Steroid dependency in idiopathic nephrotic syndrome: when to expect
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Introduction: Idiopathic Nephrotic Syndrome is a commonly encountered 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 sabotage this happiness is steroid dependency. Steroids are the gold standard of treatment in idiopathic 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 anticipating steroid dependency in subsequently seen patients.

Patients and Methods: The study was a retrospective one carried out in Pediatric nephrology clinic, Ain Shams University. Patients enrolled were 66, diagnosed with steroid sensitive nephrotic syndrome (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, presence of hypertension before initiation of treatment, days to remission after initial steroid therapy, duration of initial treatment 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 diagnosed with secondary nephrotic syndrome were excluded.

Results: Results revealed that days to remission after initial steroid therapy was the only parameter that was significantly different between steroid dependent and non dependent patients. The faster the patient responds to initial steroid treatment, the less likely he will end up with steroid dependency. This observation, if well used, can help us target patients with likelihood of steroid dependency with early use of steroid sparing drugs.

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 study: 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 outpatient 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 information to deal with high reading, no motivation and In adequate place to assess SMBG were the main reasons for not practicing regular SMBG. We found that the more the frequency of SMBG daily, the better the HbA1c of the patients (p < 0.01). Patients who assess 3 times daily 7% of them have HA1c < 7, while patients

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 functions and intestinal immune responses. Hydrolyzed protein formula 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 intolerance 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 observational 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 protein formula group (n = 40 received Neocate Infant DHA/ARA @ nutricia 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 neonates had NEC and showed undetectable TGF-β2. TGF-β2 serum level below 250 pg/ml has 66.67% sensitivity and 83.93% specificity for diagnosis of feeding tolerance.

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