V Session

President: M. Yurdakok

Discussants: N. Nosari - N. Maiello

16.00 Mandatory and optional vaccines in Turkey
Kadriye Yurdakok (Haccettepe University, Ankara)

16.30 New vaccines : update
Felice Nunziata (Landolfi Hospital, Solofra)

17:00 Vaccine side effect: experiencies in Turkey
Kadriye Yurdakok (Haccettepe University, Ankara)

17.30 Discussion

Sun, 10 July 2011 - VI Session

President: Salvatore Vendemmia

Discussants: P. Indolfi - A. Basilicata

16:00 Clinical Cases

18:00 Poster & Communication

18:30 Closing Ceremony

Epidemiology, Etiology, Diagnosis and Management of Obstructive Sleep Apnea Syndrome In Children

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Sleep induces changes in the function and control of the respiratory system that may result in clinically significant abnormalities in upper airway function and gas exchange. Sleep disordered breathing (SDB) and, in particular, obstructive sleep apnea syndrome (OSAS) have recently assumed greater importance in orthodontic and dental literature. OSAS is defined as a lack of airflow from the nose or mouth, and is characterized by asymptomatic, recurrent events of partial or complete upper airways obstruction during sleep, resulting in disruption of normal gas exchange (intermittent hypoxia and hypercapnia) and sleep fragmentation. This periodic hypoventilation is determined by loss of sleep airway tone and collapse of the pharyngeal airway. This causes apnea, hypoxemia, hypercapnia and an increasing respiratory drive which is resolved by a brief arousal with restoration of airway tone. OSAS in children is characterized by asymptomatic, recurrent events of partial or complete upper airway obstruction during sleep, resulting in disruption of normal gas exchange and sleep fragmentation. The prevalence of OSAS is increasing in preschool children, as well as increasing of obesity in infancy. The genetics of the craniofacial development is closely connected to OSAS. The aetiology of OSAS is multi-factorial. OSAS arises when the balance between the factors maintaining airway patency and those promoting airway collapse is perturbed. The main causes of OSAS in children include any diseases that involve a reduction of the upper airway caliber, especially adenotonsillar hypertrophy and craniofacial anomalies.

Numerous risk factors include adenotonsillar hypertrophy, overweight/obesity, neuromuscular disorders and craniofacial anomalies, ethnicity and genetically predisposing factors. The physiopathology of OSAS in children is a combination of the mechanical obstruction of pharyngeal space and an activation disorder of neuromuscular tone which normally dilate pharyngeal space. Therefore, the effects of OSAS have to be considered as a whole rather than be assigned a specific mechanism. Compared to adults, children with OSAS present less awakenings associated with apnoic-events, but obstructive apneas occur more frequently, are longer and with a more significant desaturation of oxyhemoglobin.

Polysomnography is the gold standard for the diagnosis of OSAS. If left untreated, OSAS in children can result in serious morbidity including growth retardation, neurocognitive deficits, behavioural problems and in particular attention deficit and hyperactivity disorder (ADHD). The most common treatments for OSAS in childhood are nasal continuous positive airway pressure (CPAP), but compliance and cost preclude its use, adenotonsillectomy, but this approach is limited by its surgical risks, and by the use oral appliances and functional orthopaedic appliances, which are more comfortable.

In conclusion it is not possible to simply consider pediatric OSAS like “adult OSAS in pediatric population”; that is because etiopathogenetic and symptomatologic characteristics are not the same between children and adults. But it is necessary to avoid that OSAS children become OSAS adults. For this reason medical information about pediatric OSAS is essential: a multidisciplinary team - dentists, otorhinolaryngologists, pediatricians and neuropsychiatrists - should be informed about the importance of early diagnosis of OSAS and its treatment to prevent complications and improve life quality for the child. Finally, future research is necessary to clarify the genetic aspects of this disorder and to develop new effective therapies to define the right child typology to receive this type of treatment.