Steroid dependency in idiopathic nephrotic syndrome: when to expect
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Introduction: Idiopathic Nephrotic Syndrome is a commonly
countered disease in childhood. The disease is sometimes
self limiting, steroid responsive or steroid resistant. Favorable
response to steroids would make the pediatrician happy but
sometimes the problem that sabotages this happiness is steroid
dependency. Steroids are the gold standard of treatment in idi-
opathic nephrotic syndrome yet dependency means extended
treatment for longer periods of time with huge cumulative
doses of steroids. This means more side effects than a growing
child can handle. The aim of our study was to investigate the
clinical and laboratory features commonly seen in patients with
established steroid dependency that could be of use in anticipat-
ing steroid dependency in subsequently seen patients.

Patients and Methods: The study was a retrospective one car-
ried out in Pediatric nephrology clinic, Ain Shams University. Patients
enrolled were 66, diagnosed with steroid sensitive nephrotic syn-
drome (at least diagnosed 6 months prior to the study).

Data reviewed were: the age of onset of the disease, patient’s
gender, microscopic hematuria at the onset of the disease, pres-
ence of hypertension before initiation of treatment, days to
remission after Initial steroid therapy, duration of initial treat-
ment with steroids, associated atopy and association of upper
respiratory tract infection with relapses. The data were obtained
from the patients’ records at the clinic. Patients who were diag-
nosed with secondary nephrotic syndrome were excluded.

Results: Results revealed that days to remission after initial ste-
roid therapy was the only parameter that was significantly dif-
ferent between steroid dependent and non dependent patients.

A faster the patient responds to initial steroid treatment, the
less likely he will end up with steroid dependency. This obser-
vation, if well used, can help us target patients with likelihood
of steroid dependency with early use of steroid sparing drugs.

Serum transforming growth factor beta 2 and feeding
intolerance in hydrolyzed protein formula-fed versus
breast milk-fed preterm neonates
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Background: Transforming growth factor beta 2 (TGF-β2) is
present in breast milk in large amount and it improves gut func-
tions and intestinal immune responses. Hydrolyzed protein for-
mula has been used to reduce gastro-oesophageal reflux, to
accelerate gastro-intestinal transit of milk, to treat allergy and
food intolerance. As far as we knew there is no study describing
serum TGF-beta 2 levels and its relationship to feeding intoler-
ance in hydrolyzed protein formula-fed preterm neonates

Objective: To determine serum levels of TGF-β2 in breast fed
versus hydrolyzed protein formula fed neonates and their
possible role in neonatal feeding intolerance and necrotizing
enterocolitis (NEC).

Subjects and Methods: We conducted a prospective observa-
tional study on 80 preterm neonates ≤36 weeks gestational age.
The neonates were assigned to 2 groups; breast feeding group
(n = 40; received exclusive breast feeding) and hydrolyzed pro-
tein formula group (n = 40 received Neocate Infant DHA/ARA @
utricia when maternal breast milk was not available). Feeding
tolerance and NEC were assessed. Serum TGF-β2 levels were
measured by ELISA when neonates reached 75 ml/kg/day
feeding.

Results: Serum TGF-β2 levels were significantly higher in
breast fed neonates as compared to hydrolyzed protein formula
fed neonates, median (interquartile): 77.50 (6500-11250) vs. 250
(0-2250) pg/ml, p < 0.0001). A significant negative relation was
found between serum TGF-β2 levels and feeding intolerance
(p < 0.0001). Two (5%) of hydrolyzed protein formula fed neo-

nates had NEC and showed undetectable TGF-β2. TGF-β2 serum
level below 250 pg/ml has 66.67% sensitivity and 83.93% specific-
ity for diagnosis of feeding tolerance.

Conclusion: Lower serum TGF-β2 level has a role in feeding
intolerance in preterm neonates. Using hydrolyzed protein for-
mula in preterm neonates is not recommended as it is associ-
ated with lower serum TGF-β2 and higher incidence of feeding
intolerance compared to breast feeding.

Assessment of self-monitoring of blood glucose in type 1
diabetic children and adolescents: practice and perspective
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Introduction: Diabetes mellitus is a group of metabolic diseases
characterized by chronic hyperglycemia resulting from defects
in insulin secretion, insulin action, or both. Self-monitoring
blood glucose (SMBG) includes an assessment of the capillary
glucose concentration as well as the interpretation of and
responding to the readings.

Aim of the work: The aim of the study is to measure patients’
compliance to self-monitoring of blood glucose, identify factors
and barriers that affect self-monitoring of blood glucose.

Methods: This cross-sectional study was carried out on children
with type 1 diabetes. Patients were recruited from the outpa-
tient diabetes specialized clinic, pediatric hospital at Ain shams
university. Study was carried out on 330 children, drawn from
the attendance of the diabetic clinic. Patients were subjected to
(!) An interview Pre structured questionnaire which included:
Personal and medical history, Details about SMBG: ( frequency,
regularity, availability, its goals, the effect on daily life by short
form of QOL questionnaire WHO, patient satisfaction. (!!) Glycated
Hemoglobin (HbA1c) measurement.

Results: we found that 67.4% of the patients assess blood glucose
3 times per day, while 20% assess blood glucose 4 times and
0.57% assess blood glucose 7 times. we found that the patients
conceded that the cost of strips and glucometers, the fear of pain
& injection, psychological frustration, lack of availability of infor-
mation to deal with high reading, no motivation and In adequate
place to assess SMBG were the main reasons for not practic-
ing regular SMBG. we found that the more the frequency of SMBG
daily, the better the HA1c of the patients (p < 0.01). Patients who
assess 3 times daily 7% of them have HA1c <7, while patients