تحت رعاية دولة الدكتور عبد الرؤوف الروابده، رئيس الوزراء الأردني الأسبق

Under the Patronage of His Excellency Dr. Abdul Raouf Al-Rawabdeh
Former Prime Minister

Jordan Medical Association
نقابة الأطباء الأردنية

Ministry of Health
وزارة الصحة

IPA International Pediatric Association
Every Child · Every Age · Everywhere

The 43rd Congress of the Union of Middle-Eastern and Mediterranean Pediatric Societies

The 23rd Congress of the Union of Arab Pediatric Societies

The 20th International Conference of Jordan Pediatric Society

The 9th Ministry of Health Congress of Pediatric

المؤتمر الثالث والاربعون لاتحاد جمعيات طب الأطفال لدول حوض البحر المتوسط والشرق الأوسط

المؤتمر الثالث والعشرون لاتحاد جمعيات طب الأطفال العربية

المؤتمر الدولي العشرون لجمعية طب الأطفال الأردنية

المؤتمر الدولي التاسع لاختصاص طب الأطفال في وزارة الصحة

The Union of Middle-Eastern and Mediterranean Pediatric Societies

BOOK OF ABSTRACTS & SCIENTIFIC PROGRAM

المؤتمر الثالث والاربعون لاتحاد جمعيات طب الأطفال لدول حوض البحر المتوسط والشرق الأوسط

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8th–11th October 2025

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Welcome Message

Dear Colleagues and Friends,

On behalf of the Organizing Committees, it is our great pleasure to welcome you to the **43rd Congress of the Union of Middle-Eastern and Mediterranean Pediatric Socie-ties**, the **23rd Congress of the Union of Arab Pediatric Societies (UAPS)**, the **20th International Conference of the Jordan Pediatric Society**, held in conjunction with the **9th Ministry of Health Congress of Pediatrics**. This distinguished event will take place from **8–11 October 2025** at **Le Royal Hotel, Amman, Jordan.**

This congress will present a comprehensive scientific program featuring distinguished international, regional, and local speakers who will address the latest advances across all major fields of pediatrics. It will also serve as a unique platform to exchange knowledge, share experiences, and strengthen collaborations among colleagues from around the globe.

A parallel **medical exhibition** showcasing pharmaceuticals and state-of-the-art medi-cal equipment will complement the scientific sessions, fostering interaction between healthcare professionals and leading industry partners.

We extend our sincere gratitude to all participants, supporting organizations, and sponsoring companies whose contributions are vital to the success of this meeting.

Beyond the scientific sessions, we warmly invite you to enjoy the hospitality of Jordan and explore its rich cultural heritage and breathtaking sites, including **Petra**, one of the Seven Wonders of the World; the **Dead Sea**, the lowest point on Earth; and **Jerash**, a remarkable ancient Greco-Roman city.

We wish you a rewarding congress experience and a memorable stay in our beautiful country.

President of the Conference
Dr. Basim Al Zoubi

الزملاء والأصدقاء الأعزاء،

يسعدني، بالنيابة عن اللجان المنظمة، أن أرحب بكم في **المؤتمر الثالث والأربعين لاتحاد جمعيات طب الأطفال لدول حوض البحر المتوسط والشرق الأوسط، المؤتمر الثالث والعشرين لاتحاد جمعيات طب الأطفال العربية (UAPS)، المؤتمر الدولي العشرين لجمعية طب الأطفال الأردنية، المؤتمر الدولي التاسع لاختصاص طب الأطفال في وزارة الصحة،**

والذي سيُعقد في **عمّان-الأردن**، خلال الفترة من ٨ **إلى** ١١ **تشرين الأول** ٢٠٢٥.

سيجمع هذا المؤتمر نخبة من الخبراء والمتحدثين المتميزين من مختلف دول العالم لمناقشة أحدث المستجدات العلمية في مجالات طب الأطفال كافة، كما يمثل فرصة فريدة لتعزيز التواصل وتبادل الخبرات بين الزملاء.

كما سيقام على هامش المؤتمر معرض طبي متكامل للأدوية والتجهيزات الطبية، بما يتيح للشركات عرض منتجاتها الحديثة ويفتح المجال أمام النقاش وتبادل المعرفة بين المشاركين.

ونود أن نعبر عن عميق شكرنا وامتناننا لجميع الجهات الداعمة والشركات المشاركة التي أسهمت في إنجاح هذا الحدث العلمي الكبير على مستوى الأردن والعالم العربي.

ويسعدنا أن نرحب بضيوفنا الأعزاء في بلدنا الغني بمواقعه التاريخية والسياحية والدينية، مثل **البتراء**، إحدى عجائب الدنيا السبع، و**البحر الميت**، أخفض نقطة على وجه الأرض، و**جرش**، إحدى أهم المدن الأثرية اليونانية القديمة.

نتمنى لكم مؤتمراً مثمراً وإقامة طيبة في الأردن.

رئيس المؤتمر
د. باسم الزعبي

8th–11th October 2025

Abdelfatah Abu Haweleh | Jordan
Abdulsalam Abu-Libdeh | Palestine
Abeer Alassaf | Jordan
Abeer Hasan | Jordan
Abeer m. Aldowikat | Jordan
Adamos Hadjipanayis | Cyprus
Adel Wahadneh | Jordan
Ahmad Tamimi | Jordan
Ala' Dala'een | Jordan
Alaa Alzghireen | Jordan
Ali Halabi | Jordan
Alia Alkhlaifat | Jordan
Amal Abu Libdeh | Jordan
Amira Masri | Jordan
Ammar Yahya Al Hmoud | Jordan
Arwa Nasir | **USA**
Asaad A. Assiri | **KSA**
Awni Madani | Jordan
Ayhan DAĞDEMİR | Turkey
Basim Al-Zoubi | Jordan
Bassam Abu Libdeh | Palestine
Bassam Saeed | **Syria**
Cherif Aly Mohamed Abdelal | Egypt
Dima Abu Nasrieh | Jordan
Dler A.K. Nooruldeen Chalabi | Iraq
Doaa Al Qaoud | Jordan
Ehsan Aljundi | KSA
Eman Badran | Jordan
Eman Khattab | Jordan
Eman Salem | Jordan
Enas Alzayadneh | Jordan
Enas Zaiadneh | Jordan
Entesar AlHammadi | UAE
Erkin Rahimov | Azerbaijan
Eslam Tawfik El-Baroudy | UAE
Eyad Altamimi | Jordan
Ezzeddine Mohsni | Tunisia
Fadia Alghzawi | Jordan
Faisal Al Mawasleh | Jordan
Fareed Khdair | Jordan
Faten Alawaysheh | Jordan
Flavia Indrio | **Italy**
Hana Ghraibeh | Jordan
Hanadi Rimawi | Jordan
Hani F Ayyash | UK
Hashem Altabbaa | Jordan
Hiba Khraisat | Jordan
Hisham Hamdan | Jordan
Hussein Jarwan | Jordan
Irina Zelenkova | Russia
Isam Anjak | **Syria**
Issa Al Khatabeh | Jordan
Iyad Ammouri | Jordan
Iyad Sultan | Jordan
Jeffrey Goldhagen | **USA**
Kamal Akl | Jordan
Kamleh Barham | Jordan
Khalid Abuelsamen | Jordan
Kholoud K. Wishah | USA
Kifal Al-Qa'qa' | Jordan
Leyla Namazova-Baranova | Russia
Liliia Selimzianova | Russia
Maha Barbar | Jordan
Mahdi Farah Frehat | Jordan

8th–11th October 2025
FACULTY SPEAKERS

Maher Khader Ahmad Mustafa | Jordan
Mahmoud Bozo | Syria
Mai Bader | Jordan
Marcello Maddalone | Italy
May Bader | Jordan
Merana Alfar | Jordan
Merih Cetinkaya | Turkey
Miral Almomani | Jordan
Mohamad Maghnie | Italy
Mohammad Dweik | Jordan
Mohammad Miqdadi | UAE
Mohammad Salameh | Jordan
Mohammed Al-raqad | Jordan
Mohanad Mhairat | Jordan
Mona Alameh | Lebanon
Mona Hamdy | Egypt
Monika Kaushal | UAE
Montaha Al-Iede | Jordan
Motasem Suwaiti | Jordan
Mus'ab Theeb Mustafa | Jordan
Mustafa Alfalah | Jordan
Mutasem Aldhoon | Jordan
Mutaz Sultan | **Palestine**
Nadwa Al Zuhluf | Jordan
Nadwa Zihlif | Jordan
Nida Barqawi | **UAE**
Nisreen Alhamiedeen | Jordan
Nizar Maswadeh | Jordan
Nuseibah Al Ramadina | Jordan
Olfat Ahmad | Jordan
Omaeima Aljarrah | Jordan
Omar Nafi | Jordan
Osama AbuSalah | Jordan
Othman Hamdan | Syria
Patrick Tounian | France
Raed Alzyoud | Jordan
Raeda Al-ghananim | Jordan
Randa Qaisi | Jordan
Rasha Odeh | Jordan
Redab Al-Ghawanmeh | Jordan
Reem A. Zietawi | Jordan
Reem Al Hadidi | Jordan
Reem Atwan | KSA
Rou'a Taha Saleem AlAdaileh | Jordan
Ruba Al Assaf | Jordan
Sahar Idlebi | Syria
Saleh Al Ajlouni | Jordan
Sana'a AlKhazal'eh | Jordan
Sarah Rimawi | Jordan
Shahd Nofal | Jordan
Sima Abu Al- Saoud | Palestine
Sima Kalaldeh | Jordan
Suhaib Dabou | Jordan
Sura Abd Alwahab | Iraq
Tahani Sarrawi | Jordan
Tamara Kufoof | Jorda
Thanaa Alkhatib | Syria
Yazan Al-Mashakbeh | UK
Yazan Said | KSA
Zaher Taher Gardi | Iraq

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President

Dr. Mahmoud Jabr
Vice President

Dr. Fatin Al Maaytah
General Secretary

Dr. Mohammad Al Shawabkah
Treasurer

Dr. Omar Nafi
Chairman, Scientific Committee

Dr. Mohammad Rafed
Chairperson, Social Committee

Dr. Hanadi Al-Rimawi
Chairman, Information & Internet Committee

8th–11th October 2025

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Chairman

Dr. Amjad Khalaf Rdesat

Dr. Fatin Al Maaytah

Dr. Hanadi Al-Rimawi

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Dr. Mohammad Al Shawabkah

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Wael Sunnoqrot, MD

8th–11th October 2025

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Issam Khawaja, MD

Omar Nafi, MD

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Faten Awaysheh, MD
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8th–11th October 2025

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Dr. Mohammad Rafed
Scientific Committee Chairs

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Maryam Jabr, MD

Salma Burayzat, MD

Wael Khreisat, MD

Wael Sunnoqrot, MD

8th–11th October 2025

Conference Topics

- Allergic Disorders
- Artificial Intelligence
- Cardiology
- Endocrinology
- Gastroenterology
- Genetics
- Hematology and Oncology
- Immunology
- Infectious Diseases
- Intensive Care
- Metabolic Disorders
- Neonatology
- Nephrology
- Neurology
- Nutrition
- Orthopedics
- Pediatric Dermatology
- Pediatric Surgery
- Psychiatry
- Respiratory Diseases
- Rheumatology
- Behavior Science
- Pediatric Nursing
- Miscellaneous

Profile of Attendance

- Pediatricians
- Pediatric Surgeons
- General Practitioners
- Pediatric Nurses
- Medical Students
- Pediatric Residents
- Family Medicine Physicians

REGISTRATION

UMEMPS, UAPS, JPS & MOH Congress 2025
Pre-function Area, Le Royal Hotel (Floor P3)

Wednesday, October 8, 2025
14:00 – 18:00

Thursday, October 9 2025
Saturday, October 11, 2025
08:00 – 18:00

8th–11th October 2025

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Opening Ceremony

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08 October 2025

Wednesday

Opening Ceremony

18:00-18:02	Royal Anthem
18:02-18:05	Recital from the Holy Quran
18:05-18:10	**Address of Dr. Basim Al Zoubi** President of the Conference President of UMEMPS, President of the Union of Arab Pediatric Societies (UAPS), President of the Jordan Pediatric Society, Head of Pediatric Speciality at MOH
18:10-18:15	**Address of Prof. Dr. Enver Hasanoğlu** Past President of IPA, General Secretary of UMEMPS
18:15-18:20	**Address of Dr. Issa Khashashneh** President of the Jordan Medical Association
18:20-18:35	**Memorial Lecture:** **Congress Patron Dr. Abdel Raouf Al-Rawabdeh** Former Prime Minister of Jordan
18:35-18:50	Trophies
18:50-19:30	**Opening of the Medical Exhibition & Coffee Break**

Master of Ceremony

Prof. Omar Nafi
Chairman of the Scientific Committee

08 October 2025

الأربعاء

برنامج حفل الافتتاح

السلام الملكي	**18:02-18:00**
تلاوة آيات من الذكر الحكيم	**18:05-18:02**
كلمة الدكتور باسم الزعبي رئيس المؤتمر، رئيس اتحاد جمعيات طب الأطفال لدول حوض البحر الابيض المتوسط والشرق الأوسط، رئيس الاتحاد العربي لجمعيات طب الأطفال، رئيس جمعية أطباء الأطفال الأردنية، رئيس اختصاص طب الاطفال في وزارة الصحة	**18:10-18:05**
كلمة الأستاذ الدكتور إنور حسن أوغلو، رئيس الاتحاد العالمي لجمعيات طب الأطفال السابق، أمين عام اتحاد جمعيات طب الأطفال لدول حوض البحر المتوسط والشرق الأوسط	**18:15-18:10**
كلمة الدكتور عيسى الخشاشنه نقيب الأطباء الأردنيين	**18:20-18:15**
المحاضرة التذكارية: دولة الدكتور عبد الرؤوف الروابده راعي الحفل	**18:35-18:20**
توزيع الدروع	**18:50-18:35**
افتتاح المعرض الطبي وحفل الاستقبال	**18:30-18:50**

عريف الحفل

الأستاذ الدكتور عمر نافع
رئيس اللجنة العلمية

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Thursday - 09 October 2025

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Session 1 — Immunology & Rheumatology

8:00 AM Registration — Hall A

Moderators **Enver Hasanoğlu (Turkey)**
Mohammed Abu Shukair - Jomana Alsulaiman

08:30-08:50 Immune Reconstitution in Neonatal and Pediatric Sepsis: Ten Mechanistic Case Vignettes
Adel Wahadneh | Jordan

08:50-09:10 Newer therapies in the treatment of food allergy.
Kholoud K. Wishah | USA

09:10-09:30 Autoinflammatory diseases apart from Familial Mediterranean fever: single-center experience in Jordan
Raed Alzyoud | Jordan

09:30-09:50 KAWASAKI DISEASE IN JORDAN: THE FIRST CLINICAL EXPERIENCE FROM QUEEN RANIA CHILDREN'S HOSPITAL
Motasem Suwaiti | Jordan

09:50-10:10 Mimics of Juvenile Idiopathic Arthritis
Sima Abu Al- Saoud | Palestine

10:10-10:30 Update on the treatment of Eosinophilic Esophagitis
Kholoud K. Wishah | USA

10:30-10:40 Discussion

10:40-11:00 Coffee Break

11:00-11:30 MSD (HPV SYMPOSIUM) — Hall B

Session 1 — Infectious Diseases

8:00 AM Registration — Hall B

Moderators **Najwa Khuri-Bulos - Mohammad Al Shawabkah**
Ahmad Abu Zaid - Marwan Shalabi

08:30-08:50 Pediatric Tuberculosis in Jordan: Challenges in diagnosis, management,and control
Alia Alkhlaifat | Jordan

08:50-09:10 Achievements and challenges in terms of prevention and control of vaccine preventable diseases in the Eastern Mediterranean Region
Ezzeddine Mohsni | Tunisia

09:10-09:30 Pediatric Immunity Musketeers
Eslam Tawfik El-Baroudy | UAE

09:30-09:50 Hydated cystosis in children
Isam Anjak | Syria

09:50-10:10 RSV vaccine introduction in the Eastern Mediterranean region
Ezzeddine Mohsni | Tunisia

10:10-10:30 The Itchy, the Rashy, and the Bumpy: Practical Dermatology for Everyday
Mona Alameh | Lebanon

10:30-10:40 Discussion

10:40-11:00 Coffee Break

MSD — Moderator **Omar Nafi**

11:00-11:30 ELIMINATION CERVICAL CANCER THROUGH PREVENTION
Nizar Maswadeh | Jordan

Thursday - 09 October 2025

Session 1 — **Neonatology**

8:00 AM Registration — **Hall C**

Moderators **Issa Khashashneh - Bashar Khasawneh**
Amjad Tarawneh - Zaidoun Alshurman

08:30-08:45 From Screening to Safe Discharge: New Insights in Hyperbilirubinemia
Eman Badran | Jordan

08:45-09:00 From Light to Life: The Newest Advances in Hyperbilirubinemia
Faten Alawaysheh | Jordan

09:00-09:20 Stem cell therapy in neonatal diseases-recent recommendations
Merih Cetinkaya | Turkey

09:20-09:40 Principals of entral nutrition in preterm infants
Sura Abd Alwahab | Iraq

09:40-10:00 First use of inhaled nitric oxide (iNO) to treat Persistent Pulmonary Hypertension of the Newborn (PPHN) in the neonatal intensive care unit NICU, Jordanian Royal Medical Services JRMS
Raeda Al-ghananim Jordan

10:00-10:20 Ethical dillemmas in Neonatology at the limit of viability
Erkin Rahimov | Azerbaijan

10:20-10:40 Steroids are they Freind's or foe in NiCU
Dr. Monika Kaushal | India

10:40-11:00 Coffee Break

11:00-11:30 MSD (HPV SYMPOSIUM) — **Hall B**

Session 2 — Industrial Symposia

Hall A

Roche

Moderator **Mohammad Rafed**

11:30-12:00 From Bleeds to Breakthroughs in Hemophilia Care
Mona Hamdy | Egypt

AstraZeneca

Moderator **Khalid Shaaban**

12:00-12:30 RSV Prophylaxis
Abeer Hasan | Jordan

Abbott

12:30-13:00 Probiotics in Guidelines and Local Protocols for Functional GI Disorders
Flavia Indrio | Italy

13:00-14:00 Lunch

Session 2 — Gastroenterology

Hall B

Moderator **Abdelrahman Albsoul - Mohammad Shatnawi**
Essam Hindawi

11:30-11:50 A Modern Management Strategy for Children with Recurrent ENT Disorders.
Irina Zelenkova | Russia

11:50-12:10 Gaustic agent ingestion among children.
Dler A.K. Nooruldeen Chalabi | Iraq

12:10-12:30 Recurrent Abdominal pain in children.
Asaad A. Assiri | KSA

12:30-13:00 Abbott SYMPOSIUM **Hall A**

13:00-14:00 Lunch

Thursday - 09 October 2025

Session 2

Neurology

Hall C

Moderator **Mabrouk Al-Srehin - Wafaa Samaan**
Taha Al Tamimi - Hussien Wahbeh - Azhar Daoud

11:30-11:50 Arabic Language Autism Diagnostic Inventory: a new tool for autism assessment
Arwa Nasir | USA

11:50-12:00 Transition of ADHD Patients from Paediatric to Adult Services in a Large Geographical Area of South East England.
Hani F Ayyash | UK

12:00-12:20 Somatic, Mental, and Cognitive Health: An Integrated Approach to Child Well-being
Leyla Namazova-Baranova | Russia

12:20-12:40 Global trends in autism diagnosis and management
Arwa Nasir | USA

12:40-12:50 Discussion

13:00-14:00 Lunch

Session 3 | Palestine Session — Children Under the War in Gaza

Joint Session with IESOP

Hall A

Moderators **Mahmoud Jabr - Majed Abu Jaish (Palestine)**
Ali Ateyeh

14:00-14:10 Introduction
Basim Al zoubi | Jordan

14:10-14:30 Responding to the impact of violence and armed conflict on children
Jeffrey Goldhagen | USA

14:30-14:50 Establishing a regional child rights advocacy consortium
Jeffrey Goldhagen | USA

14:50-15:15 TBA
Ammar Yahya Al Hmoud | Jordan

15:15-15:30 AGREEMENT BETWEEN DIFFERENT NUTRITIONAL ASSESSMENT TOOLS IN DETECTING ACUTE MALNUTRITION AMONG CHILDREN AGED 5–59 MONTHS DURING THE WAR IN GAZA
Nida Barqawi | UAE

Board Meeting Room

15:00-17:00 UMEMPS & UAPS Council Meeting — **Floor 11**

Abbott — Moderator **Basima Marar**

15:30-16:00 Efficacy and safety of NSAIDs in children
Nadwa Zihlif | Jordan

16:00-16:30 Cofee Break

AstraZeneca — Moderator **Mohamad Wahsheh**

16:30-17:00 Asthma management in children
Enas Zaiadneh | Jordan

Session 3 — Metabolic & Genetics

Hall B

Moderators **Jareer Halazoun - Momen Al-Aqeel**
Wafaa Samaan

14:00-14:20 Respiratory Involvement in Rare Metabolic Diseases: Does It Matter?
Liliia Selimzianova | Russia

14:20-14:40 NEONATAL CHOLESTASIS AND LIVER FAILURE CAUSED BY MITOCHONDRIAL HEPATOPATYH
Thanaa Alkhatib | Syria

14:40-14:50 Spectrum of Genetic mutations in patients with Hepatomegaly with or without Hypoglycemia in Metabolic clinic at Maternity and children hospital – Al-Basheer Complex
Kifal Al-Qa'qa' | Jordan

14:50-15:00 Electrocardiographic Changes In Jordanian Patients With Becker Muscular Dystrophy
Mohammed Al-raqad | Jordan

15:00-15:20 TBA
Bassam Abu Libdeh | Palestine

15:20-15:30 Discussion

15:30-16:00 Abbott Symposium — **Hall A**

16:00-16:30 Cofee Break

16:30-17:00 AstraZeneca Symposium — **Hall A**

Session 3 — Neonatology

Hall C

Moderator **Mahmoud Al Kaabneh - Ahmad Obeidat - Amjad Tarawneh - Zaidoun Alshurman - Mohammad Khasawneh**

14:00-14:20	Neuroprotective treatment options for neonatal hypoxic-ischemic encephalopathy **Merih Cetinkaya** | Turkey
14:20-14:30	Nasal CPAP Interfaces in Neonatal Respiratory Distress: A Comparative Study of RAM Cannula and Hudson Prongs **Dima Abu Nasrieh** | Jordan
14:30-14:40	Combined Anti-VEGF and Diode Laser Photocoagulation for Severe and Progressively Advancing Retinopathy of Prematurity **Hiba Khraisat** | Jordan
14:40-14:50	Pulse oximetry screening for critical congenital heart disease in Jordanian newborns **Abeer Hasan** | Jordan
14:50-15:00	THERMOREGULATION AND TEMPERATURE SUPPORT IN NEONATESTHERMOREGULATION AND TEMPERATURE SUPPORT IN NEONATES **Merana Alfar** | Jordan
15:00-15:10	Enteral Nutrition of Preterm Infants **Osama AbuSalah** | Jordan
15:10-15:20	Discussion
15:30-16:00	Abbott Symposium — Hall A
16:00-16:30	**Cofee Break**
16:30-17:00	AstraZeneca Symposium — Hall A

المؤتمر الثالث والاربعون لاتحاد جمعيات طب الأطفال لدول حوض البحر المتوسط والشرق الأوسط

المؤتمر الثالث والعشرون لاتحاد جمعيات طب الأطفال العربية

المؤتمر الدولي العشرون لجمعية طب الأطفال الأردنية

المؤتمر الدولي التاسع لاختصاص طب الأطفال في وزارة الصحة

The 43rd Congress of the Union of Middle-Eastern and Mediterranean Pediatric Societies

The 23rd Congress of the Union of Arab Pediatric Societies

The 20th International Conference of Jordan Pediatric Society

The 9th Ministry of Health Congress of Pediatric

Session 1 — Endocrinology-1

Hall A

8:00 AM **Registration**

Moderators **Fawzi Al Hamouri - Mojali Ahmad - Marlin Nino**

08:30-08:40 Association Between Short Stature and Behavioral and Emotional Difficulties Among Children in Jordan: A Cross-Sectional Study
Tamara Kufoof | Jordan

08:40-09:00 Cushing Syndrome In Pediatric Population Who And How To Screen
Mohamad Maghnie | Italy

09:00-09:20 Congenital Adrenal Hyperplasia in Syria (Patogenesis, Genetics)
Sahar Idlebi | Syria

09:20-09:40 Idiopathic Short Stature: Growth Hormone Therapy and Beyond
Basim Al-Zoubi | Jordan

09:40-10:00 Approach and new modalities in management of T2DM in Adolescence
Abdulsalam Abu-Libdeh | Palestine

10:00-10:10 Discussion

10:10-10:30 Coffee break

Session 1 — Gastroenterology-1

Session Theme: Nutrition In Action

Hall B

8:00 AM **Registration**

Moderators **Mohammad Rawashdeh - Naif Rawabdeh**
Salma Burayzat

8:30-8:50 Programs for addressing and managing childhood malnutrition in Syria
Mahmoud Bozo | Syria

8:50-9:10 Short bowel Syndrome: New hope in the Horizon
Mohammad Miqdadi | UAE

9:10-9:30 Celiac disease in Syria and the Arab countries: reality, challenges, and solutions
Mahmoud Bozo | Syria

9:30-9:50 Celiac Disease diagnosis in Jordan: Biopsy VS Non-Biopsy
Fadia Alghzawi | Jordan

9:50-10:00 Q&A

10:00-10:30 Coffee break

Friday - 10 October 2025

Session 1 — Neurology -1

Hall C

8:00 AM **Registration**

Moderators **Abdelkarim Al-Qudah - Moen Habashneh**
Abdullah Al Shorman

8:30-8:50 Approach to a Child with Global Developmental Delay in the Era of Genomics.
Amira Masri | Jordan

8:50-9:10 Neurological Complications of Immunization.
Omar Nafi | Jordan

9:10-9:30 Unusual Pediatric Neurological Cases.
Amal Abu Libdeh | Jordan

9:30-9:50 Update on Classification of Epilepsy
May Bader | Jordan

9:50-10:10 Epilepsy Surgery.
Ahmad Tamimi | Jordan

10:10-10:30 Coffee break

Session 2 — Endocrinology-2

Hall A

Moderators **Ourida Gacem (Algeria) - Wael Sunnoqrot**
Fadi Ayyash

10:30-10:50 Differential Diagnosis of Polyuria and Polidipsia - What Pediatrician should know for an early Diagnosis and Managemen
Mohamad Maghnie | Italy

10:50-11:10 Importance of advanced carbohydrates knowledge for children and adolescents with Type 1 Diabetes: A study from Jordan.
Abeer Alassaf | Jordan

11:10-11:20 Novel treatment of hypocalcemia in children
Sima Kalaldeh | Jordan

11:20-11:40 When to Refer a Short Child to the Endocrinologist
Randa Qaisi | Jordan

11:40-11:50 Discussion

11:50-12:20 **Keynote Lecture:** Childhood obesity: advancing understanding for improved management
Patrick Tounian | France

12:20-14:00 Friday Prayer and Lunch

Session 2 — Gastroenterology-2

Session Theme: Liver Disorders

Hall B

Moderators **Abdullah Ghanma – Hisham Natour**
Ramzi Ayoub

10:30-10:50 CMV infection and biliary atresia: Is it a different disease?
Mutaz Sultan | Palestine

10:50-11:10 Beyond the diagnosis: addressing the complexities of pediatric chronic disease
Maha Barbar | Jordan

11:10-11:30 Vomiting in children: Approach and Management Dr.
Mohammad Miqdadi | UAE

11:30-11:50 Wilson Disease in Jordan: Where do we stand now?
Fareed Khdair | Jordan

11:50-12:00 Q&A

12:00-12:30 **Keynote Lecture** — **Hall A**
Patrick Tounian | France

12:30-14:00 Friday Prayer and Lunch

Session 2

Neurology -2

Hall C

Moderators **Marwan Hyasat - Haya Arabdiat**
Wael Khreisat

10:30-10:50 Paroxy Smal Non-epileptic Events in Children.
Saleh Al Ajlouni | Jordan

10:50-11:10 Beyond the Pain:clinical Advances in Ped-headache and Migraine Management
Redab Al-Ghawanmeh | Jordan

11:10-11:30 Speech Delay in Children: What Every Pediatrician Needs to Know in 2025
Miral Almomani | Jordan

11:30-11:40 Management of Autism : Current Approach and Recent Update.
Reem Atwan | KSA

11:40-11:50 Absence Seizures: Molecular Mechanisms and Targets of Therapy.
Hussein Jarwan | Jordan

s11:50-12:00 Discussion

Roche

Moderator **Issam Khawaja**

12:00-12:30 Advancing Standards of Care in Spinal Muscular Atrophy
Mai Bader | Jordan

12:30-14:00 Friday Prayer and Lunch

Session 3 — Respiratory Diseases -1

Hall A

Moderators **Abdelhamid Njada - Muna Al Kilani - Sireen Al Zoubi**

14:00-14:20 Pulmonary Hemosidrosis Case Study
Nadwa Al Zuhluf | Jordan

14:20-14:40 Management of Community Acquired Pneumonia in Children: Review of the International Guidelines
Hisham Hamdan | Jordan

14:40- 14:50 NIV for chest wall and neuromuscular disorders
Nuseibah Al Ramadina | Jordan

14:50-15:05 Sleep Disorder Breathing in Children with Obesity
Montaha Al-Iede | Jordan

15:05-15:15 Pulmonary Eosinophilia
Alaa Alzghireen | Jordan

15:20-15:30 Q&A

15:30-16:00 Coffee Break

Session 3 — Gastroenterology-3

Session Theme: Luminal disorders and IBD

Hall C

Moderators **Ruwaida Hijazeen – Mohammad Rwalah**
Manar Alzoubi

14:00-14:20 Pediatric IBD in low recourses countries: Challenges and hopes
Mutaz Sultan | Palestine

14:20-14:40 Malnutrition and Enteric Dysfunction in children
Eyad Tamimi | Jordan

14:40- 15:00 Protein-Losing enteropathy in children: Unmasking the silent Drain of Vital Proteins
Kamleh Barham | Jordan

15:00-15:20 A polyp VS polyp!
Hana Ghraibeh | Jordan

15:20-15:40 Vegan diets in children and adolescents: strategies to prevent nutritional deficiencies
Patrick Tounian | Jordan

Q&A

15:40-16:00 Coffee Break

Session 3

NEPHROLOGY

Hall C

Moderators **Radi Hamed Siouf - Saiel Alsarhan - Edward Sacca**

14:00-14:10 CHANGING PATTERN OF CONGENITAL ANOMALIES OF THE KIDNEY AND URINARY TRACT
Kamal Akl | Jordan

14:10-14:30 Hypertension in Childhood & Adolescence: New Guidelines
Bassam Saeed | Syria

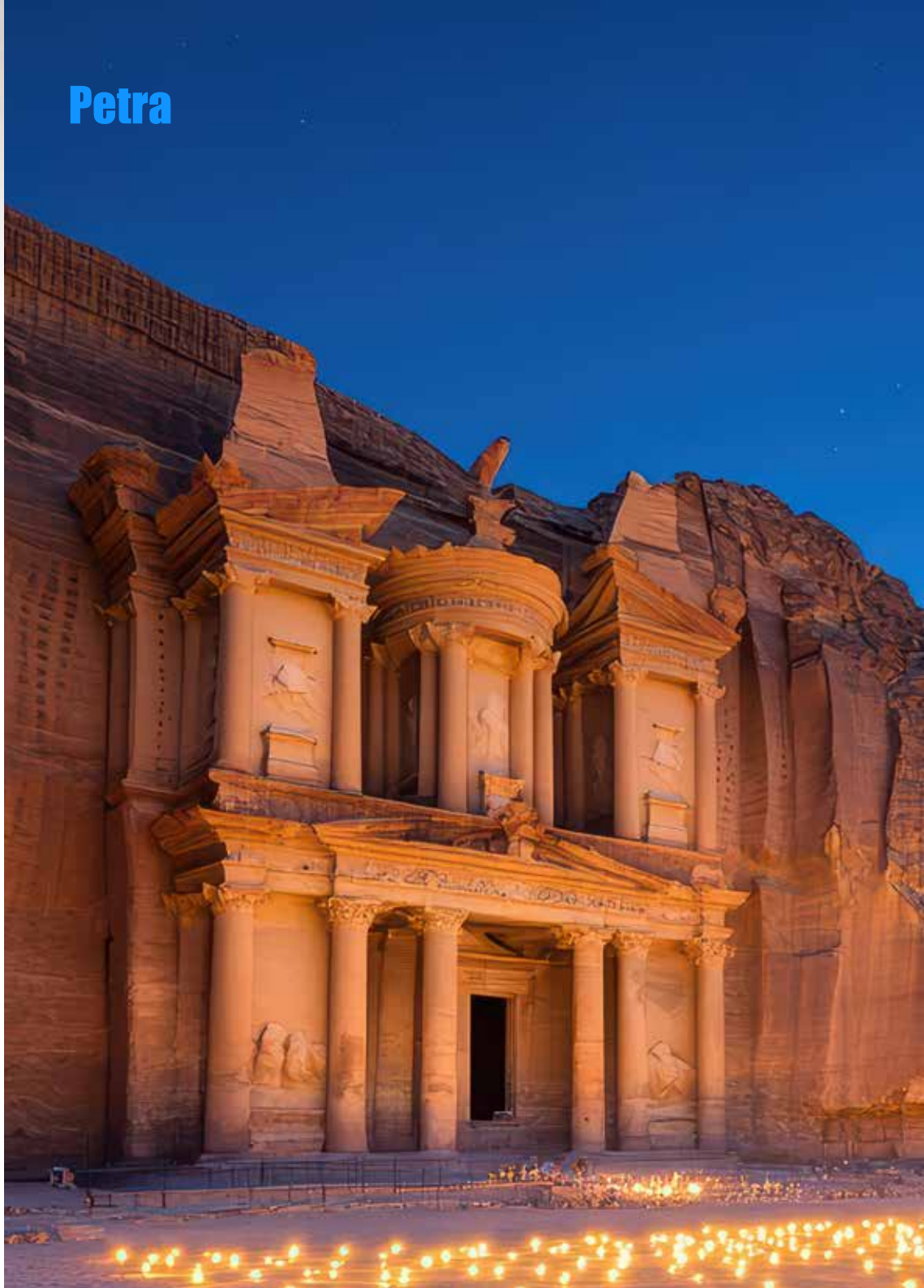
14:30-14:50 Extracorporeal Blood Purification (EBP) for Non-Nephrologists – Novel Techniques and Indications Beyond Traditional Dialysis.
Entesar AlHammadi | UAE

14:50-15:10 When Hematuria Turns Fatal
Zaher Taher Gardi | Iraq

15:10-15:20 Interesting Cases in Pediatric Nephrology.
Entesar AlHammadi | UAE

15:20-15:30 Q&A

15:30-16:00 Coffee Break



Session 4 — Respiratory Diseases-2

Hall A

Moderators **Fouad Albakoush (Libya) - Lina Al Shadfan**
Faisal Abu Qutaish

16:00-16:20 Hydatid Cyst Pulmonary Overview
Nisreen Alhamiedeen | Jordan

16:20-16:40 Recurrent Pneumonia in Children
Ehsan Aljundi | KSA

16:40-17:00 Sever Asthma in Children Therapeutic and Management Options
Yazan Said | KSA

17:00- 17:20 Supportive lung disease Approach and management
Enas Alzayadneh | Jordan

18:30 Gala Dinner (By Invitation)

Friday - 10 October 2025

Session 4 — Gastroenterology-4

Session Theme: Gastrointestinal Potpourri

Hall B

Moderators **Mohammad Rawalah – Mohammad Quran**
Mohammad Maghaireh

16:00-16:20 From colic to crises: the puzzle of CMPA
Mohanad Mhairat | Jordan

16:20-16:40 EOE: Updated ESPGHAN guidelines
Ala' Dala'een | Jordan

16:40-17:00 General anesthesia as preferred Approach for pediatric Endoscopy: Experience from 238 procedures over two years
Sana'a AlKhazal'eh | Jordan

17:00- 17:20 Glimpse on Starvation
Hanadi Rimawi | Jordan

17:20 -17:40 Principles about parenteral nutrition
Sarah Rimawi | Jordan

17:40-17:50 Q&A

18:30 Gala Dinner (By Invitation)

Session 4 — Nephrology

Hall C

Moderators **Samah Jbour - Rula Saqan - Jumana Baramkeh**

16:00-16:20	Identification of PDIA6 Mutation in a Case of Autosomal Recessive Polycystic Kidney Disease: A Case Report and Review of Literature **Reem Al Hadidi** | Jordan
16:20-16:30	Histopathological findings of steroid resistant nephrotic syndrome in pediatric age group in queen Rania children hospital, SINGLE CENTER EXPERIENCE Mahdi **Farah Frehat** | Jordan
16:40-17:00	Genetics in pediatric nephrology **Issa Al Khatabeh** | Jordan
17:00-17:10	Peritoneal Dialysis in Children: Experience from a Tertiary Hospital in Jordan (2021–2025) **Doaa Al Qaoud** | Jordan
17:10-17:20	Nocturnal Enuresis in Jordanian children: A Retrospective analysis at a private nephrology clinic **Mohammad Salameh** | Jordan
17:20-17:30	Antenatal Hydronephrosis: Experience of a Nephrology Clinic in the Jordanian Private Sector **Mohammad Dweik** | Jordan
17:30-17:40	Rising Incidence of ESBL-Producing Escherichia coli in UTI in 2024: A Retrospective Analysis of Antibiotic Resistance Patterns **Faisal Al Mawasleh** | Jordan
17:40-17:50	Approach to Acute Kidney Injury **Ruba Al Assaf** | Jordan
17:50-18:00	Discussion
18:30	**Gala Dinner (By Invitation)**

المؤتمر الثالث والاربعون لاتحاد جمعيات طب الأطفال لدول حوض البحر المتوسط والشرق الأوسط

المؤتمر الثالث والعشرون لاتحاد جمعيات طب الأطفال العربية

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The 43rd Congress of the Union of Middle-Eastern and Mediterranean Pediatric Societies

The 23rd Congress of the Union of Arab Pediatric Societies

The 20th International Conference of Jordan Pediatric Society

The 9th Ministry of Health Congress of Pediatric

Session 1 — Hematology/Oncology -1

8:00 AM Registration — Hall A

Moderators **Mahmoud Al-Sheyab - Issam Haddadin**
Fareed Haddad

08:30-08:40 Newly FDA and EMA approved treatments for hemophilia
Mustafa Alfalah | Jordan

08:40-08:50 Laser treatment for prevention of oral mucositis in bone marrow transplanted patients
Marcello Maddalone | Italy

08:50-09:00 LYMPHADENOPATHY IN CHILDREN
Ayhan DAĞDEMİR | Turkey

09:00-09:20 Treatment of aplastic anemia associated with hepatitis A in children.
Othman Hamdan | Syria

NOVARTIS

Moderators

09:20-09:40 ITP management in Pediatrics
Maher Khader Ahmad Mustafa | Jordan

09:50-10:10 Discussion

10:20-10:40 Coffee Break

Session 1 — Cardiology 1

8:00 AM Registration — Hall B

Moderators **Fakhri Hakeem - Issa Hijazi**
Mahmoud Abbad - Mazen Naghawi

08:30-08:40 Long Segment Midaortic Stenosis in Williams Syndrome: Report of a Very Rare Presentation
Yazan Al-Mashakbeh | UK

08:40-09:00 Chest Pain in Children
Awni Madani | Jordan

09:00-09:20 PDA Management in Children
Abdelfatah Abu Haweleh| Jordan

09:20-09:40 Syncope in Pediatrics
Ali Halabi | Jordan

09:40-10:00 Coarctation of Aorta in Newborn
Iyad Ammouri | Jordan

10:00-10:20 Discussion

10:20-10:40 Coffee Break

Session 2 — Artificial Intelligence

Hall A

Moderators **Manar Awad Lawama - Omar Abu Sharia**

10:40-11:00 Artificial Intelligence
Iyad Sultan | Jordan

11:00-11:20 Fever phobia among parents and paediatricians
Adamos Hadjipanayis | Cyprus

11:20-11:40 Future Perspective on Pediatrics from the Global Point of View
Adamos Hadjipanayis | Cyprus

11:40-12:00 Medical Apps the Future of Pediatrics
Cherif Aly Mohamed Abdelal | Egypt

12:00-12:20 What to do when you called to see a critically ill infant / child ?
Dr. YOUSEF Al Yamani | Jordan

12:20-12:30 Discussion

novo nordisk®

Moderators **Rula Awamleh**

12:30-13:30 The Growing Burden Pediatric Obesity as a Chronic Disease.
Rasha Odeh | Jordan
Obesity and gastric complication's in children
Mohanad Mhairat | Jordan

13:30-14:30 Lunch

Session 2 — Practical Skills for Screening, Prevention, and Management

Workshop: Childhood Obesity

Hall B

Presenter **Nida A. Barqawi - Reem A Zietawi**

Moderators **Fatin Al Maaytah**

10:40-10:50 Introduction & Icebreaker
Nida A. Barqawi & Reem A Zietawi | Jordan

10:50-11:10 Core Presentation (Epidemiology, Assessment, Intervention & Prevention)
Nida A. Barqawi & Reem A Zietawi | Jordan

11:10-11:30 Hands-On Activity 1: Growth Chart Plotting Myths Vs Facts
Nida A. Barqawi & Reem A Zietawi | Jordan

11:30-11:50 Case Study 1 Discussion. (Dignity at the Door: Skills Lab in Entry Refusal & Engagement.)
Nida A. Barqawi | Jordan

11:50-12:10 Case Study 2 Discussion. (The Beige Diet Trap: Picky Eating Patterns and Obesity Risk.)
Reem A Zietawi | Jordan

12:10-12:20 Wrap-up & Q&A
Nida A. Barqawi & Reem A Zietawi | Jordan

12:20-12:40 Quiz

12:30-13:30 Novo Nordisk Symposium - Lectures 1 — **Hall A**

12:30-13:30 Novo Nordisk Symposium - Lectures 2 — **Hall A**

13:30-14:30 Lunch

CHILDHOOD OBESITY

Practical Skills for Screening, Prevention, and Management

Nida A. Barqawi, MSc, ESPEN Diploma, Clinical Dietitian
Reem A Zietawi, Msc, Clinical Dietitian

Workshop Overview

This interactive workshop aims to equip pediatric healthcare professionals with practical skills to screen, prevent, and manage childhood obesity using evidence- based guidelines, with a strong emphasis on nutritional interventions. Through hands-on activities and case-based learning, participants will gain confidence in applying growth charts, developing nutrition-focused treatment plans, and creating individualized management strategies.

Rationale

Childhood obesity is one of the most pressing public health challenges worldwide, with increasing prevalence across the MENA region specially in Jordan. Pediatricians and allied health professionals play a pivotal role in early detection and intervention. This workshop provides practical, evidence-based tools to address
this epidemic within clinical practice.

Learning Objectives

- Identify overweight and obesity in children using WHO growth charts and BMI- for-age percentiles.
- Recognize key risk factors and obesity-related comorbidities in pediatric populations.
- Apply evidence-based interventions for prevention and management of childhood obesity.
- Apply nutrition-focused treatment plans for children with obesity.

Component	Time	Presenter
Introduction & Icebreaker	10:40-10:50	Nida A. Barqawi & Reem A Zietawi
Core Presentation (Epidemiology, Assessment, Intervention & Prevention)	10:50-11:10	Nida A. Barqawi& Reem A Zietawi
Hands-On Activity 1: Growth Chart Plotting Myths Vs Facts	11:10-11:30	Reem A Zietawi& Nida A. Barqawi
Case Study 1 Discussion. (Dignity at the Door: Skills Lab in Entry Refusal & Engagement.)	11:30-11:50	Nida A. Barqawi
Case Study 2 Discussion. (The Beige Diet Trap: Picky Eating Patterns and Obesity Risk.)	11:50-12:10	Reem A Zietawi
Wrap-up & Q&A	12:10-12:20	Nida A. Barqawi & Reem A Zietawi
Quiz	12:20-12:40	

Target Audience

- Pediatricians
- Family Physicians
- Dietitians
- Nurses working in pediatrics
- Medical students interested in child health

Methods of Delivery

- Interactive lecture with visual slides.
- Group discussions and case studies.
- Case Studies and Quiz
- Distribution of handouts and growth charts.

Materials Provided to Participants

- WHO growth charts (boys & girls).
- Quick-reference handouts on screening and management.
- Summary of counseling tips.
- Suggested resources for continuing education.

Expected Outcomes

- Improved competency in diagnosing, treating, and managing childhood obesity with a focus on nutrition.
- Increased awareness of evidence-based guidelines (WHO, AAP, ESPGHAN).
- Enhanced communication skills with families to support behavior change.

References

1. World Health Organization. Report of the Commission on Ending Childhood Obesity, 2016. https://www.who.int/publications/i/item/9789241510066
2. Styne DM, et al. Pediatric Obesity—Assessment, Treatment, and Prevention: An Endocrine Society Clinical Practice Guideline, 2017. https://academic.oup.com/jcem/article/102/3/709/2804638
3. Barlow SE, et al. AAP Expert Committee Recommendations on Childhood Obesity, Pediatrics, 2023. https://publications.aap.org/pediatrics

Nida A. Barqawi, MSc, Clinical Dietitian
Since 2005, Nida A. Barqawi has been a DHA-registered Clinical Dietitian in Dubai. She holds a Master's in Clinical Nutrition from the University of Jordan. Her practice spans pediatric and adult care with expertise in malnutrition, obesity management, and clinical research. An active member of the European Society for Clinical Nutrition and Metabolism (ESPEN), she teaches ESPEN LLL live courses in the region and earned the ESPEN Diploma in Clinical Nutrition and Metabolism in 2022. Committed to advancing nutritional care through education and evidence-based practice, she has presented her research internationally, including at the ESPEN Congress 2025.

Reem Zietawi, Msc, Clinical Dietitian
Reem Zietawi is among Jordan's leading dietitians, combining advanced training in nutritional science with certified personal fitness expertise to help hundreds of adults and children achieve their health goals. She earned a master's degree in nutrition from the University of Jordan, where her thesis compared food and nutrient intake between smokers and non-smokers. Reem also fulfilled the

Session 3 — Hematology/Oncology - 2

Hall A

Moderators **Qasem Shersheer - Rawad Rihani - Maha Obeidat**

14:30-14:40 PRETRANSPLANT MYELOID AND IMMUNE SUPPRESSION (PMIS) FOR THALASSEMIA PATIENTS RECEIVING MATCHED RELATED DONOR ALLOGRAFT
Eman Khattab | Jordan

14:40-14:50 Bone Marrow Transplantation in Failure Syndromes – Experience at Queen Rania Children's Hospital
Mais Jazazi | Jordan

14:50-15:00 GLOBALISING THE ACCESS TO ADVANCED MOLECULAR DIAGNOSTICS OF PEDIATRIC CNS TUMORS: EXPERIENCE OF THE MOLECULAR NEURO-PATHOLOGY (MNP) OUTREACH CONSORTIUM
Olfat Ahmad | Jordan

15:00-15:10 Safety and efficacy of spleen tyrosine kinase (Syk) inhibitors in immune thrombocytopenia (ITP): A systematic review and meta-analysis of randomized clinical trials.
Mus'ab Theeb Mustafa | Jordan

15:10-15:20 Syndromic macrothrombocytopenia and hemolytic anemia caused by a pathogenic variant in GALE gene: A case report and Literature review
Tahani Sarrawi | Jordan

15:20-15:30 Discussion

Session 3 — FREE PAPERS

Hall B

Moderators **Amjad Khalaf Rdesat - Nabeeh Owais**

14:30-14:40 Establishing a Structured Baby Hip Clinic in Jordan: Two and a Half Years of the RMS Experience
Mutasem Aldhoon | Jordan

14:40-14:50 Efficacy and Safety of Ensitrelvir in Patients With Mild-to-ModerateCOVID-19: A Systematic Review and Meta-Analysis
Shahd Nofal | Jordan

14:50-15:00 Bleeding in children with inherited factor deficiency: our single-center experience in Jordan.
Omaeima Aljarrah | Jordan

15:00-15:10 Clinical case presentation: CAMK2 Syndrome
Eman Salem | Jordan

15:10-15:20 Primary Carnitine Deficiency Due to Biallelic SLC22A5 Mutation in an Egyptian Infant: A Case Report and Literature Review
Hashem Altabbaa | Jordan

15:20-15:30 Outcome of VNS in pediatric patients with DRE W&C Hospital-Albashir hospital experience
Suhaib Dabour | Jordan

15:30-15:40 EFFECTIVENESS OF IVIG AS AN ADJUNCTIVE TREATMENT FOR CHILDHOOD DRUG RESISTANT EPILEPSY W&C HOSPITAL-ALBASHIR HOSPITAL'S EXPERIENCE
Rou'a Taha Saleem AlAdaileh | Jordan

15:40-15:50 Managing Community Acquired Pneumonia in Children - Review of the Guidelines
Hisham Hamdan | Jordan

15:50-16:00 Can AI Chatbots Reliably Diagnose Pediatric Conditions using X-ray Imaging?
Khalid Abuelsamen | Jordan

16:00-16:10 Discussion

POSTER (1)

Hematopoietic Stem Cell Transplantation in Pediatric Inflammatory Bowel Disease: A Systematic Review of Indications, Outcomes, and Safety

Student Allaa Khirfan Allaakherfan20@gmail.com Poster Authors: Sara Irshaidat*, Husam Abu Suilik*, Ekram Hassan Hasanin, Allaa Khirfan, Hashem Abu Serhan. Sidra Medicine, Doha, Qatar. Department of Ophthalmolog Hamad Medical CorporationThe Hashemite University,Jordan university of sciecne and technology,

Hematopoietic Stem Cell Transplantation in Pediatric Inflammatory Bowel Disease: A Systematic Review of Indications, Outcomes, and Safety

Authors: Sara Irshaidat*, Husam Abu Suilik*, Ekram Hassan Hasanin, Allaa Khirfan, Hashem Abu Serhan.

* Both authors have equal contributions and are co-first authors.

POSTER (2)

Effectiveness of Practical versus Theoretical Teaching in Acquiring Clinical skills

"Effectiveness of Practical versus Theoretical Teaching in Acquiring Clinical skills

Author: Wisam moh'd hussein al safadi
Co Author : Selina Sorour Ahmad Sorour
University/Organization: The University of Jordan
Medical student Wisam Al Safadi wisamalsafadi3@gmail.com
Poster Author: Wisam moh'd hussein al safadi. Co Author : Selina Sorour Ahmad Sorour. The University of Jordan, Faculty of Medicine, Amman, Jordan

POSTER (3)

The use of Artificial Intelligence (AI)and Deep Learning (DL) for Imaging-Based diagnoses of Congenital Heart Disease in Pediatrics: A literature review

Medical student Selina Sorour selinasorour@gmail.com
Poster Selina Sorour Ahmad Sorour (presenting author), Wisam Moh'd Hussein Al Safadi The University of Jordan, Faculty of medicine, Amman, Jordan

8th–11th October 2025
Posters

POSTER (4)

BRUCELLA-INDUCED HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS IN A PEDIATRIC PATIENT: A CASE REPORT AND REVIEW OF LITRETURE

Medical Student Lina Abu Sirhan linaabusirhan@gmail.com
Lina A Abu Sirhan , Reem H Al-Hadidi 1 Faculty of Medicine, Al-Balqa Applied University, Al-Salt, 19117.Al-Hussain New Salt Hospital, Ministry of Health, Al-Salt, Jordan 2 Jordan

POSTER (5)

Public Knowledge and Attitude Toward Down Syndrome: A Nationwide Cross-sectional Survey in Jordan

Intern Mallak Atef Shalfawi mallakshalfawi@gmail.com
Authors: N. Shewaikani, A. Al Refaei, T. Khamis, M. Oraikat, N. Abdalgani, M. Shalfawi, F. Abdelghani, A. Masri presenter: Mallak Shalfawi Faculty of medicine, university of Jordan

POSTER (6)

Cultural and Linguistic Correlates of Autism in Jordan

Professor Arwa Nasir anasir@unmc.edu
Arwa Nasir; Amira Masri; Laeth Nasir. University of Nebraska Medical Center; University of Jordan; Creighton University
A Nasir, A Masri, L Nasir

POSTER (7)

Urinary Bladder Agenesis Associated With Complete Hirschsprung, Rectal Agenesis and Spinal Anomalies: A Case Report

Chief Resident of Paediatrics - Ibn Alhaytham Hospital Mohammad Salameh salamehm97@gmail.co
Edward Saca, MD MSc, Mohammad Dweik, MD , Majd Kittani, MD, Qusay Awad, MD, Mohammad Salameh, MD, Rami Alqdah, MD (Presenter) Ibn Al-Haytham Hospital

POSTER (8)

Effect Of Levetiracetam Monotherapy On Epilepsy Children: A Systematic Review And Meta-Analysis.

medical student Sara Abu Al-eenein soabualeenein20@med.just.edu.jo
Sara Abualinin , Lama Bani Salameh , Faten Awwad , Amer Maqableh , Abdullah Aldalati , Ahmed Yassin Jordan University of Science and Technology, King Abdullah University Hospital

POSTER (9)

Schimke Immuno-osseous Dysplasia Presenting with Proteinuria: A Case Report

Chief Resident of Paediatrics - Ibn Alhaytham Hospital Mohammad Salameh salamehm97@gmail.com
Mohammad Salameh,MD , Edward Saca, MD MSc, Mohammad Dweik, MD Rama Al-Sawaeer MD (presenter) Ibn Al-Haytham Hospital

POSTER (10)

Presented with Asthma Diagnoses Ended up with Open Heart Surgery

Consultant Rasha Qaqish dr_rasha_qaqish@hotmail.com Poster R. Qaqish, K.Salaymeh, Z. Alsayes, Z. Alzoubi, M. Nafoukh, N. Sawalha
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Authors: R. Qaqish, K.Salaymeh, Z. Alsayes, Z. Alzoubi, M. Nafoukh, N. Sawalha
Jordan University of Science and Technology, University of Jordan

POSTER (11)

THE GENETIC LANDSCAPE OF THE PATHOGENICITY OF LENNOX-GASTAUT SYNDROME

MD Leena A. Elayan leena.elian@yahoo.com
Zeina O. Giabatti , Bishr M. Quwaider , Al-Laith W. Ramadan , Ahmad S. Hammouri, , Husam Aldean H. Hussain Jordan University Of Science And Technology

8th–11th October 2025
Posters

POSTER (12)

THE KETOGENIC DIET FOR DRUG RESISTANT EPILEPSY IN CHILDREN: EFFICACY AND PREDICTORS OF RESPONSE

MD Leena A. Elayan leena.elian@yahoo.com
Suhyb A. Hamed , Tala Sh. Atallah , Abdullah I. Alsarayrah , Bushra M. Alzamil
Jordan University Of Science And Technology

POSTER (13)

Seasonal Variations in the Diagnosis of Pediatrics with Type 1

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POSTER (14)

PRIMARY CARNITINE DEFICIENCY WITH BIALLELIC SLC22A5 MUTATION: A NOVEL CASE AND SYSTEMATIC REVIEW

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POSTER (15)

IMPROVING SURVIVAL IN EXTREME PREMATURITY: A STRUCTURED NEONATAL APPROACH IN RESOURCE-LIMITED SETTINGS

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POSTER (16)

THERMOREGULATION AND TEMPERATURE SUPPORT IN NEONATES

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POSTER (17)

Bridging Gaps in Care: Maternal Knowledge and Practices for Childhood
Diarrhea in Jordan

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POSTER (18)

Persistent Thrombocytosis, an Interesting Finding in β-Thalassemia Patients Post-Splenectomy in a Tertiary Referral Center in Jordan

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POSTER (19)

Complete Remission Following Multimodal Treatment in a Pediatric Patient with Locally Advanced EBV-Positive Undifferentiated Non-Keratinizing Nasopharyngeal Carcinoma: A Case Report

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POSTER (20)

Chylous Malignant Pleural Effusion in Pediatric Neuroblastoma: A Rare and Fatal Presentation

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POSTER (21)

Medulloblastoma in Constitutional Mismatch Repair Deficiency: Diagnostic Challenges and Clinical Clues from Two Cases

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POSTER (22)

Duration of symptoms post COVID 19 vaccination as a factor influencing Jordanian mothers' refusal of the new Measles Rubella vaccine: a comprehensive cross sectional study

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POSTER (23)

Urinary Myasis: A Case Report from Jordan with a Systematic Review and Analysis of Published Cases

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POSTER (24)

Efficacy and Safety of Ensitrelvir in Patients With Mild-to-Moderate COVID-19: A Systematic Review and Meta-Analysis

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POSTER (25)

Beyond the Yellow: Predictors of Mother's Knowledge and Attitude Toward Neonatal Jaundice

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POSTER (26)

Optic nerve aplasia : a case report

Pediatric ophthalmology and strabismus consultant at Queen Rania Alabdullah children hospital/Royal medical services. Hiba Khraisat hhkhraisat@gmail.com
Dr Hiba khraisat Royal medical services

POSTER (27)

Case presentation about sorbitol dehydrogenase(SORD) a newly recognized form of CMT

MD Doaa Al-hlasy duaaalhlasy@yahoo.com
Doaa Alhlasy Child neurologist in the Jordanian royal medical survices

POSTER (28)

Predictors of Dehydration Following Adenotonsillectomy in Jordanian Pediatric Cases

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Laith Khasawneh , Yazan Al-Mashakbeh , Mohammad Al Katatbeh. Presenter: Dr. Yazan Al-Mashakbeh
Royal Derby Hospital

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POSTER (29)

Presentation with OHVIRA - Can We Minimise Duration of Symptoms?

Senior House Officer Hamzeh Khirfan Hamzah_1998@hotmail.com
Hamzeh Khirfan, Grace Rimmer, Cara Williams, Harriet Corbett Alder Hey Children's Hospital

POSTER (30)

Neonatal Hypoglycemia A clinical guide for evaluation and management

Abeer Alshamali

GENERAL INFORMATIONS

Currency
One Jordanian Dinar is equivalent to 1.4 US dollars. Foreign currency may be exchanged freely at any bank or money exchanger. Credit cards are accepted in most hotels, restaurants, and shopping malls.

Insurance Liability
- It is suggested that participants take out travel and health insurance before they depart from their countries.
- The Congress will not be liable for any accident, injury, or illness that may occur.

Visa Requirements and Passports
You must possess a passport, valid for at least the 3 months.
Nationals of most countries can obtain a visa at Amman Airport upon arrival. However, participants requiring a visa should apply to Jordan Embassies or Diplomatic Missions in their countries.

Electrical Current:
220 V. When using 110V, you need an adapter.

Language
The official language of the Congress is English

Weather:
The temperature in October is expected to be around 22-28C.

Registration Fees

$300
International Participants

$250
Specialist Member of the Jordan Pediatric Society (JPS)

$250
Arab Union (UAPS) Members

$300
Specialist Non-JPS or UAPS Members

$200
Residents, Fellows, Nursing, and Pharmacists

Free
(Scientific Program only)
Medical Students, Nurses

$150
(Full Access)
Medical Students, Nurses

Registration fees include:
- Access to the Opening Ceremony
- Access to all Scientific Sessions and the Exhibition
- Daily Congress Lunches and Coffee Breaks
- Congress Bag containing: Certificate of Attendance, Abstract Book, and Final Program

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Jordan Medical Association نقابة الأطباء الأردنية

Ministry of Health وزارة الصحة

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HOTEL ACCOMMODATION

Official Congress Venue
Le Royal Hotel Amman
5⋆ Deluxe Rooms

Room Type	Rate (per room, per night)
Single Room	USD 170
Double Room	USD 190

Rates include: 5% Service Charge, 8% Sales Tax and Buffet Breakfast.

SOCIAL PROGRAM

GALA DINNER

Date & Time: Friday, October 10, 2025 – 18:30

Venue: Crowne Plaza Jordan – Dead Sea Resort & Spa

Tickets: Available from the Social Committee at the Information Desk
Price: JOD 35

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The 23rd Congress of the Union of Arab Pediatric Societies (UAPS)
The 20th International Conference of the Jordan Pediatric Society
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8th–11th October 2025

The 43rd Congress of the Union of Middle-Eastern and Mediterranean Pediatric Societies

The 23rd Congress of the Union of Arab Pediatric Societies

The 20th International Conference of Jordan Pediatric Society

The 9th Ministry of Health Congress of Pediatric

Abstracts

8th–11th October 2025

Immune Reconstitution in Neonatal and Pediatric Sepsis: Ten Mechanistic Case Vignettes

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Saudi hospital
Author: Dr. Adel Wahadneh, MD, MSc, FRCPCH

Abstract: Neonatal and pediatric sepsis remains a leading cause of morbidity and mortality globally, with immune dysregulation playing a pivotal role in determining clinical outcomes. This study presents ten clinically grounded and mechanistically analyzed cases—five survivors and five non-survivors—each illustrating a distinct primary or secondary immunologic defect identified during septic progression. The cases span innate, adaptive, and regulatory immune compartments, including defects in neutrophil oxidative burst, Toll-like receptor signaling, complement cascade, HLA expression, and T-cell anergy. For survivors, immune reconstitution was achieved through individualized interventions such as immunoglobulin replacement, granulocyte transfusions, biologics targeting specific checkpoints, or cytokine modulation—ranging from guideline-based therapies to emerging, evidence-informed off-label strategies. Conversely, in fatal cases, failure to recognize or correct underlying immune paralysis, hyperinflammation, or immune exhaustion contributed to irreversible septic shock or multiorgan failure. This series highlights the critical need for early immunologic profiling and targeted immunomodulation in septic infants and children. Our findings advocate for integrating functional immunologic diagnostics into pediatric sepsis protocols and provide a mechanistic foundation for future precision immunotherapy in this vulnerable population.

Keywords: Neonatal sepsis, pediatric immune reconstitution, immune paralysis, innate immunity, adaptive immunity, cytokine storm, immunotherapy, precision medicine, T-cell exhaustion, host-pathogen interaction

MONOGENIC AUTOINFLAMMATORY DISEASES APART FROM FAMILIAL MEDITERRA-NEAN FEVER: A SINGLE-CENTER EXPERIENCE IN JORDAN

MD, Raed Alzyoud MD., Motasem AL Suwaiti MD., Hiba Al Maitah MD., Hamzah Al Nsour MD., Sura Hneifat MD.
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Background: Monogenic autoinflammatory diseases (AIDs) are rare disorders caused by innate immune dysregulation. While familial Mediterranean fever (FMF) is the most common in the Mid-dle East, other monogenic AIDs remain under-recognized. This study highlights a decade-long single-center experience in Jordan.
Methods: Patients diagnosed with monogenic AIDs at Queen Rania Children's Hospital between 2015 and 2025 were retrospectively reviewed. Data collected included demographics, age of presentation, diagnosis, diagnostic delay, clinical features, and treatment modalities, classified according to IUIS subcategories. FMF patients and patients with no genetic diagnosis were excluded.
Results: A total of 37 patients were included, twelve of them diagnosed with type 1 interferonopathies.
(Category VII 1), sixteen of them diagnosed with defects affecting inflammasome (categoryVII 2), while nine patients with non-inflammasome related condition (category VII 3), with a male-to-female ratio of 1:1.1. The overall mean age of presentation was 38.6 months (median 18), with a mean age at diagnosis of 71.8 months (median 60), yielding a mean diagnostic delay of 33 months (median 17).
Recurrent fever was the universal presenting clinical feature, followed by spleno megaly (32%), hepatomegaly (24%), and vasculitis (11%). Subgroup analysis showed that VII 2 patients were dominated by early recurrent fever and systemic inflammation, while VII 1 patients often had lat-er-onset features with vasculitic and organ involvement.
Steroids and colchicine were the most common first-line therapies. Second-line treatments in-cluded conventional immunosuppressants and biologics. IL-1 and IL-6 inhibitors showed the highest success rates, providing durable disease control compared to steroids and colchicine.
Conclusion: This is the first Jordanian single-center cohort describing non-FMF monogenic autoinflammatory diseases stratified by IUIS categories. Despite increasing awareness, diagnostic delays remain significant, particularly in VII1 and VII3 subgroups. Steroids and colchicine remain widely used, and biologic therapies, especially IL-1 and IL-6 inhibitors, have demonstrated the best outcomes, underscoring the need for early targeted treatment.

KAWASAKI DISEASE IN JORDAN: THE FIRST CLINICAL EXPERIENCE FROM QUEEN RANIA CHILDREN'S HOSPITAL

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Introduction: Kawasaki disease (KD) is an acute, self-limited vasculitis of childhood and the leading cause of acquired heart disease in children in developed countries. Coronary artery complications remain the most significant concern, underscoring the importance of timely recognition and management
Methods: We conducted a retrospective review of patients diagnosed with KD at the pediatric rheumatology clinic of Queen Rania Children's Hospital between January 2018 and October 2025. Clinical records were analyzed for demographic features, clinical presentation, laboratory findings, therapeutic interventions, and cardiovascular out-comes.
Results: Fifty-one patients were identified (34 males, 17 females), including 31 classified as in-complete KD. The median duration of fever at presentation was eight days (range 3–20). The most frequent clinical findings were conjunctival and oral mucosal changes (76.4% each), followed by polymorphous rash (72.5%), cervical lymphadenopathy, and extremity changes (43.1%). All patients with complete KD received intravenous immunoglobulin (IVIG). Coronary artery abnormalities were documented in 43% of cases.
Conclusion: Our experience emphasizes the need for heightened clinical suspicion of KD in young children with prolonged unexplained fever. Despite the potential for severe cardiovas-cular complications, prompt recognition and appropriate treatment with IVIG remain effective in improving outcomes. This series represents the first reported institutional experience with KD in Jordan and provides an initial perspective on its clinical spec-trum and management in this setting.

Beyond Inflammation: When Joint Pain Isn't JIA!

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Jerusalem, Palestine

Background: Juvenile Idiopathic Arthritis (JIA) is the most common cause of chronic arthritis in children, yet it remains a diagnosis of exclusion. Several non-inflammatory disorders can present with similar features, posing a diagnostic challenge. Misdiagnosis may lead to unnecessary immunosuppressive treatment and delays in appropriate management.
Objective: To highlight the importance of recognizing non- inflammatory conditions that mimic JIA, and to identify key clinical and investigative features that can help differentiate them and guide accurate diagnosis and management.
Methods: We present a series of cases referred with a presumed diagnosis of JIA- some already received immunosuppressive therapy. Detailed clinical evaluation, alongside focused investigations, revealed alternative non-inflammatory diagnoses. Key clinical features and diagnostic clues are highlighted.
Results: All patients presented with joint pain. Normal inflammatory markers, distinctive skeletal abnormalities, poor response to anti- inflammatory treatments, and relevant family history raised suspicion of non- inflammatory conditions. Targeted investigations confirmed alternative diagnosis, enabling appropriate management.
Conclusion: JIA remains a diagnosis of exclusion. A careful history, thorough examination, and targeted investigations are key to identify JIA mimics. Identifying these mimics early prevents misdiagnosis and unnecessary treatment, and guides appropriate management, including genetic counseling and multidisciplinary care.

AGREEMENT BETWEEN DIFFERENT NUTRITIONAL ASSESSMENT TOOLS IN DE-TECTING ACUTE MALNUTRITION AMONG CHILDREN AGED 5–59 MONTHS DURING THE WAR IN GAZA

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2 Department of Clinical Nutrition, Faculty of Applied Medical Sciences, Al-Azhar University-Gaza, Palestine.
3 Department of Public Health, Al-Quds University, Gaza, Palestine.

Description of the study: Cross-sectional study of 464 Gaza children (6–59 months; May–July 2024) comparing MUAC with WHZ for acute malnutrition. Prevalence was 11.9% (WHZ) vs 11.6% (MUAC); MUAC showed high sensitivity but low specificity (AUC = 0.663), indicating limited agreement and that MUAC alone is insufficient for case detection in this emergency context.

Pediatric Tuberculosis in Jordan: Challenges in Diagnosis, Management, and Control.

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Abstract
Tuberculosis (TB) remains a significant global public health challenge, particularly in developing countries like Jordan, with an estimated 1.3 million deaths worldwide in 2022. Pediatric TB poses unique diagnostic and management difficulties due to children's immature immune systems, with higher rates of extra-pulmonary and disseminated disease compared to adults. In Jordan, most childhood TB cases linked to household exposure to Mycobacterium tuberculosis, emphasizing the role of close-contact transmission. Diagnosis is hindered by the pauci-bacillary nature of pediatric TB, reliance on clinical suspicion, and limited sensitivity of conventional tests like; tuberculin skin tests (TST) and interferon-gamma release assays (IGRAs). Thus, radiographic evaluation and symptom-based algorithms remain critical for early identification. Treatment adherence is further complicated by limited pediatric drug formulations and prolonged regimens.
Jordan's TB control program prioritizes BCG vaccination and contact tracing, yet persistent gaps in surveillance, delayed diagnosis, and emerging drug-resistant TB (DR-TB) necessitate advanced diagnostics like Xpert MTB/RIF.
Strengthening pediatric TB management in Jordan requires improved diagnostic capacity, systematic contact screening, and targeted healthcare worker training. Additionally, addressing socioeconomic barriers and enhancing public awareness are vital to reducing TB burden in children.

Achievements & Challenges in Prevention & Control of Vaccine Pre-ventable Diseases in the Eastern Mediterranean Region

By Dr Ezeddine Mohsni
Chair of WHO Eastern Mediterranean Regional Immunization Technical Advisory Group

Last year, the global vaccines and immunization community celebrated the 5oth anniversary of the Expanded Programme on Immunization (EPI). This programme, that was launched on 23 May 1975 by the WHA resolution 27/57 (14 th plenary meeting), has since that made tremendous achievements in terms of fighting communicable diseases. The number of vaccine preventable diseases (VPDs) targeted by the programme increased from 7 in 1974 to 13 in 2024, and is expected to continue to expand in short and mid-term. Despite the tremendous increase in terms of targeted population, the programme succeeded in raising the DPT3 vaccination coverage from 5% in 1974 to 85% in 2024, which has substantially contributed to reducing the infant mortality from 92.2 %o to 25.5 %o during the same period.
As a result, small pox could be eradicated in 1977, poliomyelitis is on a verge to eradicated, and other diseases have seen their incidence drastically reduced (measles, diphtheria, etc).
The presentation will go rapidly through the last 50 years EPI achievements in general, with focus on the VPDs situation in the Eastern Mediterranean Region, in terms of achievements and challenges, in particular the important backslide in terms of immun-ization coverage figures, mainly because of the negative impact that the pandemic had on population confidence and trust in the immunization in general, with the galloping hesitancy among populations as well as health care workers. In addition, the region has been crossing for the last two decades a very turbulent period, full of chronic and acute emergencies and conflicts.
As a result, the number of zero dose (ZD) and under-vaccinated children increased all over the region, from 2.9 million in 2029 to 4 million in 2024, with the huge majority of them living in 6 countries, namely Sudan, Yemen, Afghanistan, Pakistan, Somalia and Syria, which has deeply affected most of the regional goals, like polio eradication (EMR remaining the only region in the world where wild polio virus could not be stopped) or measles elimination. The presentation will shed light as well on other im-portant priority VPDs like HepB, whooping cough and Rubella, while looking also to new vaccines introduction in the Region (PCV and HPV) and to the regional attempts to address this situation.

Hydated cystosis in children

Professor at Damascus University Isam Anjak isam.anjak@ yahoo.com Oral Isam Anjak Children hospital of Damascus University

Background: Hydatid cystosis is one of the major problems around the world. It may affect more than one organ together.
Objective: the research aimed to study cases of hydatid cysts in children, and to identi-fy their distribution according to age sex, affected organs, place of residence, treat-ment, and complications.
Materials and methods: a non-randomized controlled cross-sectional study which in-cluded children with hydatid cysts treated at Damascus University Children Hospital during the period between 1/1/2015 and 1/1/2021.
Results: The study included 48 children (54.2% male) mean age 9.6 ± 3.3 years, 60.4% were in children older than 9 years. 62.5% of patients had a history of contact with an-imals, 66.7% were rural residents. The most common symptoms and signs were cough (66.7%), chest pain (58.3%), fever (56.3%), and increased abdominal size (33.3%). Multiple cysts were in same organ in 56.3% of patients and 41.7% of patients had in-volvement in more than one organ. The most common location for cysts was the lung (72.9%), liver (52.1%). The sensitivity of computed tomography in detecting hydatid cyst was 100%. There was complications in 16.7% of cases. All patients underwent surgical and medical treatment. The recurrence rate was 4.8% and complete recovery was 95.2%. No death had occurred.
Conclusions: Hydtid cyst disease in children is more common in the lungs than liver, and may affects several organs in many cases, but with the combination of surgical and medical treatment the recurrence rate is low and complete recovery rate is high.

Preparing for RSV vaccine introduction in the Eastern Mediterranean Region

By Dr Ezeddine Mohsni
Chair of WHO Eastern Mediterranean Regional Immunization Technical Advisory Group

RSV is so widespread that almost all children contract the virus before 2 years of age. The infection is Often mild, like a cold, but can be severe (or deadly) for infants. The transmission occurs through Sneezing, coughing, quiet breathing, or touching contam-inated surface and then eyes, nose, or mouth. The Infection-induced immunity is not fully protective and repeated infections can occur over a life Span, including in older adults. The pediatric population is at high risk for severe disease, in particular those below 6 months of age.
Additional factors that increase risk include premature birth, co-infections & Comorbidities (e.g., prematurity, underlying heart/ lung disease), and living in socio-economically disadvantaged areas Globally, RSV is the most common cause of pneumonia and bronchiolitis in infants as well as a leading cause of hospitalizations & deaths, in particular in children <6 m. More than 97% of RSV-related deaths are reported in lower and middle-income countries (LMIC & MIC), where more than 80% of RSV-related deaths occur in the community.
Fortunately, effective preventive products started to be available to address severe diseases in particular in under five children. The presentation focuses on two main products that have proved to be safe and very effective in this regard: RSV preF Vac-cine indicated for pregnant women during the third trimester of pregnancy and desti-nated to provide passive immunity to newborns during at least the first 6 months of age; and Nirsevimab, a monoclonal antibody that can be administered just after birth to targeted newborns. These products have been recently recommended by the WHO Strategic Advisory Group of Experts on Immunization, and supported by several tech-nical guidelines and tools.
The presentation will focus as well on the situation in the Eastern Mediterranean Re-gion, in terms of disease burden as well as regional and country position vis-a.vis RSV vaccine introduction.

The Itchy, the Rashy, and the Bumpy: Practical Dermatology for Everyday

Dr Mona Alameh
Clinical Associate and Lecturer at Lebanese University Medical School
Chairman of Pediatrics at Sahel General Hospital
President of the Lebanese Pediatric Society

Pediatric rashes may be hard for general paediatricians to decipher. Our presentation will go over the most common rashes that look alike and give clues to try to differentiate them and a quick overview of treatment.

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Caustic agent ingestion among children
Type of presentation: Keynote oral presentation

Corresponding Author:
Dr. Dler Nooruldeen Chalabi
Professor in Pediatrics,Consultant Pediatrician and ped. Gastroenterologist
Affiliation: Pediatric department /Medical college /Hawler Medical Univ.

Background: Caustic agents' ingestion can cause significant gastrointestinal damage and serious complications. Children constitute 80% of all corrosive ingestion cases with accidental ingestion is common in younger children (< 5 years) while suicidal ingestion is more common in adolescents
Alkali substances constitute around 70-80% of cases and usually can cause more damage and more long-term complications
Endoscopic intervention like dilatation and others are recommended for significant esophageal stricture with prognosis dependent on length and early response other-wise surgery may be indicated.
Conclusions: Corrosive agents' accidental ingestion is commonest among children and could lead to subsequent gastrointestinal serious complications
Keyword: Caustic ,children ,corrosive ,gastrointestinal ,stricture

Recurrent Abdominal Pain in Children (RAP)

Prof. Asaad Assiri
Professor of Pediatrics Consultant Pediatrician Pediatric Gastroenterology
Chairman of the Scientific Committee & Board Member of the Saudi Pediatric Associa-tion

Summary
In children recurrent abdominal pain (RAP) is a significant and prevalent problem. with a massive impact on a child's well-being.If an over-prolonged search for organic disease is pursued at the expense of thorough assessment, engagement, explana-tion and review, the problem can become increasingly difficult for parent, patient and doctor. With careful history and examination, clear explanation and follow-up and a commitment from parent and child to stop the condition limiting normal activities, good results are obtained for children without referral, drugs or extensive testing.

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NEONATAL CHOLESTASIS AND LIVER FAILURE CAUSED BY MITOCHONDRIAL HEPATOPATYH

Pediatrician Thanaa Alkhatib
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Case report of hepatocerebral homozygous variant of MPV17 gene in a 3.5 months infant who presented with jaundice and hypotonia.
Family history was significant for consanguinity and a brother who died at the age of 2.5 months.
Investigations showed mild liver function derangement contrasting with severe coag-ulopathy and hyperlactatemia.
Whole exom sequencing confirmed the diagnosis.

Spectrum of genetic mutations in patients with hepatomegaly with or without hy-poglycemia in metabolic clinic at maternity and children hospital - Albasheer Complex

Kifal Al-Qa'qa', MD, Salma Burayzat, MD, Manar Al-Zoubi, MD, Hisham Al-Natour, MD, Moemen Alaqeel MD MOH Albasheer hospital
Consultant Pediatrician and Inherited Metabolic Diseases Kefah Alqa'qa'
Kifal Al-Qa'qa', MD, Salma Burayzat, MD, Manar Al-Zoubi, MD, Hisham Al-Natour, MD, Moemen AlaqeelMD,

Purpose
- To identify different genetic mutations in patients with hepatomegaly with or without hypoglycemia referred to the metabolic clinic at the maternity and children hospital part of Al-Basheer complex hospitals.

Patients and methods
- Retrospective study carried out at the metabolic clinic at the maternity and children hospital at Al Basheer complex hospitals during the period between July 2023 – July 2025.
- All patients referred with hepatomegaly with or without hypoglycemia were included.
- Age range between 8 months to 13 years old
- Biochemical testing including liver function tests, lipid profile, CPK were done for all patients as well as abdominal ultrasound.
- WES study was requested for all patients thereafter.

Results
- A total of 26 patients were included 14 were males and 12 were females. 11 were brothers and sisters.
- Parental Consanguinity was positive in 23 patients.
- Hepatomegaly was present in all patients as well as elevated liver transaminases.
- Normal PT, PTT, and INR in all patients.
- CPK was elevated in 5 patients two of them were having severe cardiomyopathy.
- WES study showed 9 patients with glycogen storage disease type 6.
- 7 patients with Glycogen storage disease (GSD) type 3.
- 4 patients with GSD type 1. 3 of them have Type I A and one with Type I B.
- 3 patients have GSD Type IX, one with X-linked inheritance and 2 with autosomal re-cessive inheritance.
- 3 patients were found to have mutations consistent with the diagnosis of congenital disorders of Glycosylation Type I t.

Conclusion
- Genetic testing is important in patients presenting with hepatomegaly for definite di-agnosis since many disorders can lead to the same phenotypic presentation.

Innovia BioBank Electrocardiographic Changes In Jordanian Patients With Becker Muscular Dystrophy

Head of Innovia Genetics Mohammed Al-raqad raqad_med@yahoo.com
Mohammed Al-raqad
Genetics

Background and aim: Becker Muscular Dystrophy is an X-linked disease caused by an in-frame mutation in the dystrophin gene which considered as an allelic disorder to the most severe form of dystrophinopahies; Duchenne Muscular Dystrophy, which lead to skeletal and cardiac muscle involvement and results in Dilated Cardiomyopathy. The aim of this study is to present our ECG data and the significance of these data in early detection of DCM in these patients.
Methods: This is a retrospect study. All patients known to clinical Genetic Clinic and Queen Alia Heart center in Jordan with diagnosis of Becker Muscular Dystrophy from the year 2011-2022 are offered cardiac evaluation according to the guidelines which include clinical assessment, Electrocardiograph, and 2-D Echo at time of diagnosis and every 5 years once the initial assessment was normal. All the records were re-trieved and analyzed.
Results: 53 patients of all ages with genetically confirmed BMD were identified. 12 had no record as they didn't attend any cardiac evaluation. 41 were under regular clinical follow-up. Two were excluded as they died and another four have no recorded data in our center. Ultimately 35 patients were included and studied. Mean age 30.5 years +/- 22.1, ranging from two to seventy-seven years of age. 27 (77%) had abnormal ECG. High voltage R wave in V2 and V1 was the most common finding, followed by repolor-isation abnormalities and Q wave (43%, 17%, 13% and 11% respectively). Incomplete Right Bundle Branch Block in 4% as well as R/S ratio >1.2. U wave abnormalities in 3% and sinus tachycardia was found in only one patient.
Conclusion: Cardiac surveillance for patients with Becker Muscular Dystrophy is man-datory after the age of 16. Q wave and repolarisation changes should be taken seri-ously as early signs of dilated cardiomyopathy even if echo is normal.

From Screening to Safe Discharge: New Insights in Hyperbilirubinemia Care

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Neonatal hyperbilirubinemia remains one of the most frequent conditions requiring evaluation and treatment in newborns, affecting approximately 10% of term and pre-term infants. While standardized screening and management strategies have signifi-cantly reduced the incidence of severe hyperbilirubinemia and kernicterus, it contin-ues to be the leading cause of hospital readmission in North America.
This lecture will present updated recommendations from the 2022 American Academy of Pediatrics and the new Canadian Paediatric Society statement. Key updates include universal pre-discharge bilirubin screening at ≥12 hours of age, use of the delta-TSB (ΔTSB) to predict the need for treatment, and refined risk stratification distinguishing hyperbilirubinemia risk factors from neurotoxicity risk factors. Management strategies emphasize timely intensive phototherapy guided by gestational age– and risk-adjusted thresholds, as well as structured family education and breastfeeding support to prevent complications.
Adopting these evidence-based approaches is critical to further reducing the burden of severe hyperbilirubinemia and ensuring safe post-discharge follow-up for newborns.

From Light to Life: The Newest Advances in Hyperbilirubinemia Management

Dr. Faten Nouri Alawaysheh, Senior Consultant Neonatologist, Head of neonatal speciality in JRMS.

Standardization of screening and management strategies has significantly decreased the incidence of severe neonatal hyperbilirubinemia, defined as a peak TSB >425 µmol/L(>25 mg) or need for a blood exchange transfusion (BET).
Provide intensive phototherapy to all infants who reach treatment threshold based on GA, the presence of neurotoxicity risk factor(s) , and the infant's age in hours.
Infants whose TSB is rapidly increasing or nearing the exchange transfusion threshold based on GA at birth, hours of age, and the presence of neurotoxicity risk factor(s), may need urgent, intensive care to either avoid or perform a Blood Exchange Transfu-sion. Either intervention can prevent the significant neurodevelopmental sequelae of chronic bilirubin encephalopathy (CBE) from kernicterus.
If a Blood Exchange Transfusion cannot be readily performed, IV immune globulin (IVIG) should be considered at 0.5 g/kg to 1.0 g/kg over 2 hours for infants with an iso-immune hemolytic disease whose TSB has reached the pre-exchange transfusion threshold. The dose can be repeated in 12 hours.
Ensure close follow-up following discharge for infants with hyperbilirubinemia sec-ondary to immunerelated hemolytic disease, including hemoglobin testing between 4 and 10 weeks of age to identify late anemia

From Trophic Feeds to Full Nutrition: Best Practices in Preterm Enteral Feeding

By Dr. Sura Abd Alwahab
Consultant neonatologist at children welfare teaching hospital/ medical city, Baghdad, Iraq
Lecturer medical college Baghdad university

Abstract: Premature infants face unique nutritional challenges, as their growth requirements in the neo-natal period exceed those at any other stage of life. Achieving in utero – equivalent growth rates postnatally remains a critical yet often unmet goal in neonatal intensive care, with postnatal growth failure remaining common. Enteral feeding represents the cornerstone of nu-tritional management in preterm infants, aiming to optimize growth while minimizing complica-tions. This presentation reviews the principles and practices of enteral feeding, including timing of initiation, trophic feeding, and strategies for safe and progressive feed advancement. Evi-dence-based approaches to feeding schedules, bolus versus continuous administration, and fortification of human milk are discussed, with emphasis on their impact on growth and clinical outcomes.
By integrating current evidence with clinical experience, this presentation underscores best practices in enteral feeding to improve survival and developmental outcomes among preterm infants.

Ethical dilemmas in Neonatology at the limit of viability

Presenter: Erkin Rahimov
Head of Neonatal and Pediatrics Depts of Baku Medical Plaza Hospitals
Assistant Professor at Azerbaijan State Advanced Training Institute for Doctors named after A.
Aliyev
Vice President of Azerbaijan Pediatric Society
Standing Committee member if IPA term 2025-2027

Abstract
Recent advances in neonatal care have significantly pushed the limits of viability for extremely premature infants, especially those born between 22 and 25 weeks of gestation. While survival rates have improved, these infants remain at high risk for long-term neurodevelopmental complications, raising complex ethical and clinical questions regarding obstetric antenatal interventions, neonatal resuscitation, and the continuation of life support. Definitions of periviability, or the limit of viability, generally encompass births occurring from 200/7 weeks to 25 6/7 weeks of gestation. The World Health Organization currently sets the lower viability threshold at 22 weeks, with a birth weight of 500 grams. However, access to essential technologies for the survival of these infants is not consistent globally, introducing significant social and economic disparities.
In high-income countries, consensus suggests that most infants born after 25 weeks can survive with active intervention, while those born before 22 weeks face negligible chances of survival without severe impairments. The management of infants born in the “gray zone” (23+0 to 24+6 weeks) necessitates shared decision-making with parents, reflecting varying protocols across countries.
Establishing uniform ethical guidelines and recommendations for the care of periviable neonates is essential for practitioners worldwide, ensuring that clinical decisions are informed, equitable, and aligned with the best available evidence.

Arabic Language Autism Diagnostic Inventory: a new tool for autism assessment

Arwa Nasir, USA

Autism is a disorder of communication and social interactions, which are heavily influ-enced by cultural norms. Therefore, autism presentation can vary in different cultural contexts based on the prevalent cultural norms and values. In this presentation, we will discuss the cultural impact on autism presentation and describe the development of a culturally grounded Arabic language autism diagnostic tool to sever the needs Arabic speaking populations.

Controversial Use of Cannabinoids in the Management of Children with ADHD; What is the Evidence ?

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2. Scientific Committee Member, British Paediatric Surveillance Unit- Royal College of Paediatrics and Child Health (BPSU), UK.
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4. Co-Founder and Academic Convenor, GSF– National Paediatric ADHD Networking Group, RCPCH-UK.

Abstract

Introduction: The diagnosis of ADHD is based on combination of one more of three core symptoms of impulsivity, hyperactivity and inattentiveness. It is often associated with considerable impact on a child's social, emotional and cognitive development, resulting in significant difficulties within the home, social and educational settings. Effective management of ADHD patients include medication treatment. One of the commonest co-morbidity of ADHD is substance abuse and many children and young people (CYP) are suspected to use illicit drugs as self-medication.

Methods: We carried out a literature search in health databases (Medline, EMBASE, PsycINFO, AMED) using the Health Database Advanced Search (HDAS) interface with relevant keywords including ADHD, Disruptive Behaviour Disorders, Cannabinoids and Medical Marijuana.

Results: This paper uses a narrative review to explore the current published literature about the use of medical cannabinoids (CBD) and cannabidiol (CBO) among CYP. A total of 164 relevant articles were found. After excluding duplications and other articles not meeting the criteria for the study objective, one random controlled trial, one case-controlled, five observational / cross-sectional, and one literature review were identified. Several case reports and one related case-control study of the brain structure.

Conclusion: There is lack of evidence that CBO are effective in the management of ADHD and for this reason its use should be discouraged. In view of limited evidence and anecdotal suspicion of higher risk of CBD negative outcomes on the still developing brain of adolescents, greater caution should be exercised before encouraging more liberal use of CBD among this age group of children.

Global trends in autism diagnosis and management

Arwa Nasir, USA

Autism is one of the most common developmental conditions worldwide. As the preva-lence of autism continue to increase, it is critical that pediatricians develop the skills that they need to identify, refer and manage these children, and be aware of the effec-tive interventions that can improve the health and wellbeing of children with autism or their families. This activity will summarize the trends in autism prevalence, share up-dates on diagnostic evaluation and advances on effective interventions.

First use of inhaled nitric oxide (iNO) to treat Persistent Pulmonary Hypertension of the Newborn (PPHN) in the neonatal intensive care unit NICU, Jordanian Royal Medical Services JRMS.

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Queen Rania Children Hospital. Jordanian Royal Medical Services.
Amman – Jordan.

Abstract

Inhaled nitric oxide (iNO) is a well established potent selective pulmonary vasodilator usually used in the management of PPHN. However, iNO implementation and availa-bility across developing countries neonatal intensive care units NICUs still limited due to the high cost.

We report the first clinical use of this therapy iNO in JRMS NICU for two neonates ad-mitted to our NICU with severe PPHN unresponsive to conventional and high frequen-cy oscillation ventilator. Both babies responded to treatment with rapid rise in oxygen saturation and hemodynamic stability without any associated significant adverse ef-fects during treatment.

Both infants were discharged home well with normal cardiac function and normal o2 saturation after a very critical condition in the NICU. This report emphasizes the im-portance of providing this therapy in the main NICUs in Jordan.

Enteral Nutrition of Preterm Infants

Dr. Osama AbuSalah, Jordan

Appropriate weight gain is necessary to support optimal neurodevelopment. Lower gestational age is associated with increased nutritional deficits that often are not cor-rected by discharge. Breast milk is preferred to formula when available and medically appropriate. Enteral nutrition type initiation and progress is unique for the preterm very low birth weight infant

Nasal CPAP Interfaces in Neonatal Respiratory Distress: A Comparative Study of RAM Cannula and Hudson Prongs

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Abstract

Background: Nasal continuous positive airway pressure (nCPAP) is a cornerstone of non-invasive ventilation in neonates with respiratory distress syndrome (RDS). The RAM cannula, an emerging alternative to short binasal prongs (SBPs), is hypothesized to reduce nasal trauma while maintaining effective respiratory support. This study aimed to evaluate and compare the clinical efficacy and safety of these two interfaces in neonatal intensive care units (NICUs).

Methods: This prospective, single-center study was conducted in a high-volume NICU in Al Bashir Hospitals, Jordan, from July to September 2024. A total of 165 neonates with respiratory distress syndrome, ranging from 30 to 40 weeks of gestation, were randomized to receive nCPAP via the RAM cannula or SBPs. Data on respiratory parameters, nasal trauma, and CPAP failure rates were systematically collected and analyzed. Statistical significance was set at $p < 0.05$.

Result: The RAM cannula demonstrated comparable efficacy to SBPs in maintaining oxygena-tion and positive end-expiratory pressure (PEEP) levels. However, bench studies revealed sig-nificant pressure attenuation with the RAM cannula, particularly in extremely preterm neonates. Notably, the RAM cannula was associated with a markedly reduced incidence of nasal trauma ($p < 0.001$) and lower rates of interface-related skin breakdown. CPAP failure rates were not signifi-cantly different between the two groups, although trends favored the RAM cannula.

Conclusions: The RAM cannula represents a viable alternative to SBPs for nCPAP in neonates with RDS, offering significant advantages in reducing nasal trauma and improving interface man-agement. However, its limitations in pressure delivery necessitate careful patient selection and monitoring. Future studies should explore its long-term outcomes and cost-effectiveness in di-verse clinical settings.

Keywords: Nasal interface; noninvasive ventilation; premature; RAM cannula; respiratory dis-tress syndrome.

Combined Anti-VEGF and Diode Laser Photocoagulation for Severe and Progressively Advancing Retinopathy of Prematurity

Dr. Hiba Khraisat Pediatric ophthalmology consultant
Dr. Ahmad Khatatbeh , Dr . Mohammad al Nwayseh, Royal Medical Services

Combined Anti-VEGF and Diode Laser Photocoagulation for Severe and Progressively Advanc-ing Retinopathy of Prematurity

Purpose: To present and evaluate the management strategies and treatment outcomes in infants with se-vere Retinopathy of Prematurity (ROP), focusing on complex clinical presentations treated at Queen Rania Children Hospital, Amman, Jordan.

Setting / Venue

Queen Rania Children Hospital, Jordanian Royal Medical Services, Amman, Jordan.

Methodology: This retrospective case series included preterm infants with severe ROP treated between 2022 and 2024. Detailed case reports describe gestational age, birth weight, clinical findings, treatment modalities—including intravitreal anti-VEGF (bevacizumab) injections and laser photocoagula-tion—and follow-up outcomes, including refractive status and anatomical responses.

Results: All presented cases showed favorable anatomical outcomes with regression of active ROP fol-lowing timely interventions. Combination treatments (IVA and laser photocoagulation) were used in advanced stages, showing improvement in vascularization and stabilization. Refractive errors ranged from mild hyperopia to moderate myopia and astigmatism, with visual development pro-gressing appropriately for age at follow-up.

Conclusions: Early detection and tailored combination therapies involving anti-VEGF and laser treatment can yield positive outcomes in severe ROP cases. Multimodal intervention strategies appear effec-tive in preserving vision and minimizing long-term complications in high-risk preterm infants.

Financial Disclosure: The author has no financial interests or conflicts to disclose

PULSE OXIMETRY SCREENING FOR CRITICAL CONGENITAL HEART DISEASE IN JORDANIAN NEWBORNS

AUTHORS

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ABSTRACT

Background/Objectives: Critical congenital heart disease (CCHD) remains a leading cause of neonatal morbidity and mortality worldwide. Reported incidence varies across populations, often reflecting differences in screening and reporting rather than true prevalence. In Jordan, recent data suggest a markedly higher incidence than international averages. Early detection is limited by reliance on echocardiography, which is not always accessible in resource-limited settings. Pulse oximetry screening offers a simple, non-invasive method for earlier diagnosis.

Methods: A prospective cohort study was conducted at Al-Bashir Hospital between January 2022 and May 2024, screening 20,482 neonates with pulse oximetry. Demographics, oxygen saturation, and echocardiography findings were recorded following ethical approval.

Results: Screening identified 752 neonates (3.7%) requiring further evaluation; 240 (31.9%) had abnormalities, including CCHD and pulmonary hypertension. CCHD was confirmed in 138 infants, 80 of whom were previously undiagnosed. The most common lesions were hypoplastic left heart syndrome (3.1%) and Tetralogy of Fallot (2.4%). The false positive rate was 1.8%, significantly higher when screening occurred before 24 hours of life (2.3% vs. 0.8%, $p < 0.001$).

Conclusions: Pulse oximetry proved effective for early CCHD detection in Jordan, where prevalence appears high. These findings support national implementation of newborn screening protocols to improve outcomes and guide timely interventions.

THERMOREGULATION AND TEMPERATURE SUPPORT IN NEONATESTHERMOREGU-LATION AND TEMPERATURE SUPPORT IN NEONATES

Dr. Merana Alfar, Neonatal Fellow, Jordan University Hospital, Prof. Eman Badran, MD, MRCPCH, Director of Neonatal Unit, University of Jordan Department of Pediatrics, Neonatal unit, Jordan University Hospital, University of Jordan, Amman, Jordan

Background: Thermoregulation is essential for neonatal survival, particularly in preterm and low birth weight infants who are physiologically vulnerable to hypothermia due to immature physiolog-ical mechanisms.
Hypothermia is a major contributor to neonatal morbidity and mortality, with the risk of death in-creasing by 28% for every 1°C drop in body temperature at birth.
Objective: o highlight the importance of thermoregulation in neonatal survival, particularly in pre-term and low birth weight infants.
To describe the mechanisms of neonatal heat loss.
To classify neonatal hypothermia according to World Health Organization (WHO) standards and its clinical consequences
To present evidence-based components of a comprehensive thermal management bundle.
To reinforce the role of integrated thermal care in reducing neonatal morbidity and mortality, em-phasizing the critical "Golden Hour" and the continuity of care.
Methods: Key strategies were organized across three phases: delivery room, transport, and NICU.
Through a comprehensive review of current guidelines and evidence-based practices related to neonatal thermoregulation.
Results: The implementation of a structured, evidence-based thermal care bundle, including envi-ronmental warming, plastic wraps, chemical mattresses, and humidity control, significantly re-duces hypothermia rates, hypothermia-related neonatal mortality and morbidity, and hospital length of stay.
Conclusion: Integrated thermal care, particularly during the "Golden Hour," is crucial for enhanc-ing outcomes in vulnerable neonates. Thermoregulation should be prioritized in all neonatal care settings and is a key quality indicator of perinatal and NICU services.

Association Between Short Stature and Behavioral and Emotional Difficulties Among Children in Jordan: A Cross-Sectional Study

Tamara Kufoof 1, Randa K. Saad 2 , Redab Al-Ghawanmeh 1 , Seri Sawaqed 3, Zaid Hamdan 1 , Zaid Qolaghasi 1 , Adnan Alswiti 1 , Layan Sharkas 1, Osama Sharkas 1 1 Department of Pedi-atrics, Faculty of Medicine, The Hashemite University, Zarqa 13133, Jordan. 2 Research and Policy, Eastern Mediterranean Public Health Network (EMPHNET), Amman, Jordan. 3 Depart-ment of Internal Medicine, Faculty of Medicine, The Hashemite University, Zarqa 13133, Jordan.
Assistant professor Tamara Kufoof tamarat@hu.edu.jo

Abstract
Background: Short stature is associated with psychological and emotional challenges, yet its im-pact on children's behavioral well-being in Jordan remains underexplored. This study examines the association between short stature and behavioral and emotional difficulties in Jordanian chil-dren.
Methods: A cross-sectional study was conducted at Prince Hamza Hospital, Amman (2023–2024). We recruited eighty-three children aged 4–14 years with a height percentile ≤3%. The Strengths and Difficulties Questionnaire (SDQ) assessed behavioral and emotional difficulties.
Differences in SDQ scores by gender, age group, and growth hormone (GH) therapy status were analyzed.
Results: The mean total difficulties score was 13.7 ± 6.1, with 30.1% of participants classified in the ""high"" or ""very high"" category. Emotional difficulties (31.3%), peer problems (31.3%), and conduct issues (34.9%) were notably prevalent. Boys exhibited significantly higher conduct problems ($p < 0.001$), hyperactivity ($p = 0.002$), and total difficulties scores ($p = 0.010$), while girls showed stronger prosocial behaviors ($p = 0.004$). No significant differences were observed be-tween younger (3–10 years) and older (11–14 years) children. Children receiving GH therapy reported significantly higher emotional problems ($p = 0.029$), though other SDQ scores did not differ significantly between treated and untreated groups.
Conclusion: Short stature in Jordanian children is associated with significant behavioral and emo-tional challenges, particularly among boys. GH therapy was not associated with improved scores in this sample. A multidisciplinary approach integrating psychological support and public health initiatives is needed to address stigma and improve well-being.
Keywords: Short stature, Jordan, behavioral difficulties, emotional difficulties, Strengths and Diffi-culties Questionnaire (SDQ).

Cushing Syndrome in the Pediatric Population – Who and How to Screen

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2. Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health, University of Genoa, Genoa Italy

Cushing syndrome (CS) in children and adolescents is a rare but serious endocrine disorder resulting from chronic exposure to elevated glucocorticoids, either endogenous or exogenous. Early and accurate diagnosis is critical to prevent irreversible complications such as impaired growth, obesity, hypertension, metabolic disturbances, osteoporosis, and neuropsychiatric effects. However, the clinical presentation in pediatric patients is often subtle and can overlap significantly with more prevalent conditions like obesity and metabolic syndrome, posing a diagnostic challenge for pediatricians.

This review addresses the critical question of which pediatric patients warrant screening for CS and outlines a structured diagnostic approach to maximize detection while minimizing unnecessary testing. Common endogenous causes include pituitary adenomas (Cushing disease), adrenal adenomas or carcinomas, and rare ectopic ACTH-producing tumors. Exogenous corticosteroid exposure remains the most frequent cause and must always be considered in the clinical context. The review emphasizes the importance of a detailed clinical history focusing on rapid weight gain disproportionate to height growth, characteristic cushingoid features (moon face, truncal obesity, purple striae), and systemic signs such as hypertension and glucose intolerance. Biochemical screening involves initial tests such as 24-hour urinary free cortisol, late-night salivary cortisol, and low-dose dexamethasone suppression tests. Interpretation of these tests must consider factors such as age, comorbidities, and medication use. Further confirmatory testing, including plasma ACTH levels and high-dose dexamethasone suppression, helps differentiate the etiology. Imaging modalities, pituitary MRI and adrenal CT/MRI, play an essential role in localizing the source of cortisol excess.

Given the complexity of diagnosis and potential for significant morbidity, the review advocates for a high index of suspicion among pediatricians, an evidence-based screening protocol, and timely referral to pediatric endocrinology specialists to ensure optimal management and improved patient outcomes.

Condition	Key Features	Diagnostic Clues	Laboratory Findings	Imaging/Other Tests
Pituitary-dependent Cushing Disease	Gradual weight gain, growth retardation, moon face, striae	Elevated ACTH, typical cushingoid features	Elevated 24-hr urinary free cortisol, failure to suppress on low-dose dexamethasone	Pituitary MRI to identify adenoma
Adrenal Tumors (adenoma orcarcinoma)	Rapid onset of symptoms, virilization possible	Low ACTH, signs of adrenal mass	Elevated cortisol, suppressed ACTH	Adrenal CT/MRI to detect mass
Ectopic ACTH Syndrome	Rare in children, severe symptoms	Elevated ACTH, lack of pituitary lesion	Elevated cortisol, high ACTH	Imaging to localize ectopic source (chest/abdomen CT)
Exogenous Glucocorticoid Use	History of steroid therapy, typical CS signs	Low endogenous ACTH due to suppression	Low endogenous cortisol and ACTH	Clinical history crucial
Obesity/Metabolic Syndrome	Weight gain without typical CS features	Normal cortisol and ACTH levels	Normal cortisol tests	No imaging indicated
Pseudo-Cushing State (e.g., depression, stress)	Overlapping features, mild symptoms	Variable cortiso elevation	Normal or mildly elevated cortisol	Clinical correlation essential

Table 1. Differential Diagnosis of Cushing Syndrome in Pediatric Patients

Idiopathic Short Stature: Growth Hormone Therapy and Beyond

Basim Al-Zoubi*

Short stature is a prevalent concern in pediatric endocrinology clinics constitute the most common complaints in the pediatric endocrinology clinic, with idiopathic short stature (ISS) being the most common subset. ISS is defined as a height more than 2 standard deviations below the average height for a given age, sex, and population, without any underlying medical condition.
The majority of children with height at or below –2 SDS fall within the ISS category, most commonly due to familial short stature or constitutional delay of growth and pu-berty.
The use of growth hormone (GH) therapy to increase height in ISS remains a topic of debate. While the FDA in the USA has approved GH therapy under certain conditions, this approval is not universal, with differing stances in Europe.
Other medications, such as IGF-1, aromatase inhibitors, and gonadotropin-releasing hormone analogs (GnRHa), have also been explored to enhance height in these cas-es.
This presentation will review the benefits of GH therapy in ISS and examine the effica-cy of other medications used to promote growth.

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Catastrophic famine in Gaza: Unprecedented levels of hunger post-October 7th. A real population-based study from the Gaza Strip

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Nutrition: The Gaza Strip, spanning approximately 365 square kilometers, has been a focal point of geopolitical tensions and humanitarian crises. The military escalation on October 7th exacerbated existing vulnerabilities, notably food security and hunger, with an estimated 85750 deaths due to Israeli attacks, representing about 8% of the 2.34 million population. This research aims to provide policymakers and humanitarian organizations with actionable insights, such as identifying the most vulnerable populations, quantifying the impact of specific restrictions, and informing the development and implementation of targeted interventions that improve long-term food security and alleviate human suffering in Gaza.
Methods: A cross-sectional study was conducted from May to July 2024, assessing food insecurity and hunger among Palestinian households across the five governorates of Gaza. The study applied a quantitative research approach, utilized the Household Food Security Survey Module (HFSSM), Household Food Insecurity Access Scale (HFIAS), and Household Hunger Scale (HHS) to measure food insecurity, famine, and hunger. Self-reported anthropometric

data and socioeconomic status were also collected. Data were analyzed using SPSS version 29, employing correlation tests,
chi-square analysis, and logistic regression.

Results: A survey of 1209 households across the Gaza Strip revealed a catastrophic humanitarian crisis. More than 54% of households experienced complete house destruction.

Food insecurity reached unprecedented levels, with about 98% of households experiencing severe food insecurity, according to the HFIAS, while 100% experienced different levels of food insecurity as per the HFSSM. A staggering 95% of households experienced other sorts of hunger. The war was associated with significant ($p<0.001$) weight loss among individuals, with the average weight dropping from 74.8±15.9kg before the war to 64.8±15.2kg, concomitant with significant ($p<0.001$) reduction in BMI from 26.4±5.4 to 22.8±5.2kg/m2. Factors such as displacement, age, socioeconomic status, and educational level significantly exacerbated hunger severity.

Conclusion: The study reveals a severe food insecurity and hunger crisis in the Gaza Strip, exacerbated by the ongoing damaging attacks by Israeli forces. These findings underscore the urgent need for immediate and sustained humanitarian assistance to address the critical food security and nutritional needs of the Gazan population.

Guidelines for management of hyperbilirubinemia in term and late preterm newborns (≥35 weeks gestational age)

Dr. Faten Nouri Alawaysheh, Senior Consultant Neonatologist, Head of neonatal speciality in JRMS.

Standardization of screening and management strategies has significantly decreased the incidence of severe neonatal hyperbilirubinemia, defined as a peak TSB >425 µmol/L(>25 mg) or need for a blood exchange transfusion (BET).

Provide intensive phototherapy to all infants who reach treatment threshold based on GA, the presence of neurotoxicity risk factor(s) , and the infant's age in hours.

Infants whose TSB is rapidly increasing or nearing the exchange transfusion threshold based on GA at birth, hours of age, and the presence of neurotoxicity risk factor(s), may need urgent, intensive care to either avoid or perform a Blood Exchange Transfusion. Either intervention can prevent the significant neurodevelopmental sequelae of chronic bilirubin encephalopathy (CBE) from kernicterus.

If a Blood Exchange Transfusion cannot be readily performed, IV immune globulin (IVIG) should be considered at 0.5 g/kg to 1.0 g/kg over 2 hours for infants with an isoimmune hemolytic disease whose TSB has reached the pre-exchange transfusion threshold. The dose can be repeated in 12 hours.

Ensure close follow-up following discharge for infants with hyperbilirubinemia secondary to immunerelated hemolytic disease, including hemoglobin testing between 4 and 10 weeks of age to identify late anemia

Neuroprotective treatment options for neonatal hypoxic-ischemic encephalopathy

Presenter: Erkin Rahimov
Head of Neonatal and Pediatrics Depts of Baku Medical Plaza Hospitals
Assistant Professor at Azerbaijan State Advanced Training Institute for Doctors named after A. Aliyev
Vice President of Azerbaijan Pediatric Society
Standing Committee member if IPA term 2025-2027

Recent advances in neonatal care have significantly pushed the limits of viability for extremely premature infants, especially those born between 22 and 25 weeks of gestation. While survival rates have improved, these infants remain at high risk for long-term neurodevelopmen-tal complications, raising complex ethical and clinical questions regarding obstetric ante-natal interventions, neonatal resuscitation, and the continuation of life support. Definitions of periviability, or the limit of viability, generally encompass births occurring from 20 0/7 weeks to 25 6/7 weeks of gestation. The World Health Organization currently sets the lower viability threshold at 22 weeks, with a birth weight of 500 grams. However, access to essential technologies for the survival of these infants is not consistent globally, introducing sig-nificant social and economic disparities.

In high-income countries, consensus suggests that most infants born after 25 weeks can survive with active intervention, while those born before 22 weeks face negligible chances of survival without severe impairments. The management of infants born in the “gray zone” (23+0 to 24+6 weeks) necessitates shared decision-making with parents, reflecting varying protocols across countries.

Establishing uniform ethical guidelines and recommendations for the care of periv-iable neonates is essential for practitioners worldwide, ensuring that clinical decisions are informed, equitable, and aligned with the best available evidence.

The Role of Postnatal Steroids in Neonates Efficacy and Safety

Dr Monika Kaushal
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FNNF, FRCPCH UK
Consultant neonatologist consultant paediatrician
Head of NICU
Emirates specialty hospital
Vice president Emirates paediatric neonatal society

Abstract: Postnatal corticosteroids have emerged as a significant intervention in the management of various neonatal conditions, particularly in preterm infants. This presentation reviews the current evidence regarding the efficacy and safety of postnatal steroid therapy, focusing on its application in the prevention and treatment of bronchopulmonary dysplasia (BPD) and other inflammatory conditions.

Corticosteroids, such as dexamethasone and hydrocortisone, are administered in varying doses and durations, with recent studies suggesting that early administration may be associated with improved lung function and reduced incidence of BPD. However, the potential benefits must be weighed against the risks, including adverse effects on growth, neurodevelopmental outcomes, and infection susceptibility.

We will discuss the mechanisms by which postnatal steroids exert their effects, the optimal timing and dosing strategies, and the factors influencing their use in clinical practice. Furthermore, emerging research on alternative approaches, such as inhaled corticosteroids, will also be explored.

In conclusion, while postnatal steroids represent a valuable tool in neonatal care, ongoing research is essential to refine treatment protocols and establish standardized guidelines that maximize benefits while minimizing risks. This presentation aims to provide a comprehensive overview of current practices and highlight areas for future investigation in the realm of neonatal corticosteroid therapy.

Condition	Key Features	Diagnostic Clues	Laboratory Findings	Imaging/Other Tests
Pituitary-dependent Cushing Disease	Gradual weight gain, growth retardation, moon face, striae	Elevated ACTH, typical cushingoid features	Elevated 24-hr urinary free cortisol, failure to suppress on low-dose dexamethasone	Pituitary MRI to identify adenoma
Adrenal Tumors (adenoma or carcinoma)	Rapid onset of symptoms, virilization possible	Low ACTH, signs of adrenal mass	Elevated cortisol, suppressed ACTH	Adrenal CT/MRI to detect mass
Ectopic ACTH Syndrome	Rare in children, severe symptoms	Elevated ACTH, lack of pituitary lesion	Elevated cortisol, high ACTH	Imaging to localize ectopic source (chest/abdomen CT)
Exogenous Glucocorticoid Use	History of steroid therapy, typical CS signs	Low endogenous ACTH due to suppression	Low endogenous cortisol and ACTH	Clinical history crucial
Obesity/Metabolic Syndrome	Weight gain without typical CS features	Normal cortisol and ACTH levels	Normal cortisol tests	No imaging indicated
Pseudo-Cushing State (e.g., depression, stress)	Overlapping features, mild symptoms	Variable cortisol elevation	Normal or mildly elevated cortisol	Clinical correlation essential

Type 2 diabetes in children and adolescents

Abdulsalam Abu-Libdeh Palestine

Type 2 diabetes mellitus is a complex, chronic metabolic disease, with a heterogene-ous etiology, risk factors at the social level and behavioral, environmental, and genetic susceptibility. It has been increased significantly in the last decade, with challenges in the management within pediatric practice. It is associated with serious complications, but the early diagnosis and initiation of therapy may prevent or delay the onset of long-term complications.

In children and adolescents, it was observed in particular increasing the prevalence of T2DM along with obesity (which has become one of the most public health problems as the prevalence is increasing), it is associated with insulin resistance.

Patient and family education for a young person with T2DM is very important especial-ly behavioral changes.

Here will discuss T2DM in children and adolescents and the state of art in managing this challenging condition.

Differential Diagnosis of Polyuria and Polydipsia – What Pediatricians Should Know for Early Diagnosis and Management

Prof Mohamad Maghnie, MD, PhD

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Polyuria and polydipsia are common but diagnostically complex clinical presentations in pediatric practice. These symptoms may result from a wide range of underlying conditions, spanning from benign behavioral disorders to serious endocrine, renal, and neurological diseases. Accurate and timely diagnosis is essential to prevent complications such as dehydration, growth failure, and neurological damage. This review provides a comprehensive yet practical guide for pediatri-cians and subspecialists to approach children presenting with excessive urination and thirst. The most relevant differential diagnoses include diabetes mellitus, central and nephrogenic diabetes insipidus (arginine vasopressin (AVP); AVPD, AVPR), and primary polydipsia. Less common but clinically significant causes include renal tubular disorders, adrenal insufficiency, and intracranial pathologies such as tumors, infiltrative diseases, or trauma affecting the hypothalamic-pituitary axis.

Special emphasis is placed on central diabetes insipidus, one of the most challenging diagnoses due to its often-subtle presentation and potentially serious underlying etiologies, including ger-minomas, Langerhans cell histiocytosis, and craniopharyngiomas. A stepwise diagnostic ap-proach is outlined, beginning with detailed history, physical examination, and basic laboratory evaluation including serum glucose, sodium, calcium, urea, creatinine, and plasma and urine os-molality.

Key advancements in diagnostics are discussed, particularly the use of copeptin—a stable sur-rogate marker for AVP, which has significantly improved the ability to distinguish between CDI/AVPD, NDI/AVPR, and primary polydipsia, especially when used in hypertonic saline or ar-ginine stimulation tests. The water deprivation test, while still relevant, is now often supplemented or replaced by copeptin-based protocols due to improved safety and diagnostic accuracy.

Neuroimaging, particularly contrast-enhanced MRI of the hypothalamic-pituitary region, is essen-tial in all confirmed or strongly suspected cases of central diabetes insipidus to evaluate for un-derlying structural, neoplastic, or infiltrative causes. In certain cases, biopsy may be indicated to establish a definitive diagnosis, especially when imaging suggests an infiltrative process or tu-mor.

By integrating clinical evaluation, biochemical testing, copeptin-based diagnostics, and targeted neuroimaging, pediatricians can more confidently differentiate between causes of polyuria and polydipsia, initiate timely management, and ensure appropriate referral to pediatric endocrinology, nephrology, or neurology. This review aims to bridge the gap between general practice and sub-specialty care, promoting early recognition and improved outcomes for children affected by these symptoms.

Condition	Key Features	Diagnostic Clues	Laboratory Finding	Role of Copeptin/ Imaging
Pituitary-dependent Cushing Disease	Gradual weight gain, growth retardation, moon face, striae	Elevated ACTH, typical cushingoid features	High blood glucose, positive urine glucose	Not typically used; diagnosis clinical and biochemical
Adrenal Tumors (adenoma orcarcinoma)	Rapid onset of symptoms, virilization possible	Low ACTH, signs of adrenal mass	Low urine osmolality, high plasma osmolality	Copeptin low; MRI critical to detect hypothalamic-pituitary abnormalities
Ectopic ACTH Syndrome	Rare in children, severe symptoms	Elevated ACTH, lack of pituitary lesion	High urine output with low urine osmolality, high plasma osmolality	Copeptin normal/ high; imaging typically normal
Exogenous Glucocorticoid Use	History of steroid therapy, typical CS signs	Low endogenous ACTH due to suppression	Low plasma osmolality, low urine osmolality	Copeptin elevated; imaging usually normal
Obesity/Metabolic Syndrome	Weight gain without typical CS features	Normal cortisol and ACTH levels	Electrolyte abnormalities (e.g., hypokalemia)	Imaging not specific, diagnosis clinical and biochemical
Pseudo-Cushing State (e.g., depression, stress)	Overlapping features, mild symptoms	Variable cortiso elevation	Electrolyte disturbances, low cortisol	Imaging depending on suspected pathology
			Variable	Neuroimaging essential for diagnosis

Table 2. Summary of Differential Diagnosis of Polyuria and Polydipsia in Children

Condition	Key Features	Diagnostic Clues	Laboratory Findings	Role of Copep-tin/Imaging
Diabetes Mellitus (Type 1 & 2)	Polyuria, polydip-sia, weight loss, polyphagia	Hyperglycemia, glucosuria	High blood glu-cose, positive urine glucose	Not typically used; di-agnosis clinical and bi-ochemical
Central Diabetes Insipidus (CDI)	Polyuria, polydip-sia, nocturia, possible dehy-dration	Low urine osmolality despite hyper-natremia, history of CNS disease	Low urine osmo-lality, high plasma osmolality	Copeptin low; MRI criti-cal to detect hypotha-lamic-pituitary abnor-malities
Nephrogenic Diabe-tes Insipidus	Polyuria, polydip-sia, no response to desmopressin	Family history, re-sistance to ADH	High urine output with low urine osmolality, high plasma osmolality	Copeptin normal/high; imaging typically normal
Primary Polydipsia (Psychogenic)	Excessive water intake, no dehy-dration risk	Dilute urine, low plasma osmolality	Low plasma os-molality, low urine osmolality	Copeptin elevated; im-aging usually normal
Renal Tubular Dis-orders	Polyuria with growth failure, electrolyte imbal-ances	Abnormal renal function tests	Electrolyte ab-normalities (e.g., hypokalemia)	Imaging not specific, diagnosis clinical and biochemical
Endocrinopathies (e.g., adrenal insuf-ficiency)	Polyuria with sys-temic symptoms (fatigue, hypo-tension)	Hormonal assays abnormal	Electrolyte dis-turbances, low cortisol	Imaging depending on suspected pathology
Intracranial Pathol-ogies	Associated neu-rological symp-toms	History and neuro signs	Variable	Neuroimaging essential for diagnosis

Recombinant PTH 1-34 in the management of children with hypoparathyroidism, a single center experience in a resource limited region

Sima Kalaldeh1 , Fadi Ayyash2 Yousef Anagreh1, Merana AL Far1

We present eight cases of children with hypocalcemia secondary to hypoparathyroid-ism treated with recombinant PTH (rPTH 1-34) .

Childhood hypocalcemia presents with varying symptoms and can be a challenge to treat in an attempt to normalize calcium levels through high doses of calcium supple-mentation thus leading to the possibility of calcium deposition in the brain particularly in the basal ganglia , the kidneys causing nephrocalcinosis, and a multitude of ail-ments.Recombinant PTH therapy has been used by adult endocrinologists for the management of refractory hypoparathyroidism and has been shown to be beneficial in children with hypoparathyroidism with a good safety profile and the ability to reduce markedly or stop the use of calcium and active vitamin D metabolites.

Parathyroid hormone (PTH) is one of the major hormones (along with vitamin D) that regulates serum calcium via direct effects on bone and kidney and indirect effects on the gastrointestinal tract .

When PTH secretion is insufficient, hypocalcemia develops.

While most cases of hypoparathyroidism are still treated with active vitamin D(calcitriol) and calcium supplementation in children,selected patients who do not respond to conventional therapy can be treated with Parathyroid hormone replacement .This therapy in children has the advantage of being effective for correcting serum calcium levels and reducing large doses of calcium requirements and active vitamin D sup-plements and preserving renal function.

Childhood obesity: advancing understanding for improved management

P. Tounian
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There is now substantial evidence that childhood obesity results from genetic pro-gramming of hypothalamic pathways regulating body weight, occurring at a higher level than in non-obese children. The environment, often described as "obesogenic," should not be considered the primary cause of childhood obesity but rather a factor that facilitates the phenotypic expression of a genetic predisposition. Consequently, childhood obesity should no longer be regarded merely as the outcome of poor eating habits and/or insufficient physical activity.

Somatic complications of childhood obesity are rarely severe. Conditions such as dia-betes, hepatic fibrosis, slipped capital femoral epiphysis, severe sleep apnea requiring non-invasive ventilation, polycystic ovarian syndrome, or pseudotumor cerebri remain very uncommon. The main complication is psychological, consisting primarily of stig-ma and emotional suffering. As a result, most obese children do not require routine blood sampling.

Treatment is primarily based on dietary restriction. Recently introduced pharmacologi-cal options (liraglutide, semaglutide) support adherence to such dietary interventions. Bariatric surgery remains an effective therapy; however, these novel agents will likely reduce the future need for surgical intervention.

Importantly, there is no rationale for initiating treatment as early as possible, since ear-ly and effective management of childhood obesity has no impact on long-term weight trajectory or cardiovascular risk in adulthood.

Finally, prevention strategies for childhood obesity have proven largely ineffective, re-gardless of whether they are school-, community-, or home-based.

Pulmonary eosinophilia

Dr. Alaa Alzghireen is a pulmonologist at the Royal Medical Services, Jordan. I earned my medical degree from the University of Jordan (2010) and obtained the Jordanian Board in pediatrics in 2016.

Pulmonary eosinophilia includes a wide range of lung conditions marked by an ab-normal increase of eosinophils in the airways and lung tissue. These disorders may present with mild cough and wheezing or progress to severe respiratory disease. Di-agnosis depends on combining clinical evaluation with radiology and laboratory find-ings, while excluding other causes such as infections, medications, or systemic ill-nesses.

This lecture will review the main types of pulmonary eosinophilia, outlining their caus-es, clinical features, and treatment options. A clinical case will be discussed to demon-strate the diagnostic process, differential diagnoses, and managementsteps.

Sleep-Disordered Breathing in Children with Obesity.

Presenter: Dr. Montaha Al-Iede, MBBS, DCH, FRACP
Associate Professor of Pediatrics, School of Medicine, JU
Pediatric Pulmonologist / Sleep Physician

Background: The prevalence of childhood obesity has risen dramatically worldwide, with more than 390 million children overweight and 160 million living with obesity. Obesity is a major risk factor for sleep-disordered breathing (SDB), including obstructive sleep apnea (OSA) and obesity hypoventilation syndrome (OHS).
Objectives:
This talk highlights the relationship between obesity and SDB in children, reviewing prevalence, mechanisms, clinical presentation, diagnostic approaches, and management strategies.
Key Points:
• Pathophysiology: Obesity contributes to SDB through anatomical narrowing, altered respiratory mechanics, and hormonal dysregulation, creating a vicious cycle of poor sleep and further weight gain.
• Clinical Impact: Children present with snoring, restless sleep, neurocognitive deficits, behavioral issues, and in severe cases, hypoventilation and cardiorespiratory compro-mise.
• Diagnosis: Overnight polysomnography remains the gold standard; screening tools and clinical evaluation aid in risk stratification.
• Management: Multimodal strategies include adenotonsillectomy, CPAP/BiPAP, medical therapies, and weight management. However, residual OSA persists in up to 50% of obese children after surgery, and OHS requires early recognition and individualized care.
Conclusion: Early recognition and comprehensive management of SDB in obese children are critical to pre-vent long-term health consequences. More research is needed to optimize interventions, particu-larly for OHS and adherence to non-invasive ventilation.

Recurrent pneumonia in children

Dr. Ehsan Aljundi, MBBS, FAAP

Defined as 2 episodes of pneumonia in a year or 3 episodes ever, this condition presents a diagnostic and management challenge. A good approach is to divide these cases into 2 groups: recurrent episodes at the same site, which is usually due to local-ized pathology; such as RML syndrome, foreign body aspiration, congenital anomalies like CPAM, and airway compression. While recurrence at different sites is more likely due to systemic disease, such as CF, Primary Ciliary Dyskinesia, Immune deficiency, congenital heart disease, also commonly due to recurrent aspiration. A diagnostic al-gorithm for each type includes utilization of various investigations including CXR, CT, bronchoscopy, and disease-specific tests. Management is according to diagnosis.

Environmental Enteric Dysfunction in Children

Dr. Eyad Altamimi is Professor of Pediatrics at Jordan University of Science and Tech-nology and a consultant pediatric gastroenterologist and hepatologist at King Abdullah University Hospital

Environmental Enteric Dysfunction (EED) is an acquired subclinical disorder of the small
intestine, highly prevalent among children in low-resource settings. Characterized by impaired gut structure and function, increased permeability, inflammation, and re-duced nutrient absorption, EED is strongly associated with stunting, developmental delays, poor oral vaccine responses, and increased morbidity and mortality. Despite its global significance, the precise causes remain unclear and no single diagnostic bi-omarker exists. This presentation will review the pathogenesis, diagnostic challenges, and clinical consequences of EED, highlighting advances in biomarker development, the role of the gut microbiome, and implications for interventions aimed at breaking the vicious cycle of malnutrition and infection.

Vegan diets in children and adolescents: strategies to prevent nutritional deficien-cies

P. Tounian
Pediatric nutrition and gastroenterology department, Trousseau hospital, Sorbonne University
Paris, France

Vegan diets exclude meat, fish, dairy, eggs, and honey, primarily for ethical and envi-ronmental reasons. Potential nutritional deficiencies associated with vegan diets in-clude iron, calcium, vitamin D, vitamin B12, and docosahexaenoic acid (DHA).
Because the bioavailability of heme iron from animal sources is approximately 8 times higher than that of non-heme iron from plants, iron deficiency is more common in ve-gan children than in omnivores. However, some vegan children do not develop iron deficiency, likely due to genetically enhanced absorption of non-heme iron.
Meeting calcium requirements during adolescence is challenging without dairy prod-ucts, resulting in lower calcium intakes in vegan children compared with omnivores. Vitamin D intake is also reduced. Both contribute to decreased bone mineral content and increased fracture risk.
Since vitamin B12 is found exclusively in animal-derived foods, vitamin B12 deficiency is more frequent in vegan children and may impair cognitive function. Similarly, fish and seafood are the main dietary sources of DHA. Their exclusion predisposes to DHA deficiency, which can negatively affect brain development and function.
Although protein intake in vegan adolescents is generally lower than in their omniv-orous counterparts, it remains within the normal range. Furthermore, the wide variety and quantity of plant foods consumed help prevent deficiencies in essential amino ac-ids.
In conclusion, supplementation is recommended for children following a vegan diet: iron (2–3 mg/kg/day, after deficiency confirmation by serum ferritin), calcium (500–1000 mg/day, depending on age and dietary intake), vitamin D (50,000 IU every 6 weeks), vitamin B12 (ages 3–10: 25 µg/day or 1000 µg/week; >10 years: 50 µg/day or 1000 µg twice weekly), and DHA (100 mg/day from algae or oil rich in DHA).

General Anesthesia as the Preferred Approach for Pediatric Endoscopy: Experience from 238 Procedures Over Two Years

Dr. Sana'a Alkhazal'eh
Pediatric Gastroenterologist
Princess Rahma Pediatric Hospital – Ministry of Health

Background:Safe anesthesia is a cornerstone of successful pediatric endoscopy. While intravenous (IV) sedation is practiced in many centers, its depth is unpredictable and associated with risks of hypoxemia and incomplete procedures. The European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) and the European Society of Gastrointestinal Endoscopy (ESGE) recommend that upper gastrointestinal endoscopy in children should be performed under general anesthesia (GA) and, only if GA is not available, under deep sedation with robust monitoring. This guideline strongly supports GA as the default option wherever resources permit.

Objective:To present two years of institutional experience with GA for pediatric endoscopy and highlight its safety, efficiency, and alignment with international guidelines.

Methods:Between April 2023 and April 2025, a total of 238 pediatric endoscopies were performed under GA at Princess Rahma Pediatric Hospital. Procedures included 195 upper endoscopies (81.9%), 26 combined upper and lower endoscopies (10.9%), and 17 colon-oscopies (7.1%). Completion rates, complications, and procedural conditions were reviewed.

Results:All procedures (100%) were successfully completed under GA, with excellent conditions of immobility, airway protection, and patient comfort. No major anesthesia-related compli-cations occurred. Minor events such as transient desaturation (<2%) or delayed recovery (<1%) were rare and self-limiting. The diagnostic yield was consistently high, workflow for the endoscopy team was smooth, and families expressed strong satisfaction. Compared with experiences in IV sedation, GA provided greater reliability and safety, especially for younger children and longer or therapeutic interventions.

Conclusion:Our two-year experience with 238 pediatric endoscopies confirms that GA is a safe, effective, and guideline-supported approach. The ESPGHAN/ESGE recommendation that pediatric endoscopy should be performed under GA aligns with our outcomes, demonstrat-ing predictable depth of anesthesia, airway security, and consistent procedural success. Broader adoption of GA, supported by standardized protocols, is strongly encouraged to opti-mize pediatric endoscopy safety and outcomes.

8th–11th October 2025

Glimpse on Starvation

Dr. Hanadi Rimawi Jordan

Despite human advancement on many frontiers, childhood starvation is still a chal-lenge in many regions of the world and for a myriad of circumstances. Besides poverty, drought and conflicts such as the one currently going on in Gaza.

Long and short term consequences, range from growth failure, stunting and wasting. Acute physiological changes and reductive adaptation response and its effects on treatment result in significant morbidity and can lead to death.

Basic Principles of Parenteral Nutrition in Pediatrics

Dr. Sarah Rimawi, Jordan
Pediatric Gastroenterologist in the Department of Pediatrics at the Hashemite University.
Completed pediatric Gastroenterology Fellowship at Queensland Children's Hospital in Australia.
Diplomate of the American Board of Physician Nutrition Specialists.

Parenteral nutrition (PN) is a life-sav-ing intervention for pediatric patients who are unable to meet their nutritional needs via the enteral route. This lecture provides an overview of the principles guiding the safe and effective use of PN in children. Key topics include indications for PN, essential components (macronutrients, micronutri-ents, and electrolytes), monitoring strategies to prevent complications, and strategies to minimize risks such as catheter-related infections.

Management of Autism Spectrum Disorder

Dr.Reem Atwan Pediatric Consultant -Johns Hopkins Aramco Healthcare .Certified Au-tism healthcare consultant , Master's in Autism Spectrum Disorders and Developmental and Mental disorders .Jordanian Board in pediatrics .

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition characterized by persistent challenges in social communication, restricted interests, and repetitive behaviors. Its prevalence has increased globally, underscoring the importance of early recognition and com-prehensive management strategies. Effective care requires a multidisciplinary approach tailored to the individual child's needs, involving healthcare providers, educators, therapists, and families.

Early identification is crucial, as intervention during the first years of life has the strongest impact on long-term outcomes. Behavioral and educational interventions, particularly Applied Behavior Analysis (ABA), structured teaching, and social skills training, remain the cornerstone of man-agement. Speech and language therapy is often essential to support communication, while occu-pational therapy addresses sensory integration issues and daily living skills.

Pharmacological therapy is not curative but may be beneficial for associated symptoms such as irritability, hyperactivity, sleep disturbances, or anxiety. Medications including risperidone and aripiprazole are approved for managing irritability in children with ASD. Complementary ap-proaches, such as parent-mediated programs, community inclusion, and assistive communica-tion technology, further enhance outcomes.

Management also requires continuous monitoring and adjustment as the child grows, with em-phasis on supporting transitions into school, adolescence, and adulthood. Family counseling and support groups are equally important to reduce caregiver stress and improve overall wellbeing."

CHANGING PATTERN OF CONGENITAL ANOMALIES OF THE KIDNEY AND URINARY TRACT AT A TERTIARY CARE HOSPITAL IN JORDAN

Professor Kamal Akl
Arab Medical Center, The University of Jordan, Al-Bashir Government Hospital
Nephrology

CHANGING PATTERNS OF CONGENITAL ANOMALIES OF THE KIDNEY AND URINARY TRACT(CAKUT) AT A TERTIARY CARE CENTER

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Background

Congenital Anomalies of the Kidney and Urinary Tract(CAKUT) is the major cause of Chronic Renal Failure(CRF) in children. The purpose of this study was to review etiology and change in the pattern of CAKUT.

Methods: Retrospective review of pediatric nephrology service data over a five year period from 2020 to 2024 at Al-Bashir Government Hospital, a tertiary referral hospital serving all parts of Jordan. The months of January, June, and December from each year were sampled.

Results

There were 567 visits for 505 patients. Females were 259, males 306. The great majori-ty of cases(89.74%) included Hydronephrosis(30.33%), Vesicoureteral Reflux(VUR) 26.98%, Renal atrophy(8.64%), Congenital Solitary Functioning Kidney(CSFK) 7.58%, Neurogenic blad-der secondary to myelomeningocele 6.87%, pelviureteric junction obstruction(PUJO) 5.11%, and Multicystic Dysplastic Kidney(MCDK) 4.23%. Most CAKUT occurred in the ages less than five. Males were almost twice as females in the hydronephrosis group. In the rest females out-numbered males. Hydronephrosis visits increased in 2021 to 2024. Renal atrophy cases were more in 2023 / 2024, CSFK more in 2024.

Conclusions

The most common causes of CAKUT were Hydronephrosis followed by VUR, re-nal atrophy, CSFK, neurogenic bladder, PUJO, and MCDK. The majority of cases of unilateral renal atrophy were secondary to VUR, PUJO, and MCDK resulting in the end in a CSFK. Bilat-eral renal atrophy leads to CRF.

8th–11th October 2025

Hypertension in Childhood and Adolescence: New Guidelines

Bassam Saeed*

The prevalence of hypertension in children is assumed to be 1-3%, however this is a reflection of its arbitrary definition (>95th centile) according to the report of the second task Force on blood pressure control in children. The prevalence of severe hyperten-sion is much lower, at around 0.1%

Severe untreated hypertension in childhood carries a high risk of morbidity and mortal-ity. In the majority of cases it is secondary to an underlying cause and often remedia-ble.

The presentation will focus on the clinical practice guidelines for screening and man-agement of high blood pressure in children and adolescents, Childhood blood pres-sure standards are statistical definitions derived from large databases of blood pres-sure's taken in normal children, Hypertension is more common than we think. There-fore, blood pressure Measurements should be part of routine physical examination of children. Hypertension in childhood is a marker of other problems and here we call it secondary hypertension unlike the essential hypertension in adults. Hypertension dur-ing childhood predicts the presence of hypertension in adulthood and cardiovascular disease events might occur after several decades after HTN diagnosis. Auscultatory method remained the standard way of blood pressure Measurements. However, Di-namaps is used frequently in infants. Ambulatory blood pressure measurement ABPM may be needed in suspected White coat hypertension.

*Bassam Saeed. Consultant Pediatric Nephrologist. President of Farah Association for Child with Kidney Disease in Syria. Chair of the ISN Middle East Regional Board. Past president of MESOT.

Extracorporeal Blood Purification (EBP) for Non-Nephrologists – Novel Techniques and Indications Beyond Traditional Dialysis.

Entesar AlHammadi UAE

Identification of PDIA6 Mutation in a Case of Autosomal Recessive Polycystic Kidney Disease: A Case Report and Review of Literature

Pediatric Nephrologist Dr. Reem Al-Hadidi reemalhadidi@icloud.com
Reem H Al-Hadidi 1 , Lina A Abu Sirhan 2 1 Al-Hussain New Salt Hospital, Ministry of Health, Al-Salt, Jordan 2 Faculty of Medicine, Al-Balqa Applied University, Al-Salt, 19117, Jordan

Autosomal recessive polycystic kidney disease (ARPKD) is a rare but severe hereditary renal disor-der characterized by bilaterally enlarged, cystic kidneys and varying degrees of hepatic fibrosis, of-ten leading to early-onset kidney failure and significant morbidity. While most ARPKD cases are linked to mutations in the PKHD1 gene, recent advances in genomic sequencing have revealed that mutations in other genes, including PDIA6, may contribute to similar phenotypes. The PDIA6 gene encodes protein disulfide isomerase A6, which plays a critical role in protein folding within the en-doplasmic reticulum (ER) and in the regulation of ER stress responses. Here, we report a rare and complex case of a full-term male neonate born to consanguineous Syrian refugee parents, who pre-sented with a clinical constellation of features including polycystic kidney disease, severe oligohy-dramnios, pulmonary hypoplasia, microcephaly, rib thoracic dysplasia, and global developmental delay. Genetic analysis using whole-exome sequencing identified a homozygous two-base deletion in exon 5 of the PDIA6, resulting in a premature stop codon. Early diagnosis via genomic tools is essential for prognosis, management, and genetic counseling.

Histopathological findings of steroid resistant nephrotic syndrome in pediatric age group in queen Rania children hospital, SINGLE CENTER EXPERIENCE

Pediatric nephrologist Mahdi Farah frehat Mahdifarah70@yahoo.com

Dr mahdi frehat RMS Histopathological findings of steroid resistant nephrotic syndrome in pediatric age group in queen Rania children hospital, SINGLE CENTER EXPERIENCE Mahdi Qassem Frehat MD (1), Aghadir Mohammad Alhadidi MD(1),Moath Baker AL Qawaqenah MD(1),Ruba saqr Al assaf MD(1) , Shawq walid Al -thaher MD(1),Amani Mutlaq Alrousan(1), Mohammad fuad sweiti MD(1) , Lubna zuhier Alkhatib MD(1), ,Batool Mohammad Mansour MD(1).

ABSTRACT Objective: To study the histopathological characteristics of steroid-resistant nephrotic syndrome in paediatrics patients at Queen Rania Children's Hospital. Method: This study is a retro-spective study for medical records of paediatric patients with steroid resistant nephrotic syn-drome, at Queen Rania children's hospital in Jordan during the period from January 2020 to Au-gust 2024 It included demographics, early presentation, histopathological finding and response to treatment. Results: The study included 72 children diagnosed with steroid-resistant nephrotic syn-drome, with 53% of the participants being females, and their ages ranging from 1 to 14 years. The most common initial presentation was edema affecting various parts of the body. Minimal change disease (MCD) was the most frequent histopathological pattern, observed in 34.7% of cases across all age groups. Focal segmental glomerulosclerosis (FSGS) was more prevalent in older children, particularly those aged 8 to 14 years, compared to the younger age group. A positive family history was noted in 18.1% of cases. the most commonly used drug alongside prednisolone was Angioten-sin-converting enzyme inhibitors(ACEI) prescribed in 51.4% of cases for both blood pressure con-trol and its antiproteinuric effect, Overall,76.3% of the children had a good prognosis. Conclusion: Minimal change disease is the most common cause of steroid-resistant nephrotic syndrome, high-lighting the crucial role of histopathological diagnosis in guiding both treatment and prognosis in these cases.

Key words : Edema, Histopathological diagnosis, Minimal change disease, Nephrotic syndrome, Steroid-resistant nephrotic syndrome

Nephrology

Objective: To study the histopathological characteristics of steroid-resistant nephrotic syndrome in paediatrics patients at Queen Rania Children's Hospital.

Method:This study is a retrospective study for medical records of paediatric patients with steroid resistant nephrotic syndrome, at Queen Rania children's hospital in Jordan during the period from January 2020 to August 2024 It included demographics, early presentation ,histopathological find-ing and response to treatment.

Results: The study included 72 children diagnosed with steroid-resistant nephrotic syndrome, with 53% of the participants being females, and their ages ranging from 1 to 14 years.

The most common initial presentation was edema affecting various parts of the body.

Minimal change disease (MCD) was the most frequent histopathological pattern, observed in 34.7% of cases across all age groups. Focal segmental glomerulosclerosis (FSGS) was more prevalent in old-er children, particularly those aged 8 to 14 years, compared to the younger age group. A positive family history was noted in 18.1% of cases. the most commonly used drug alongside prednisolone was Angiotensin-converting enzyme inhibitors(ACEI) prescribed in 51.4% of cases for both blood pressure control and its antiproteinuric effect, Overall,76.3% of the children had a good prognosis.

Conclusion: Minimal change disease is the most common cause of steroid-resistant nephrotic syn-drome, highlighting the crucial role of histopathological diagnosis in guiding both treatment and prognosis in these cases.

Genetics in pediatric nephrology

Pediatric Nephrologist Issa Alkhatatbeh issahazza@gmail.com
Issa Alkhatatbeh, Private sector

Genetics plays a crucial role in pediatric nephrology by enabling precise diagnoses of kidney dis-eases like nephrotic syndrome, cystic kidney disease, and congenital anomalies of the kidney and urinary tract (CAKUT), which can be inherited. Genetic testing helps tailor treatments, improve prognostic accuracy, guide transplantation decisions, and offer counseling and screening for family members. genetic testing is being incorporated into the standard of care for children and their families with kidney diseas.Here, we review the characteristics of genetic testing modalities and the implications of genetic testing in clinical genetic diagnostics

Peritoneal Dialysis in Children: Experience from a Tertiary Hospital in Jordan (2021–2025)

Dr Doaa Al Qaoud The Hashemite University
Assistant Professor of Pediatrics Doaa Al Qaoud doaaqaoud81@gmail.com

Background: Peritoneal dialysis (PD) is the primary renal replacement treatment modality for chil-dren in many low- and middle-income countries due to its technical simplicity and home affordabil-ity. Jordanian data on paediatric PD outcomes are sparse. The purpose of this study was to evaluate the clinical features, dialysis methods, and results of children treated for PD at our tertiary care centre.
Methods:
We did a retrospective study of all paediatric patients (<18 years) who got PD between January 2021 and June 2025 at Prince Hamzeh Hospital in Jordan. Demographic information, underlying causes of renal disease, PD method, length of therapy, complications, and results were gathered and analysed.
Result:
The research included 25 children (9 boys and 16 females) who got PD. The average age at begin-ning was 8.2 ± 4.1 years (range: 4 months to 12 years). 18 kids were brought to our hospital with an acute kidney damage that required renal replacement treatment.
Seven of them had ESRD on their initial visit.
Dialysis was initiated due to renal failure caused by congenital abnormalities of the kidney and uri-nary tract (CAKUT), glomerulopathies, and neprotic syndrome. Continuous ambulatory peritoneal dialysis (CAPD) was utilised in 30% of patients, and automated PD in 70%.
The median duration of PD was 18 months.
Peritonitis occurred in five cases. Two individuals developed catheter-related mechanical prob-lems. Growth retardation was seen in 36% of affected children at baseline, but improved in 60% after one year of PD. Overall, 74% of patients survived, and 32% prompted normal lives without dialysis. Three of them had transplants.
At the end of the follow-up period, death was mostly due to underlying comorbidities.
Conclusion:
PD is a viable and successful option for paediatric renal replacement treatment in Jordan, with few complications and good survival rates. Efforts to lower peritonitis rates and promote growth remain top targets for better results.

Nocturnal Enuresis in Jordanian children: A Retrospective analysis at a private nephrology clinic

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Background and aims

This study describes management of nocturnal enuresis (NE) among Jordanian children in a private nephrology clinic according to International Children's Continence Society (ICCS) latest guidelines.

Methods:

Clinical management tool (CMT) questionnaire was used to classify patients into monosymptomatic nocturnal enuresis (MNE) and non-monosymptomatic nocturnal enuresis (NMNE). The underlying pathogenetic mechanism of enuresis was investigated by using daytime and nighttime diaries.

Results:

A total of 122 children were studied with a male-to-female ratio of 2.5:1. MNE accounted for 51.6% (n=63) of total, whereas 48.4% (n=59) had NMNE. Regarding the pathogenetic mechanism of enure-sis, it was found that the most common underlying pathogenetic mechanism was detrusor overac-tivity (DO) accounting for 54.1% (n=66) of patients, followed by nocturnal polyuria (NP) 19.7% (n=24). There were 21 patients (17.2%) who had evidence of both DO and NP, and 11 patients (9%) did not have evidence of either DO or NP. DO was the most common single contributor to both MNE (accounting for 39.6%) and NMNE (accounting for 69.4%). A total of 62 children (50.8%) re-ceived desmopressin either alone (n=35) or as a part of combination therapy (n=27). Enuresis alarm was used in a total of 22 children (18.0%). Response rate was documented to be 97.5%. Complete response was observed in 90% of patients within the first 3 months of treatment. Partial response was documented in 7.3% (n=9).

Conclusion

Nocturnal enuresis is a common paediatric disturbance that should be managed in light of the un-derlying mechanism which is applicable to identify in most patients.

Antenatal Hydronephrosis: Experience of a Nephrology Clinic in the Jordanian Private Sector

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Background and aims: Antenatal hydronephrosis (ANH) is an under-studied topic in Jordan. To the best of our knowledge, there has been no previous publications on antenatal hydronephrosis. This paper aims to provide important information regarding ANH and its management in Jordan, and highlight essential practice points for Jordanian paediatricians.

Methods: This study was conducted on patients with antenatal hydronephrosis attending to a pri-vate paediatric nephrology clinic at Ibn Al-Haytham Hospital in Jordan. Our study is a retrospective observational cohort study. Data was collected by reviewing medical records for all patients pre-senting with ANH within the period from 2012 to 2022.

Results: The most common cause of ANH was hydronephrosis without evidence of obstruction or extrarenal pelvis. The mean age of presentation was 8.2 months. Only 6.5% of patients attended for prenatal counselling. Severity of hydronephrosis correlated clearly with the aetiology and the need for surgical intervention as surgery was needed in 56.2% of patients with severe hydronephrosis. Reflux nephropathy was identified in 52.9% of patients with vesicoureteric reflux (VUR) and was also delineated into congenital and acquired. Associations with other conditions such as ovarian cysts and renal stones were described, and a statistically significant incidence was documented. To the best of our knowledge, there is no established etiologic link or direct pathophysiologic associa-tion between ovarian cysts and antenatal hydronephrosis.

Conclusions: Antenatal hydronephrosis is often a common condition. It should be investigated properly, starting with prenatal counselling. Underestimating this finding might subject patients to significant irreversible renal impairment.

Rising Incidence of ESBL-Producing Escherichia coli in UTI in 2024: A Retrospective Analysis of An-tibiotic Resistance Patterns

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Abstract
Background: Urinary tract infections (UTIs) are among the most frequent bacterial infections in chil-dren, with Escherichia coli as the leading causative organism. The rise of extended-spectrum beta-lactamase (ESBL)–producing pathogens poses significant therapeutic challenges.
Objective: To assess the prevalence and antimicrobial resistance profile of ESBL-producing organ-isms causing pediatric UTIs in Amman, Jordan, in 2024.
Methods: A retrospective review was performed for all pediatric patients with culture-proven UTIs at Istiklal Hospital between January and December 2024. Demographic data, causative organisms, and antibiotic sensitivity patterns were analyzed.
Results: A total of 270 pediatric UTI cases were recorded. The mean age was 4.2 ± 2.1 years. Fe-males represented 83% of cases, while males accounted for 17% (female-to-male ratio ≈ 5:1). E. coli was the predominant pathogen, isolated in 220 cases (81%), with the majority identified as ESBL producers; of these, 180 patients required IV antibiotics. Klebsiella pneumoniae accounted for 50 cases (19%). ESBL E. coli isolates showed high resistance to commonly used oral antibiotics, including cephalosporins and amoxicillin-clavulanate. However, sensitivity remained high to amika-cin (91%) and meropenem (94%).
Conclusion: The predominance of ESBL-producing E. coli in pediatric UTIs highlights a significant rise in multidrug resistance. Continuous resistance monitoring and rational antibiotic use are essential, with meropenem and aminoglycosides representing the most effective treatment options.

8th–11th October 2025

Approach to Acute Kidney Injury

Ruba Al Assaf Jordan
Senior Pediatric Nephrologist
Royal Medical Service

Acute kidney injury is a common serious problem in pediatrics group with serious complications . This talk will discuss the approach to these patient starting from emergency room till stabili-zation while shedding lights on recent guidelines and tricks in the practice

Newly FDA and EMA approved treatments for hemo-philia

Dr Mustafa Alfalah
Pediatric hematology oncology
Prince Hamzah Hospital

Hemophilia is a bleeding disorder caused by mutations in the genes for blood clotting factors VIII or IX, traditionally treated with on demand or prophylactic replacement therapy. Recent innova-tions have broadened the scope of therapeutics to include non-factor therapies, ultra extended half-life factors and gene therapy that have revolutionized treatment options.
In this short presentation, we discuss a publication in the WFH journal “Hemophilia” done by a group of French hematologists in collaboration with the French Reference Centre for Hemophilia about the latest advances and future prospects for the treatment of hemophilia with the emer-gence of new treatment options.

LYMPHADENOPATHY IN CHILDREN

Dr. Ayhan DAGDEMIR
Ondokuz Mayıs University, TÜRKİYE

Lymphadenopathy is a fairly common clinical finding in childhood. Various studies have shown that reactive lymphadenopathy, particularly in the cervical region, can be detected in 30–50% of healthy children. Frequent upper respiratory tract infections in children, particularly during the de-velopment of the immune system, prompt the lymphatic tissue to respond rapidly to viral and bacte-rial agents. Viral infections, bacterial tonsillitis, and skin infections are among the most common causes; rarely, malignancies, immune deficiencies, or systemic diseases may underlie the condition. A detailed history and physical examination are crucial for the initial approach. The location, size, consistency, mobility, and pain of the lymph node should be evaluated. Acute, painful, and tender nodes are most often infectious in origin. Firm, adherent, or rapidly growing lymph nodes may in-dicate malignancy. Lymphadenopathy lasting longer than 6 weeks, larger than 2-3 cm, located in the supraclavicular region, or accompanied by systemic symptoms (fever, weight loss, night sweats) requires further evaluation. The diagnostic process utilizes a complete blood count, acute phase reactants, serologic testing, and, when necessary, imaging studies. Ultrasonography is the first-line imaging method for evaluating lymph node structure. Biopsy is the gold standard in sus-picious cases for malignancy. In conclusion, although lymphadenopathy in children is often be-nign, careful clinical management allows for early diagnosis of serious causes such as malignancy.

Treatment of aplastic anemia associated with hepatitis A in children.

Othman Hamdan Syria

Aplastic anemla(AA) : A rare case of anemia in children and adulthood can cause death because bleeding and infection,AA may be congenial or hereditary such as fancoy, or acquired post infection ,chemotherapy, post radiation ,nutrition. Such as vit B12 deficiency.
In this presentation our patient is achild complain of aa post hepatitis A infection and treated with cyclosporin and ATG Without transplantation ,review for AA AT Damas-cus. University Children Hospital for AA cases during 10 years ,

Artificial Intelligence

Iyad Sultan Jordan

Fever phobia among parents and paediatricians

Prof. Adamos Hadjipanayis,
MD PhD , Paediatrician
European University Cyprus, Nicosia
Director, Paediatric Department, Larnaca Hospital

Fever is a common complaint in children and is the most common reason for parents to bring their children to the emergency department. It is a stressful event for parents and caregivers, at least in part because of unrealistic concerns regarding the conse-quences of fever. Fever phobia is term that was first used in the early 1980s to de-scribe the unrealistic fear of fever expressed by parents. Since then, numerous guide-lines have been published stating that fever is not, in itself dangerous. However, this fear still exists and it causes anxiety to parents.

Unfortunately, there is also a misconception among paediatricians about fever (High temperature can cause death and brain damage; fever itself could be dangerous for a child with seizures).

Although paediatricians should serve to eliminate this fear, they may be contributing to fever phobia by adopting the following practices:

1. Prescribing antipyretics for children who are only mildly febrile.
2. Recommending the use of alternating antipyretics.

Fever is usually associated with self-limiting infections. However, in a small number of cases it can be a sign of more serious underlying condition. Paediatrician's role is to spot the child with a serious disease and to ensure that appropriate treatment is insti-gated. For the rest of the children with fever, the paediatrician should explain to par-ents that the fever is normal part of the body response to fight the infection. Finally, the paediatrician needs to explain to parents that the objective of antipyretic treatment is not euthermia but to make the child feel comfortable.

Future Perspective on Pediatrics from the Global Point of View

Prof. Adamos Hadjipanayis,
MD PhD , Paediatrician
European University Cyprus, Nicosia
Director, Paediatric Department, Larnaca Hospital

There is a huge discrepancy between the burden of disease and access to health ser-vices across the globe. Moreover, there is an imbalanced distribution of health care professionals.

Countries and regions with the highest disease burden have the lowest percentage of health professionals. Ninety percent of children's population of our planet live in low- and middle- income countries, where the morbidity and mortality are higher comparing to the high-income countries. Although global health is an important discipline that pri-oritizes equity in health care across the globe, it does not embrace the health of the earth's systems. On the other hand, planetary health examines the health of humanity globally and at the same time investigates the health of the earth's systems on which it depends. We all know that the health and wellbeing of a child depend on the health and wellbeing of the family, but we may neglect the fact that the family's wellbeing de-pends on the wellbeing of the environment. Thus, children's health depends on factors like climate change, environmental degradation, epidemics and pandemics, child mi-gration, war, conflict, violence discrimination and social injustice. All these are inter-connected and interdependent.

Medical Apps the Future of Pediatrics

Cherif Aly Mohamed Abdelal Egypt

Medicine's ability to quickly respond to challenges raises questions influencing the development of medicine in the short, medium, and long term,transforming the healthcare industry.

Well-being technologies, data-informed personalization, will become key drivers for the develop-ment of medicine over the period of 1–50 years.We will also highlight the Egyptian experience in mass awarness using mobile app

PRETRANSPLANT MYELOID AND IMMUNE SUPPRESSION (PMIS) FOR THALASSEMIA PATIENTS RECEIV-ING MATCHED RELATED DONOR ALLOGRAFT

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Background and aims

Allogeneic stem, cell transplantation (allo-HSCT) is the only curative treatment for patients with thalassemia major. The introduction of PMIS, mainly for alternative donor transplants, is reported to be feasible and associated with good outcomes. We are reporting our results applying PMIC in MRD transplants for high risk thalassemia patients.

Methods

This is a retrospective chart review of patients who received PMIS for high risk thalassemia patients receiving matched related donor allografts, according to our new guidelines which were in effect since Oct2020. Accordingly, these patients received fludarabine and dexamethasone given as one or two cycles 4 weeks apart in association with hydroxyurea, followed by followed by Fludarabine based reduced toxicity conditioning (RTC) for high risk thalassemia patients (age more than 14years or class 3 thalassemia), and myeloablative conditioning (MAC) for low risk patients, all patients have received graft vs host disease (GVHD) and antimicrobial prophylaxis according to the institutional guidelines.

Results

Nineteen patients received PMIS since Oct2020. Median age at transplant was 14.7 years (range, 2.25-26.5 years), median ferritin 1200 ng/ml , (440-7300 ng/ml); median liver span 15.25 cm, (9.6-17cm); median absolute lymphocyte count prior to transplant 500, (range, 200-1200). None of the patients had significant liver fibrosis as confirmed by pre-transplant liver evaluation. Seven patients have received MAC and RTC was used for 12 patients, the stem cell source was bone marrow har-vest and peripheral blood form their full HLA match family donors, respectively. All patients have received graft vs host disease (GVHD) and antimicrobial prophylaxis according to the institutional guidelines.

The median time of neutrophil and platelets engraftment was on days 16 (range, 12-21 days) and 19 (range, 14-34 days), respectively.

After a median follow up of 22.6 months (range, 4-46 months),all patients

except four patients have full donor chimerism at day 60 post-transplant , only one patient developed secondary graft failure at day 100 post-transplant . Only one patient developed acute gut GVHD, and only two patients developed chronic GVHD. Thirteen patients developed molecular CMV reactivation with no clinical manifestations, other infections including bacteremia in 7 patients and BK cystitis in two patients.

Conclusion:
Applying PMIS for transfusion dependent thalassemia patients receiving MRD allografts was not as-sociated with significant toxicity, and this approach may improve the thalassemia free survival post-transplant. Viral reactivation needs close monitoring.

BONE MARROW TRANSPLANTATION IN FAILURE SYNDROMES: EXPERIENCE AT QUEEN RANIA AL-ABDULLA HOSPITAL

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Omaimah Al-jarrah MD, Ruba Al-hazaimeh MD, Mais Jazazi MD, Suliman Aljaafreh MD, Atwa Altawarh MD, Nazih Abo Al-shaikh MD, Ola Alhasanat SN, Lara Mikhi MD, Maher Khader MD.,
Objective: This study aimed to explore the outcomes of bone marrow transplantation in pediatric patients with various bone marrow failure syndromes.
Methods: The study involved 46 pediatric patients (<16 years old) with bone marrow failure from 2013 to 2023. Patients underwent either allogenic or haploidentical bone marrow transplantation, and outcomes were evaluated based on their disease type, graft versus host disease (GVHD) status, cytomegalovirus (CMV) status, and CD34 levels.
Results: The patient cohort consisted mostly of severe aplastic anemia (50%) and Fanconi anemia (43%). Allogeneic bone marrow transplants were conducted in all patients. GVHD and CMV were observed in 8.7% and 22% of patients, respectively. The mean CD34 level was 3.6106 (2.25106). The overall survival rate showed no significant difference across different disease groups or trans-plantation types, with a mortality rate of 10.9%.
Conclusion: Significant improvements have been made in the use of hematopoietic stem cell transplantation to treat both acquired and inherited bone marrow failure. Outcomes for matched sibling HSCT for inherited and acquired BMF syndromes are good, and HSCT is the treatment of choice for BMF patients who have available matched related donors.
In our study, the outcomes of bone marrow transplantation in pediatric patients with hematologi-cal disorders were not significantly influenced by the disease type or transplantation type. The study highlights the need for larger, multi-center investigations to corroborate these findings.
Key words: Bone marrow transplantation, hematological disorders, pediatrics, graft-versus-host dis-ease
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GLOBALISING THE ACCESS TO ADVANCED MOLECULAR DIAGNOSTICS OF PEDIATRIC CNS TUMORS: EXPERIENCE OF THE MOLECULAR NEURO-PATHOLOGY (MNP) OUTREACH CONSORTIUM

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Background: In children, CNS tumours are the leading cause of cancer-related mortality, with stark global inequities. In CONCORD-3, five-year net survival approaches ~80% in Denmark but remains <40% in Brazil. Limited access to molecular testing in LMICs drives diagnostic ambiguity, high "not otherwise specified" (NOS) rates, and constrained care. DNA methylation–based classification, pio-neered in Heidelberg and codified in WHO CNS5 (2021), refines diagnosis and risk stratification; prospective pediatric series report 30% reclassification rate. However, cost and expertise remain to be bottlenecks for adoption in LMICs.

Objectives: To globalise access to advanced molecular diagnostics and assess the diagnostic impact and feasibility of DNA methylation–based classification for paediatric and adolescent/young adult (AYA) CNS tumours in LMIC settings.

Methods: The Molecular Neuro-Pathology (MNP) Outreach Consortium (est. 2022, Heidelberg) part-ners with 13 LMIC centres, providing consumables, software, and training for array-based DNA methylation. Testing is performed locally on submitted tumours. Primary outcomes: change in NOS rates and molecular subclassification of paediatric entities (e.g., medulloblastoma, ependymoma). Early insights derive from Brazil, while roll-out of other centers is underway.

Results: In Brazil, 476 CNS tumours (134 paediatric) profiled January 2023–August 2025 showed NOS reduction from 51.3% to 8.8%. All paediatric medulloblastoma and ependymoma achieved molecular subclassification by methylation alone. Similar gains are anticipated in partner centres with high baseline NOS, such as India (25–30%).

Conclusions: the impact of DNA methylation profiling is even more in LMICs. Sustainable reim-bursement, procurement, and policy are needed to embed methylation into routine diagnostics.

Safety and efficacy of spleen tyrosine kinase (Syk) inhibitors in immune thrombocytopenia (ITP): A systematic review and meta-analysis of randomized clinical trials.

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Background and aims: Spleen tyrosine kinase (Syk) inhibitors are a promising therapeutic option for immune thrombocytopenia (ITP). However, their overall effectiveness and safety remain uncertain. Our systematic review and meta-analysis evaluate the efficacy and safety of Syk inhibitors in ITP pa-tients.
Methodology: A systematic search of PubMed and Web of Science identified randomized clinical trials (RCTs) comparing Syk inhibitors with placebo until February 2, 2025. Outcomes included overall response rate (ORR), defined as at least one platelet count >50,000/μL within 12 weeks, and treatment-emergent adverse events. Meta-analysis was conducted using RevMan5.4, reporting odds ratios (OR) and 95% confidence intervals (CIs), with $p < 0.05$ as statistically significant. All steps adhered to PRISMA guidelines.
Results: Five RCTs with 417 patients were included. Syk inhibitors significantly improved ORR (OR: 8.33, 95% CI: 4.66–14.88, $p < 0.00001$) compared to placebo. In terms of safety, Neutropenia was significantly higher in the Syk inhibitors group (OR: 4.55, 95% CI: 1.04–19.88, $p = 0.04$), as were liver enzyme elevations, with AST (OR: 7.48, 95% CI: 2.04–27.41, $p = 0.002$) and ALT (OR: 6.53, 95% CI: 1.80–23.72, $p = 0.004$). Rash (OR: 4.91, 95% CI: 1.62–14.91, $p = 0.005$) and urinary tract infec-tions (OR: 3.30, 95% CI: 1.40–7.79, $p = 0.006$) were also significantly more common, while hyper-tension did not show a significant difference (OR: 1.67, 95% CI: 0.92–2.04, $p = 0.09$).
Conclusions: Syk inhibitors improve ORR in ITP; however, they increase the risks of neutropenia, liver enzyme elevations, rash, and UTIs. Clinicians should be aware of these risks and take precau-tions to ensure patients' safety.

XX Syndromic macrothrombocytopenia and hemolytic anemia caused

by a pathogenic variant in GALE gene: A case report and Literature review

Abstract
Introduction:
The enzyme uridine diphosphate (UDP)-galactose-4-epimerase, encoded by GALE, is involved in galactose metabolism and protein glycosylation, and its deficiency results in galactosemia type III ;an inherited metabolic disorder with autosomal pattern of inheritance.
GALE deficiency presents in three forms:
Peripheral (RBC-restricted enzyme deficiency, usually benign)
Intermediate (reduced GALE activity in multiple tissues, milder symptoms)
Generalized (systemic enzyme deficiency, classic galactosemia with metabolic crisis)
Proper glycosylation is critical to normal hematopoiesis, in particular to megakaryo-cyte and platelet development. The thrombocytopenia observed in GALE deficiency is associated with altered glycosylation of GPIbα and β1 integrin affecting megakaryo-cyte differentiation and platelet structure through impaired actin cytoskeleton remodel-ing.
Case presentation:
We report an 11- year- old male born to consanguineous parents, presented with se-vere thrombocytopenia and direct coombs-negative hemolytic anemia. He presented initially due to pallor, and yellowish discoloration of sclera, this was not associated with fever, rash, joint pain, change in urine color or blood loss. There was no change in appetite, weight, or activity level .He has no history of recurrent significant infection or family history of hematologic illnesses. He demonstrated poor school performance.
Physical examination revealed pallor, yellowish sclera, coarse facial features and a high arch palate. His height and weight below 5th centile
No associated lymphadenopathy .Cardiovascular exam showed grade III pansystolic murmur with fixed splitting of S2. There was no hepatomegaly, splenomegaly or lymphadenopathy. He has a right sided limp due to untreated DDH. No skin lesions or signs of bleeding were observed.

.total serum bilirubin was slightly elevated with predominantly indirect fraction. Blood film: normochromic, normocytic anemia, polychromasia and thrombocytopenia with giant forms, few grey platelets. DCT repeatedly negative.

Regarding thrombocytopenia, parents reported that he was diagnosed as immune thrombocyto-penia 4 years earlier which was not associated with bleeding and was not followed up.

Bone marrow evaluation reported erythroid hyperplasia and increased megakaryocytes, de-creased granulocytes.

Other labs performed:

Viral work up: (CMV, EBV, HIV, HBV, HCV) : All negative by serology

Folate, B12 and ferritin: Within normal limit.

Immunoglobulin levels : Normal

Flow-cytometry for cell subsets showed decreased T cells, normal B and NK cells

APA: negative

ANA: negative

Approach and management:

As findings were consistent with peripheral consumption ,the patient was initially treated i as DCT-negative EVANS syndrome, given initially prednisolone and showed improvement: HB in-creased from 7.8 to 12.5 and platelet rose to 23,with tapering of steroid ;his HB stabilized around 11 and his platelet count remained around 20s.Rituximab was given while tapering of steroid as HB and platelet started to drop again, he was then off steroid and his HB and platelet count stabi-lized.

Hearing assessment and visual assessment pending

Abdominal US was normal

ECHO: mitral regurgitation (grade 2-3), mild mitral valve prolapse and ASD secondum

Genetic testing:

Whole exome sequencing (WES): identified a homozygous pathogenic variant in GALE gene as-sociated with thrombocytopenia (p.Arg51Trp).

Reported cases and literature review:

In 2019, Seo et al reported for the first time 6 patients from 1 pedigree affected by severe thrombocytopenia, febrile neutropenia, and mild anemia, who were homozygous for the variant (p.Arg51Trp).1

In 2020 ,Febres-Aldana et al described a child with bone marrow dysfunction and com-plex congenital heart disease associated with compound

heterozygosity in GALE (p.Arg51Trp and p.Gly237Asp).2

In 2021, Markovitz et al reported a patient with pancytopenia and immune dysregulation because of a previously reported homozygous GALE variant (p.Thr150Met).3

In 2023 Marín-Quílez et al reported 4 patients from 2 unrelated pedigrees with com-pound heterozygosity of 4 variants affecting GALE displayed a syndromic type of IT, character-ized by mental retardation, cardiovascular abnormalities, jaundice, giant and/or grey platelets, and remarkable reduction in granule secretion. 4

Conclusion

While the classical manifestation of GALE deficiency have focused on metabolic and hepatic complications, emerging evidence highlights its impact on hematopoiesis. Several reports now associate pathogenic GALE variants with congenital thrombocy-topenia, pancytopenia and bone marrow dysplasia in some patients due to defective glycosylation in hematopoietic progenitor cells even in the absence of classic galacto-semia symptoms.

Long Segment Midaortic Stenosis in Williams Syndrome: Report of a Very Rare Presentation

Hamzeh Al-Momani , Yazan Al-Mashakbeh, Majd Zidan, Yasmeen Jum'ah. Presenter; Dr. Yazan Al-Mashakbeh Royal Derby Hospital - UK Dr YAZAN AL-MASHAKBEH almashakbeh.yazan@gmail.com

Background: Midaortic syndrome (MAS) is a rare medical condition characterized by thoracoab-dominal aortic stenosis or occlusion, resulting in decreased blood supply to the organs and tissues in the lower half of the body. We report a very rare presentation of MAS in a 14-year-old female that was found to have severe stenosis extending from the descending aorta to the level above the bifurcation. Case Presentation: A 14-year-old female with Williams syndrome presented with complaints of headache and chest discomfort on mild exertion. Examination revealed dysmorphic features of William syndrome and different blood pressure between the upper and lower limbs with weak femoral pulses. An ECG showed sinus rhythm with left ventricular hypertrophy. 2-D color flow Doppler echocardiogram revealed mild central mitral regurgitation, minimal aortic regurgita-tion, and concentric left ventricular hypertrophy. CT angiogram revealed a hypoplastic descending thoracic aorta, an aberrant right subclavian artery, and an arterio-venous fistula communicating be-tween the bronchial artery and the left brachiocephalic vein. The patient was started on two anti-hypertensive medications, and vascular surgery was consulted for possible future intervention. Conclusion: Management of midaortic syndrome necessitates a holistic approach customized to the specific patient's requirements and risk assessment. Early detection and intervention are critical in averting severe complications and enhancing long-term prognoses. Continuous investigation and advancement of novel therapies may present supplementary possibilities for addressing this com-plex and rare ailment.

Prospective Evaluation of Pulse Oximetry Screening for Critical Congenital Heart Disease in a Jor-danian Tertiary Hospital: High Incidence and Early Detection Challenges

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Abstract: Background/Objectives: Critical congenital heart disease (CCHD) is among the major causes of global neonatal morbidity and mortality. While the incidence of CCHD appears to vary across populations, much of this variation may stem from differences in detection and reporting capabili-ties rather than true prevalence. In Jordan, recent data revealed a congenital cardiac disease inci-dence of 17.8/1000 live births, much higher than international averages. Diagnosis is largely de-pendent upon echocardiography, which is difficult to obtain in low-resource settings where prena-tal screening modalities are limited. Screening for CCHD with pulse oximetry offers a potential method to identify patients earlier and contribute to improved outcomes. Methods:

This prospec-tive cohort study evaluated 20,482 neonates screened using pulse oximetry at Al-Bashir Hospital between January 2022 and May 2024. Demographic data, pulse oximetry measurements, and echocardiogram findings were collected during the screening process after obtaining ethical ap-proval from the Jordanian Ministry of Health. Results: Pulse oximetry screening identified 752 neo-nates (3.7%) requiring further evaluation by echocardiography. An abnormality was detected in 240 neonates (31.9%), which included cardiac anomalies and pulmonary hypertension. Screening led to the identification of 138 infants with CCHD, including 80 with a previously unknown diagnosis, and an additional 247 infants with conditions requiring increased monitoring or treatment. Among those with CCHD, hypoplastic left heart syndrome and Tetralogy of Fallot were the most common conditions, 3.1%, and 2.4%, respectively. The overall false positive rate was 1.8% and was higher among those screened at less than 24 h of life compared to those screened at or after 24 h of life (2.3% [95%CI 2.1–2.6] vs. 0.8% [95%CI 0.6–1.0], $p < 0.001$). Conclusions: Pulse oximetry screening successfully led to the early detection of CCHD among Jordanian neonates. There was a high preva-lence of CCHD compared to other reported cohorts. This highlights the importance of implement-ing national screening protocols to improve early diagnosis and intervention. Future studies will inform the feasibility and cost-effectiveness of national implementation in this setting.

8th–11th October 2025

Establishing a Structured Baby Hip Clinic in Jordan: Two and a Half Years of the RMS Experience

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Senior Specialist, Pediatric Orthopedics Mutasem Aldhoon

Background

Developmental dysplasia of the hip (DDH) is a preventable cause of childhood disabil-ity when detected early. In Jordan, screening is often delayed until three months of age and mainly performed by X-ray, contrary to global best practices recommending ultrasound at six weeks.
Objective: To raise awareness that screening at six weeks with ultrasound should be the national standard, and to share the experience of the Royal Medical Services (RMS) Baby Hip Clinic as a ma-jor referral unit for DDH.
Methods: The RMS Baby Hip Clinic was established in March 2023, providing weekly ultrasound-based screening, follow-up care, and structured training for residents and fellows.

Result

By September 2025, the clinic had screened 3,700 infants, diagnosing 1,770 with DDH. This relatively high prevalence reflects our role as a national referral center, where complex and suspected cases are concentrated. On average, 40–50 infants are evaluated per clinic, and 40 trainees (residents, fellows, orthopedic surgeons, and nurses) have received hands-on ultrasound training.
Conclusion: The RMS Baby Hip Clinic is the first structured initiative in Jordan to provide systematic DDH screening and training. Its experience highlights both the urgent need to adopt six-week ul-trasound screening as the standard of care and the importance of establishing referral-based exper-tise to manage the high burden of DDH. This model offers a foundation for scaling up to a national DDH screening program.

Efficacy and Safety of Ensitrelvir in Patients With Mild-to-Moderate COVID-19: A Systematic Review and Meta-Analysis

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Background
Coronavirus Disease (COVID-19), which is caused by SARS-COV-19 virus, triggered a global pandemic in 2019, straining healthcare systems and creating an urgent need for the development of effective antiviral medications to handle its spread and evolving strains.
Objective
This Meta-Analysis aims to investigate the efficacy and safety of Ensitrelvir.
Methods: Systematic review and meta-analysis following PRISMA guidelines, including on-ly randomized clinical trials on mild to moderate COVID-19.
Results: Six randomized controlled trials that met our criteria were included in our study, with a total of 3749 patients. For patients with Covid-19 suffered from mild-to-moderate symptoms treated by Ensitrelvir 125mg or 250mg, were associated with higher viral clearance [MD= –
37.74, P < 0.00001] and [MD= – 35.02, P < 0.00001], greater reduction in viral RNA [MD=-1.41, P < 0.00001] and [MD=-1.37, P < 0.00001] and significantly lower proportion of patients with positive viral titer [RR 0.08, P < 0.00001, I2=82%], [RR 0.10, P < 0.00001, I2=16%], respectively. Between the Ensitrelvir groups 125mg and 250mg, there were no dif-ferences among reported outcomes.
Conclusion
This systematic review and meta-analysis support Ensitrelvir's efficacy and safety in promoting rapid viral clearance and greater reduction in viral RNA in mild-to-moderate COVID-19 patients, justifying its integration into outpatient treatment protocols while empha-sizing the need for further large-scale, variant-inclusive studies to validate and extend these findings.
Registration
PROSPERO (CRD420251030953)
Keywords
Ensitrelvir, COVID-19, antiviral, safety, efficacy, meta-analysis

PRIMARY CARNITINE DEFICIENCY WITH BIALLELIC SLC22A5 MUTATION: A NOVEL CASE AND SYSTEMATIC REVIEW

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Background and Aims: Primary Carnitine Deficiency (PCD) is a rare autosomal recessive metabolic disorder caused by mutations in the SLC22A5 gene, impairing fatty acid oxidation. This study aims to report a novel case of systemic PCD in an Egyptian infant with a homozygous SLC22A5 variant and to sys-tematically review published pediatric cases with confirmed SLC22A5 mutations to identify diag-nostic patterns and management strategies.
Methods: A 2-month-old male presenting with hypoglycemia and metabolic acidosis was diagnosed with PCD through extended metabolic screening and confirmed by whole exome sequencing. A sys-tematic review was conducted in PubMed, ScienceDirect, and VHL databases, including pediat-ric patients (0–18 years) with SLC22A5 mutations. Data on genotypes, clinical presentation, treatment, and outcomes were extracted and analyzed descriptively
Results: Genetic testing revealed a novel homozygous SLC22A5 variant (c.916del, p.Arg306Aspfs*14). The patient responded well to oral levocarnitine therapy and showed normal development at 6-year follow-up. The review included 246 pediatric PCD cases from 27 studies. Exon 1 was the most commonly affected (28.9%), and the p.R254X mutation was the most frequent (15%). Nearly half (45.5%) were asymptomatic at diagnosis. Levocarnitine therapy led to clinical im-provement in the majority of reported cases.
Conclusions: Early identification of SLC22A5 mutations and timely initiation of levocarnitine therapy are critical for preventing metabolic crises and long-term complications. Genetic screening should be con-sidered in high-risk families, especially in regions with high consanguinity rates.

EFFECTIVENESS OF IVIG AS AN ADJUNCTIVE TREATMENT FOR CHILDHOOD DRUG RE-SISTANT EPILEPSY W&C HOSPITAL-ALBASHIR HOSPITAL'S EXPERIENCE

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Issam A. Alkhawaja MD, MSc.

Background: Epilepsy affects 0.5% to 1% of children and is the most frequent chronic neu-rologic condition in childhood . Drug-resistant epilepsy (DRE) is defined by the Internation-al League Against Epilepsy (ILAE) as the failure of adequate trials of two appropriately cho-sen and tolerated antiepileptic drugs to achieve sustained seizure freedom.
Objectives: To evaluate the effectiveness of intravenous immunoglobulin (IVIG) therapy in children with DRE and to identify potential predictive factors associated with favorable re-sponse. These factors may help establish specific criteria for IVIG use beyond the standard ILAE-defined DRE criteria .
Methods: We conducted 29 patients in a prospective study at the Women's and Children's Hospital – Al-Bashir Hospital between December 2024 and september 2025. The study in-cluded pediatric patients aged 2–12 years diagnosed with DRE. IVIG was administered at a dose of 1–2 g/kg over 1–2 days, with dosing intervals ranging from 2 to 6 weeks. Outcome measures included seizure frequency, seizure duration, postictal drowsiness, and caregiver-reported cognitive, behavioral, and language changes.
Results: Among the enrolled patients, 18 (63%) demonstrated >50% reduction in seizure frequency, with 3 (10%) achieving complete seizure freedom. Seizure episode duration de-creased by 55%, and postictal drowsiness was reduced by 66%. Cognitive function im-proved in 61% of patients, behavioral improvements were noted in 66%, and language abili-ties improved in 55%. These outcomes reached statistical significance ($p = 0.007$; $p < 0.05$).
Conclusion: IVIG therapy showed significant seizure reduction and neurodevelopmental improvements in children with DRE. It may serve as a promising adjunctive treatment in se-lected cases, pending further validation.

Management of Community Acquired

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Pneumonia in Children – Guideline Review.

Summary: Community-acquired pneumonia (CAP) is a leading cause of morbidity in children. Guideline-based management of pediatric CAP optimizes outcomes by inte-grating targeted diagnostics, judicious antimicrobial use, and evidence-based ap-proaches to complications. This review integrates key recommendations from major world pediatric societies."

Can AI Chatbots Reliably Diagnose Pediatric Conditions Using X-ray Imaging?

Khalid Abuelsamen (1) , Mohammad Alomari (1) , Mohammad Elawar (1) , Yasameen Mullahuwash (1) , Lojain Qshair (1) , Balqees Mahmoud AL-Manaseer (2) , Muna Kilani (3) 1- Faculty of Medicine, Hashemite University, 13133, Zarqa, Jordan. 2- Department of Pediatrics, Jordan University Hospi-tal, Amman 11942, Jordan. 3-Department of Pediatrics and Neonatology, Faculty of Medicine, Hashemite University, Zarqa, Jordan Can AI Chatbots Reliably Diagnose Pediatric Conditions using X-ray Imaging?

Background and Aims: Artificial intelligence (AI) chatbots like ChatGPT and Gemini are becoming popular for diagnostic support in pediatric radiology, yet their accuracy in interpreting pediatric X-rays has not been sys-tematically evaluated. This study assesses ChatGPT and Gemini's ability to analyze anonymized pe-diatric X-ray cases, with a focus on the impact of adding clinical information.

Methods: ChatGPT and Gemini were provided with 330 anonymized pediatric X-ray images from published case reports at Radiopaedia.com. In the initial phase, models received only imaging data and were prompted to rank differential diagnoses by probability. In the second phase, each case was supple-mented with age, gender, and presenting complaint. The main outcome was whether the primary diagnosis or any item on the differential list matched the final diagnosis.

Results: Without demographic and clinical presentation, ChatGPT identified the correct primary diagnosis in 33% of cases and Gemini in 22.4% (P = .002). Inclusion of age, gender, and presentation infor-mation increased ChatGPT's accuracy by 20.6% (P < .001) and Gemini's by 24% (P < .001). In the initial evaluation, the true diagnosis appeared in the differential list for 45.5% of ChatGPT and 39.1% of Gemini cases (P = .062). With clinical presentation, this rose to 68.2% for ChatGPT (P < .001) and 64.2% for Gemini (P < .001).

Conclusions: The effectiveness of AI chatbots in pediatric X-ray analysis is initially limited; however, it significant-ly improves with the incorporation of clinical presentation details. This study highlights existing AI limitations while demonstrating considerable potential to enhance diagnostic workflows via im-proved contextual integration and clinical supervision.

The 43rd Congress of the Union of Middle-Eastern and Mediterranean Pediatric Societies

The 23rd Congress of the Union of Arab Pediatric Societies

The 20th International Conference of Jordan Pediatric Society

The 9th Ministry of Health Congress of Pediatric

Posters

8th–11th October 2025

POSTER (1)
Hematopoietic Stem Cell Transplantation in Pediatric Inflammatory Bowel Disease: A Systematic Review of Indications, Outcomes, and Safety

Gastroenterology
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Hematopoietic Stem Cell Transplantation in Pediatric Inflammatory Bowel Disease: A Systematic Review of Indications, Outcomes, and Safety
Authors: Sara Irshaidat*, Husam Abu Suilik*, Ekram Hassan Hasanin, Allaa Khirfan, Hashem Abu Ser-han.
* Both authors have equal contributions and are co-first authors.

Background: The efficacy and safety of hematopoietic stem cell transplantation (HSCT) for children and adolescents with refractory inflammatory bowel disease (IBD) remain unclear. We conducted a systematic review and meta-analysis to evaluate clinical outcomes, remission rates, and adverse events associated with HSCT.
Methods: Five different databases, including PubMed, Web of Science, SCOPUS, Cochrane, and Em-base, were searched up to May 24, 2025. Outcomes of interest included clinical remission, endo-scopic remission, steroid-free remission, survival, relapse, acute graft-versus-host disease (GVHD), chronic GVHD, graft failure, mortality, and other adverse events. Pooled proportions and 95% con-fidence intervals (CIs) were calculated using random effects models in R (version 4.4.3).
Results: A total of six studies were included with 144 participants. Using random-effects models, (HSCT) resulted in a clinical remission rate of 93% (95% CI: 85% to 97%; I^2=0%, p for heterogenei-ty=0.64) and endoscopic remission was achieved in 80% of patients (95% CI: 48% to 95%; I^2=13%, p for heterogeneity=0.29). Steroid-free remission occurred in 92% (95% CI: 81% to 97%; I^2=0%, p for heterogeneity=0.85). Overall survival was 80% (95% CI: 68% to 88%; I^2=43%, p for heterogenei-ty=0.12). Relapse occurred in 9% of patients (95% CI: 4% to 21%; I^2=39%, p for heterogenei-ty=0.14). The rate of acute GVHD was 42% (95% CI: 22% to 65%; I^2=77%, p for heterogeneity <0.01) and chronic GVHD was 13% (95% CI: 8% to 21%; I^2=0%, p for heterogeneity=0.63). Graft failure was observed in 14% (95% CI: 7% to 26%; I^2=48%, p for heterogeneity=0.09). Overall mortality rate of 19%, 95% CI 11%-31%, I2=44%, p for heterogeneity=0.11) and other adverse events had a pooled incidence of 38% (95% CI: 25% to 54%; I2=53%, p for heterogeneity=0.08.
Conclusions: Hematopoietic replacement therapy leads to high remission rates and low relapse and complica-tion rates, but mortality remains a concern. Further studies are needed to clarify its overall bene-fit.

POSTER (2)
Effectiveness of Practical versus Theoretical Teaching in Acquiring Clinical skills

Miscellaneous
«Effectiveness of Practical versus Theoretical Teaching in Acquiring Clinical skills
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Background: Core clinical skills are fundamental to medical students' curriculum, as their acquisition is an es-sential part of their education to ensure proper and safe patient care. Different teaching methods, including theoretical, practical, and blended, help accurately measure learning outcomes and comprehensively evaluate them, which is essential for mastering proper education and for under-standing which method is more effective in training different skills.
Methods: A literature review was conducted using PubMed and Scopus to identify previous studies pub-lished during the last five years that compared teaching methods, including theoretical, practical, and blended approaches, for training clinical skills in medical students.
Results: Previous studies confirmed that practical or blended teaching for students achieved better out-comes compared to theoretical-only education. These teaching methods increased student satisfac-tion, knowledge acquisition, and improvement of clinical skills, in addition to enhancing communi-cation skills and patient-centered care techniques. Overall, practical and blended teaching meth-ods were more effective in preparing medical students for clinical practice compared to traditional theoretical methods.
Conclusion: Practical and blended teaching approaches have been shown to be more effective in training med-ical students compared to theoretical-only education.

POSTER (3)
The use of Artificial Intelligence (AI)and Deep Learning (DL) for Imaging-Based diagnoses of Congen-ital Heart Disease in Pediatrics: A literature review

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Background: Congenital heart disease (CHD) remains one of the most common birth defects. It is a leading cause of morbidity and mortality; therefore, it is crucial to offer cost-effective ways for ac-curate identification to provide timely intervention. Recently, several studies explored the use of AI and DL in improving the diagnostic accuracy in CHD in pediatric patients.

Methodology: A literature review was performed to assess the use of AI and DL on pediatric CHD imaging or ECG. Databases including pubmed, Google Scholar and Cochrane Library were used to identify relevant studies published till 2024. Studies that reported diagnostic performance such as sensitivity, speci-ficity, AUC were included.

Results: Significant advances were reported by multiple studies. In fetal echocardiography, a study trained a deep learning model using 1,326 retrospective echocardiograms. This mode achieved an (AUC) of 0.99, 95% sensitivity and 96% specificity, showing the potential for AI-assisted prenatal screening. In pediatric echocardiography a DL model was applied to seven standard echocardiographic views from 1,411 children, achieving an (AUC) of 0.91, accuracy of 92.3%. Similarly, a multi-view video-based model for ASD and VSD detection sas used on 1308 subjects and reported a binary classifica-tion accuracy of 95.4% and three-class classification accuracy of 92.3%. Moreover, a phonocardio-gram-based AI model for CHD classification, researched overall 92.7% sensitivity, and specificity of 96.3%, and demonstrated applicability in low-resource and noisy recording environments.

Conclusion: AI and deep learning models provide a significant impact on healthcare delivery. However, further studies should be done to confirm its

POSTER (4)
BRUCELLA-INDUCED HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS IN A PEDIATRIC PATIENT: A CASE REPORT AND REVIEW OF LITRETURE

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Background and Aims: Hemophagocytic lymphohistiocytosis (HLH) is a rare, life-threatening hyperin-flammatory syndrome caused by uncontrolled activation of macrophages and cytotoxic T-cells. In-fections are frequent triggers, but brucellosis-associated HLH is uncommon in children. We report a pediatric case of HLH secondary to Brucella infection in an endemic region.

Case Presentation: A 3-year-old male with known glucose-6-phosphate dehydrogenase (G6PD) defi-ciency presented with one month of intermittent high-grade fever, night sweats, irritability, and mild abdominal pain. Feeding remained adequate, and there was no weight loss, jaundice, or res-piratory or urinary symptoms. On admission, the patient was febrile and pale, without lymphade-nopathy or hepatosplenomegaly. Laboratory tests revealed pancytopenia, elevated erythrocyte sedimentation rate, markedly raised ferritin, and high lactate dehydrogenase. Peripheral smear showed no blasts, and infectious work-up for common bacterial and viral etiologies was negative. Imaging excluded malignancy.

Discussion: The combination of fever, cytopenias, and hyperferritinemia met HLH-2004 diagnostic criteria. Further testing revealed positive Brucella serology, confirming Brucella-induced HLH. This association is rarely reported in children, though previously documented in endemic areas such as Oman and sporadically in non-endemic regions. The case underscores the diagnostic challenge of HLH, as it may mimic leukemia or severe sepsis. Early recognition is essential, and management re-quires both targeted antibiotic therapy for Brucella and, in severe cases, adjunctive immunosup-pressive treatment.

Conclusions: Brucellosis should be recognized as a potential infectious trigger of HLH in endemic countries. Clinicians must consider HLH in children with prolonged fever, cytopenias, and hyperfer-ritinemia to ensure prompt

POSTER (5)
Public Knowledge and Attitude Toward Down Syndrome: A Nationwide Cross-sectional Survey in Jordan

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Introduction: Down syndrome (DS) is a widespread chromosomal abnormality affecting 1 in 1000 births, associat-ed with intellectual disabilities, physical impairments, and social stigma. The present study aims to assess the Jordanian population's knowledge about and attitudes toward the condition.
Methodology: A cross-sectional study was conducted through a survey questionnaire distributed among the gen-eral population of Jordan between September 2023 and November 2023.
Results: A total of 806 participants responded to this survey, with 63.03% females and a mean age of 29 ± 11.68, the majority (74.07%) had a university education and 57.57% had medical backgrounds, ap-proximately 98.64% were aware of DS previously. Respondents displayed a predominantly positive attitude, with 78.16% expressing willingness to befriend individuals with DS.
Conclusion: The adequate knowledge of Jordanian people toward DS correlates with generally positive atti-tudes. Females, young individuals, and those with high-income level showed a higher knowledge and more favorable attitude toward people with DS. Our results could direct educational efforts among specific demographic groups to enhance understanding and promote inclusivity of people with DS.

POSTER (6)
Cultural and Linguistic Correlates of Autism in Jordan

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A Nasir, A Masri, L Nasir

Autism research predominantly originates from Western contexts, limiting understanding of how cultural factors influence symptom presentation and parental responses in non-Western popula-tions. This qualitative study explored autism manifestations and parental perceptions among Jorda-nian families to inform culturally appropriate diagnostic and intervention approaches in Arabic-speaking populations.
We conducted semi-structured interviews with parents from 10 families of children aged 2-4 years diagnosed with autism at a university hospital in Jordan. Using grounded theory, we analyzed pa-rental descriptions of symptoms, causal attributions, and responses to diagnosis.
While children displayed core DSM-5 autism symptoms, cultural interpretations differed markedly from Western presentations. Unlike Western parents who prioritize speech delays, Jordanian par-ents expressed greater concern about social withdrawal and lack of responsiveness. Parents fre-quently normalized speech delays, citing family histories of late talkers who developed typically. Repetitive behaviors were often reframed as positive traits (independence, assertiveness) or dis-missed as bad habits.
Colloquial terminology created additional complexity. Parents used metaphorical expressions like «»breaking his eye»» (averting gaze) and «»escape of the mind»» (inattention) that differed from clini-cal terms used by physicians.
Causal attributions combined biomedical and supernatural explanations, including screen exposure, emotional trauma, and spiritual causes. Most parents expressed skepticism about the diagnosis. In-ternet resources, particularly YouTube videos by physicians, emerged as primary information sources.
These findings reveal how culture, language and social norms shape autism recognition and inter-pretation. Understanding these cultural correlates is essential for developing effective screening tools and interventions for autism in Middle Eastern populations.

POSTER (7)
Urinary Bladder Agenesis Associated With Complete Hirschsprung, Rectal Agenesis and Spinal Anomalies: A Case Report

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Background and Aims: Bladder agenesis is an exceptionally rare congenital anomaly, with fewer than 40 live cases report-ed in the English literature. It is frequently associated with other malformations, many of which are life-threatening. We present a case of bladder agenesis associated with gastrointestinal and spinal anomalies in a female child, which to our knowledge is the first reported in Jordan.
Methods: We conducted a retrospective review of the clinical course, imaging, surgical interventions, and follow-up of a two-year-old female with bladder agenesis and multiple associated anomalies. The diagnosis was established through intravenous urography, endoscopy, and magnetic resonance im-aging, supported by histopathological confirmation of Hirschsprung disease.
Results: The patient presented at birth with failure to pass meconium and was diagnosed with rectal agene-sis. Further evaluation revealed bladder agenesis with bilateral ectopic ureteric insertion into the vagina, severe bilateral hydroureteronephrosis, and vesical non-visualization on intravenous urog-raphy. Spinal MRI showed multiple vertebral anomalies, syringomyelia, and cord tethering. She un-derwent multiple staged surgeries, including stoma formation, ileoanal pull-through, urinary diver-sion, and ultimately ureterostomy. Despite recurrent urinary tract infections, she maintained nor-mal renal function with preserved split function on nuclear renography.
Conclusions: This case underscores the complexity of bladder agenesis and its frequent association with gastroin-testinal and spinal anomalies. Our report highlights the importance of comprehensive evaluation, multidisciplinary management, and long-term follow-up to preserve renal function and address as-sociated anomalies. Awareness of such rares

POSTER (8)
Effect Of Levetiracetam Monotherapy On Epilepsy Children: A Systematic Review And Meta-Analysis.

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Objective: This systematic review and meta-analysis aims to assess the effect of levetiracetam monotherapy on thyroid function among children with epilepsy after 6 and 12 months of treatment.
Background: Levetiracetam (LEV) is a novel antiepileptic drug (AED) used to treat partial and gener-alized seizures. Studies have reported that conventional AEDs alter thyroid hormone levels, while newer AEDs, including levetiracetam, have few side effects and a low potential for interaction with other anticonvulsants. Although clinical trials have demonstrated a wide safety margin, there is still limited information regarding the impact of long-term use of LEV on thyroid function, despite its increasing use.
Design/Methods: A systematic literature search was conducted across several databases, including PubMed, Scopus, Web of Science, and Science Direct, covering studies from inception to October 2024. We included observational studies reporting thyroid hormone levels (TSH, T3, T4, FT4) in epi-lepsy children receiving levetiracetam (LEV) monotherapy. The pooled mean difference was calcu-lated using both fixed and random-effects models, with a 95% confidence interval (CI) and a signifi-cance threshold set at 0.05. The I^2 test was used to assess heterogeneity.
Statistical analysis was performed using RevMan 5.4 software.
Results: Eight studies were finally included in this meta-analysis, encompassing 226 patients. No significant difference was found in TSH levels between baseline and at 6 and 12 months (MD = 0.08 [95% CI: -0.04, 0.20], P = 0.20). Additionally, no significant difference was found in FT4 levels be-tween baseline and 6 months (MD = 0.05 [95% CI: -0.10, 0.20], P = 0.62). However, a significant increase was observed at 12 months (MD = 0.36 [95% CI: 0.02, 0.71], P = 0.04).
Conclusions: levetiracetam, monotherapy in children, does not significantly alter TSH or FT4 levels at 6 months. However, an increase in FT4 was observed at 12 months, suggesting a potential long-term effect on thyroid function for further investigation.

POSTER (9)
Schimke Immuno-osseous Dysplasia Presenting with Proteinuria: A Case Report

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Background: Schimke immuno-osseous dysplasia (SIOD) is a rare autosomal recessive multisystem disorder char-acterized by growth retardation, hyperpigmented skin macules, T-cell immunodeficiency, and ne-phrotic-range proteinuria progressing to renal failure. Early recognition is essential for timely mul-tidisciplinary management and consideration of hematopoietic stem cell and renal transplantation.
Methods: We report the case of a 7-year-old boy with progressive generalized hyperpigmented skin macules and growth failure. Clinical evaluation, laboratory investigations, and genetic testing were per-formed to establish the diagnosis and guide management.
Results: The patient was born full-term via cesarean section with a low birth weight (1.5 kg) and required brief NICU admission. Since birth, he exhibited hyperpigmented macules that gradually increased in number. Examination revealed generalized macular hyperpigmentation without organomegaly or neurologic deficits, but with severe short stature below the 3rd percentile. Urine analysis demon-strated persistent nephrotic-range proteinuria with low-normal serum albumin (3.4–3.7 g/dl), par-tially responsive to captopril. Full blood count showed lymphopenia with otherwise normal hema-tologic indices. Autoimmune, infectious, and metabolic screens were negative. Echocardiography and ophthalmological evaluation were normal. Whole exome sequencing revealed a homozygous likely pathogenic variant in the SMARCAL1 gene, confirming SIOD. Flow cytometry demonstrated reduced T-cell counts with preserved CD4/CD8 ratio and normal B- and NK-cell populations. He was commenced on antimicrobial prophylaxis and intravenous immunoglobulin infusions while awaiting combined renal and hematopoietic stem cell transplantation.
Conclusion: This case underscores the importance of considering SIOD in children presenting with hyperpig-mentation, growth failure, lymphopenia, and nephrotic-range proteinuria. Early genetic diagnosis facilitates multidisciplinary care and preparation for definitive treatment with renal and stem cell transplantation.

POSTER (10)
Presented with Asthma Diagnoses Ended up with Open Heart Surgery

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Title: Presented with Asthma Diagnoses Ended up with Open Heart Surgery
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A rare congenital case of vascular ring diagnosed in a 2 year old patient who presented to our clinic with misdiagnoses of GERD and asthma. Patient had chronic cough since birth and was given asthma inhalers for 2 year duration prior to admission as suspected case of pneumonia. Diagnostic confir-mation was achieved with CT-angiography and open heart surgery was done accordingly. This case highlights the importance of considering other diagnosis in patients presenting with chronic medi-cation use with persistent respiratory symptoms.
Introduction: Vascular ring is a congenital anomaly of the aortic arch system where the aorta or its branches abnormally encircle the trachea and the esophagus, compressing them, resulting in diffi-culty breathing or swallowing. (1) (2) It›s a rare condition of the aortic arch with an estimated prev-alence of 1 in 10,000 live births. (3) Depending on the severity of the compression, disease presen-tation ranges from asymptomatic to clinical manifestations, including respiratory symptoms such as stridor, persistent cough, and wheezing that is typically unresponsive to bronchodilators. In addi-tion, gastrointestinal symptoms may occur, including dysphagia, feeding difficulties, and poor weight gain in infants. (4) Due to its rarity and non-specific symptoms, vascular rings are commonly misdiagnosed as other common diseases that share these symptoms, posing a challenge to medical care providers.
Case Report: This is a very interesting case of a 2-year-old patient who presented to our clinic with wet cough since birth. Patient was initially

misdiagnosed with gastroesophageal reflux (GERD) by pediatrician and started on GERD treatment with no improvement. Upon failure to improve he was switched to asthma diagnoses started on asthma inhalers including salbutamol and steroid in-halers. Patient continued to have the cough, montelukast was added and he was given multiple courses of oral steroid with no improvement. Chest Xray was done and he was admitted with suspicious pneumonia where we saw the patient for the first time as a consult. Upon examination pa-tient was found to have stridor excacerbated with sleeping and lying down, stridor went away once patient sits up. Chest and neck CT angiography demonstrated a right-sided aortic arch and a dilated left subclavian artery consistent with Kommerell diverticulum. The aortic arch, left subclavian ar-tery, and left common carotid artery formed an incomplete ring around the trachea and esophagus. The echocardiogram showed additional anomalies, including partial anomalous pulmonary venous return (PAPVR), with the right pulmonary veins draining into the superior vena cava-right atrial (SVC-RA) junction. The right atrium (RA) and right ventricle (RV) were dilated, while systolic function remained normal. Given the clinical presentation, surgical intervention was indicated. The patient underwent open-heart surgery. Following surgery, the patient showed significant improvement and remains in stable condition.

This case emphasizes the importance of rare disease consideration, and subtle symptoms recogni-tion. It is a valuable addition to the available literature, since it shows the rare coexistence of right-sided aortic arch and Kommerell diverticulum along with PAPVR.

Discussion: This case was presented to emphasize the importance of considering other diagnoses when patients present with chronic use of asthma medications with no improvement. Congenital anomalies can still be diagnosed after years of birth, thus it is a necessity to keep congenital anom-alies in the differential diagnosis of any case presenting with persistent respiratory symptoms. It is crucial to recognize subtle symptoms such as cough and stridor improvement with position changes during clinical evaluation.

This case report is a valuable contribution to the available literature, as it shows the uniqness of late diagnoses of a congenital anomaly and the rare coexistence of a right-sided aortic arch and Kommerell diverticulum along with PAPVR. (5)

POSTER (11)
THE GENETIC LANDSCAPE OF THE PATHOGENICITY OF LENNOX-GASTAUT SYNDROME

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Background: To review the current literature on genetic variants associated with Lennox–Gastaut Syndrome (LGS), with a focus on mutation prevalence, inheritance patterns, and genotype–phenotype corre-lations.

Methods : A systematic search of PubMed and Cochrane databases was conducted up to March 2025 to identi-fy studies from the past 15 years reporting genetic findings in LGS patients. The search focused on studies involving genetically tested individuals. After screening 61 deduplicated articles, 7 cohort studies were included. Data were extracted on mutation types, inheritance patterns, and seizure types. Search terms included "Lennox-Gastaut Syndrome," "mutation," and "genetic abnormality." Study quality was assessed using the Newcastle-Ottawa Scale (NOS), which evaluates selection, comparability, and outcome.

Results: A total of 433 patients were diagnosed with LGS. Of these, 358 (82.7%) underwent genetic testing, including 151 patients (34.9%) with LGS of unknown etiology. Among those tested, 72 (16.6%) had positive genetic findings, with 34 showing pathogenic variants.A total of 58 mutations were identi-fied, 36 of which were de novo. The most common mutation was CHD2 (13.79%), followed by STXBP1 (6.9%), and 15q11.2–q13.3 duplication, CACNA1H, and GABRB3 (each at 5.17%). Of the 72 with positive genetic results, 42 had documented seizure types. Tonic seizures were most common (59.52%), followed by atypical absence (30.90%). Atonic, generalized tonic-clonic (GTC), and myo-clonic seizures each contributed (23.81%).

Conclusions: LGS is a severe childhood-onset epilepsy with lifelong impact. This review highlights the growing role of genetic factors. Larger studies are needed to clarify mechanisms and guide therapies.

POSTER (12)
THE KETOGENIC DIET FOR DRUG RESISTANT EPILEPSY IN CHILDREN: EFFICACY AND PREDICTORS OF RESPONSE

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Background: We evaluated the effectiveness of KD in reducing seizure frequency for children with DRE and showed potential clinical and genetic predictors of response. Understanding these predictors may help individualize treatment strategies, and improve outcomes for management pediatric with DRE.
Methods : We conducted a systematic review of randomized controlled trials (RCTs) and observational stud-ies published in the past ten years, we included studies that (1) focused on children with drug-resistant epilepsy treated with the ketogenic diet, (2) assessed the efficacy of KD, and (3) report the significance of clinical and genetic predictors affecting its effectiveness. Data were extracted on study design, sample size, epilepsy etiology, KD protocols, response rates, and reported significant predictors.
Results: A total of 1,764 children with DRE were included. Of these, 1,500 were classified by etiology: ge-netic (28.2%), structural (37.1%), and unknown (34.7%). KD response defined as a >50% reduction in seizure frequency for at least three months was assessed in 1,101 patients. Five studies (27.8%) specifically showed the impact of genetic etiology on KD response, better efficacy was observed in patients with Angelman syndrome, Dravet syndrome, Down syndrome, and SCN2A mutations. Addi-tional predictors of improved KD response included younger age at diet initiation, shorter epilepsy duration, fewer prior antiseizure medications, better psychomotor development, and higher base-line levels of Bifidobacteria.
Conclusions : KD is effective in reducing seizures in children with DRE, especially in those with certain genet-ic backgrounds. Early initiation and favorable clinical profiles enhance the outcomes.

POSTER (13)
Seasonal Variations in the Diagnosis of Pediatrics with Type 1

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Background: Children with Type 1 Diabetes Mellitus (T1DM) experience lifelong condition because their immune system attacks cells that produce insulin. The timing of T1DM diagnosis may be influ-enced by seasonal factors, but this association remains not fully studied. Identifying seasonal varia-tions could improve early detection and intervention strategies.
Objective: This study examined seasonal variation in the diagnosis of T1DM among children, aiming to identify potential environ-mental or behavioral factors influencing disease onset.
Methods: A retrospective study of 323 pedi-atric T1DM patients from Princess Rahma Hospital underwent review to collect information about demographics together with clinical presentation data, laboratory results, insulin treatment plans, and associated autoimmune diseases. Results: Our study analyzed 323 pediatric T1DM patients with a median age of 7 years (IQR: 5.0–9.5) and an almost equal gender distribution (49.2% male, 50.8% female). Most were diagnosed before or during COVID-19 (47.63%, 47.00%). Polyuria (59%) and polydipsia (51%) were the most common symptoms. The median HbA1c was 10.65% (IQR: 9.35–12.50%) at diagnosis. Insulin therapy included basal bolus insulin (62%) and mixed insulin (37%). The associated autoimmune diseases were rare (hypothyroidism 4.3%, celiac 3.7%). Diagnosis peaked in winter (n=94), but seasonal variation was not statistically significant (χ^2=5.006, p=0.17). June had the highest birth rate (12.42%). Rural residents slightly outnumbered urban (50.8% vs. 49.2%).
Conclusion: Our study provides key insights into the demographics and clinical characteris-tics of pediatrics with T1DM. June had the highest birth rate among patients, and residence was nearly equally split between urban and rural regions. Most diagnoses occurred before or during COVID-19. Polyuria and polydipsia were the most common symptoms. The majority were on a basal bolus insulin regimen. Some patients had associated autoimmune diseases, such as hypothyroidism and celiac disease. Seasonal variation in diagnosis was not statistically significant.
Keywords: type 1 diabetes mellitus; seasonal variation; pediatrics; autoimmune diseases; COVID-19 impact.

POSTER (14)
PRIMARY CARNITINE DEFICIENCY WITH BIALLELIC SLC22A5 MUTATION: A NOVEL CASE AND SYS-TEMATIC REVIEW

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Background and Aims: Primary Carnitine Deficiency (PCD) is a rare autosomal recessive metabolic disorder caused by mu-tations in the SLC22A5 gene, impairing fatty acid oxidation. This study aims to report a novel case of systemic PCD in an Egyptian infant with a homozygous SLC22A5 variant and to systematically re-view published pediatric cases with confirmed SLC22A5 mutations to identify diagnostic patterns and management strategies.
Methods: A 2-month-old male presenting with hypoglycemia and metabolic acidosis was diagnosed with PCD through extended metabolic screening and confirmed by whole exome sequencing. A systematic review was conducted in PubMed, ScienceDirect, and VHL databases, including pediatric patients (0–18 years) with SLC22A5 mutations. Data on genotypes, clinical presentation, treatment, and outcomes were extracted and analyzed descriptively
Results: Genetic testing revealed a novel homozygous SLC22A5 variant (c.916del, p.Arg306Aspfs*14). The patient responded well to oral levocarnitine therapy and showed normal development at 6-year follow-up. The review included 246 pediatric PCD cases from 27 studies. Exon 1 was the most commonly affected (28.9%), and the p.R254X mutation was the most frequent (15%). Nearly half (45.5%) were asymptomatic at diagnosis. Levocarnitine therapy led to clinical improvement in the majority of reported cases.
Conclusions: Early identification of SLC22A5 mutations and timely initiation of levocarnitine therapy are critical for preventing metabolic crises and long-term complications. Genetic screening should be consid-ered in high-risk families, especially in regions with high consanguinity rates.

POSTER (15)
IMPROVING SURVIVAL IN EXTREME PREMATURITY: A STRUCTURED NEONATAL APPROACH IN RE-SOURCE-LIMITED SETTINGS

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Background: Extreme prematurity, defined as birth before 28 weeks of gestation, remains a leading cause of ne-onatal mortality worldwide. In low- and middle-income countries, over 90% of these infants die due to limited access to specialized care. In Jordan, recent national and hospital-based studies pro-vide important insight into the local burden. A 2012–2013 nationwide study reported a neonatal mortality rate of 123 per 1,000 live births among preterm infants, while a 2019–2020 surveillance study (JSANDS) found preterm birth to be the leading cause of neonatal death, increasing the risk by nearly 24-fold. These findings underscore the urgent need for structured neonatal care systems.
Objective:
To highlight key evidence-based strategies and system-level interventions that improve outcomes in extremely premature infants, with a focus on the Jordanian context.
Methods: A comprehensive neonatal care protocol was developed and implemented, covering prenatal, per-inatal, and postnatal care. Literature and local hospital data were reviewed to evaluate outcomes.
Results: International and local data emphasize the critical role of a well-structured neonatal intensive care system. Targeted interventions such as minimizing ventilator trauma, managing post-surfactant slump, and optimizing nutrition significantly improve outcomes. Meticulous monitoring of bio-chemical parameters, infection prevention, and routine screening (ROP, head ultrasound, metabol-ic) are integral to neonatal intensive care. With these evidence-based strategies and institutional protocols, outcomes in extreme prematurity can be significantly improved.
Conclusion: Extreme prematurity is no longer a hopeless diagnosis. With multidisciplinary care teams, evi-dence-based protocols, and system-wide commitment, survival and long-term outcomes can be substantially improved, even in resource-limited settings like Jordan.

POSTER (16)
THERMOREGULATION AND TEMPERATURE SUPPORT IN NEONATES

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Background: Thermoregulation is essential for neonatal survival, particularly in preterm and low birth weight infants who are physiologically vulnerable to hypothermia due to immature physiological mecha-nisms.
Hypothermia is a major contributor to neonatal morbidity and mortality, with the risk of death in-creasing by 28% for every 1°C drop in body temperature at birth.
Objective: To highlight the importance of thermoregulation in neonatal survival, particularly in preterm and low birth weight infants.
To describe the mechanisms of neonatal heat loss.
To classify neonatal hypothermia according to World Health Organization (WHO) standards and its clinical consequences
To present evidence-based components of a comprehensive thermal management bundle.
To reinforce the role of integrated thermal care in reducing neonatal morbidity and mortality, em-phasizing the critical "Golden Hour" and the continuity of care.
Methods: Key strategies were organized across three phases: delivery room, transport, and NICU.
Through a comprehensive review of current guidelines and evidence-based practices related to neonatal thermoregulation. **Results:**
The implementation of a structured, evidence-based thermal care bundle, including environmental warming, plastic wraps, chemical mattresses, and humidity control, significantly reduces hypother-mia rates, hypothermia-related neonatal mortality and morbidity, and hospital length of stay.
Conclusion: Integrated thermal care, particularly during the "Golden Hour," is crucial for enhancing outcomes in vulnerable neonates. Thermoregulation should be prioritized in all neonatal care settings and is a key quality indicator of perinatal and NICU services.

POSTER (17)

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Bridging Gaps in Care: Maternal Knowledge and Practices for Childhood Diarrhea in Jordan

Gastroenterology

Abstract

Background: Diarrhea remains a leading cause of morbidity and mortality in children under five worldwide, despite being preventable and treatable. Maternal knowledge and home practices strongly influence outcomes, yet data from Jordan are limited.
Aim: To assess maternal knowledge, traditional practices, and predictors of knowledge regarding childhood diarrhea management among Jordanian mothers of under-five children.
Methods: A cross-sectional survey was conducted between October 2023 and January 2024 at Jordan University Hospital. A validated online questionnaire assessed sociodemographic factors, maternal knowledge, and home practices. Data from 628 mothers were analyzed using descriptive statistics, chi-square tests, and multivariable linear regression to identify independent predictors of knowledge scores.
Results: The mean maternal age was 31.4 years, and 52.1% held a bachelor's degree. Most mothers (86.8%) demonstrated adequate knowledge of diarrhea definition, danger signs, and appropriate management, including continued breastfeeding (84.9%) and early fluid administration (81.2%). Hygiene practices were highly endorsed (95.2%), while fewer mothers recognized links between diarrhea and vitamin A deficiency (47.9%) or malnutrition (69.9%). Reported practices were mostly appropriate, though a minority still used potentially harmful remedies (e.g., withholding fluids, stimulant beverages). In multivariable analysis, higher knowledge scores were independently associated with maternal education (p=0.003), older age at first birth (p=0.002), older age of the youngest child (p=0.008), and having more under-five children (p=0.013).
Conclusion: Most Jordanian mothers showed good knowledge of childhood diarrhea management, though important gaps remain in vaccine literacy, nutrition-related causes, and harmful practices. Education-focused interventions integrated into routine child-health services could strengthen equitable knowledge and improve outcomes.

POSTER (18)

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Oral
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Persistent Thrombocytosis, an Interesting Finding in β-Thalassemia Patients Post-Splenectomy in a Tertiary Referral Center in Jordan

Hematology and Oncology

Background:
β-thalassemia is a common hematological disorder with defective β-globin production. Splenectomy is one of the common modalities of management in its severe forms where blood transfusion requirements are high. However, various post-splenectomy complications, such as thrombocytosis, warrant further exploration.
Methods
This was a retrospective cohort study conducted on 22 patients with β-thalassemia major who had undergone splenectomy at Al-Bashir Hospital, a tertiary referral center in Jordan, from 2019 to 2021. We analyzed demographic data, clinical outcomes (e.g., blood transfusion requirements and intervals), and laboratory values (e.g., hemoglobin and platelets counts) pre- and post-splenectomy. p-values < .05 were considered significant.
Results
All patients with a mean age of 24.71 ± 8.44 years had persistent thrombocytosis post-splenectomy. The average count of platelets peaked at 965.36 ± 413.50 cells/mm^3 immediately post-surgery and fell slightly to 843.23 ± 320.08 cells/mm^3 one-year post-splenectomy. Transfusion requirements reduced significantly by 42.49% from an average of 295.95 ± 68.24 ml/kg/y to 170.21 ± 54.65 ml/kg/y (p <.001). The average time interval between transfusions has increased by 60.15% from 17.14 ± 4.49 days to 27.45 ± 10.5 days (p <.001). The hemoglobin level showed a significant increase post-splenectomy, with means of 8.47 ± 1.43 g/dL pre-surgery and 9.65 ± 1.49 g/dL post-surgery. Aspirin was recommended to all patients and hydroxyurea was recommended to those with persistent thrombocytosis over 1 million (n=12) but some refused it (n=5).
Conclusions
This study further underscores the persistent thrombocytosis and reduced transfusion needs in β-thalassemia patients following splenectomy. The results of such findings, therefore, indicate that while splenectomy brings very effective control in transfusion requirements, monitoring thrombocytosis and thrombotic events should always be on the lookout. Generally, it brings out the relevance of adopting tailored management strategies to optimize patient outcomes in β-thalassemia care. Future prospective studies involving larger cohorts with a more prolonged duration of follow-up would be required to confirm these observations and define other late complications following splenectomy.

POSTER (19)

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Complete Remission Following Multimodal Treatment in a Pediatric Patient with Locally Advanced EBV-Positive Undifferentiated Non-Keratinizing Nasopharyngeal Carcinoma: A Case Report

Hematology and Oncology

Nasopharyngeal carcinoma (NPC) is a rare malignancy worldwide but endemic in East Asia and Africa. Alongside genetic and environmental factors, NPC is strongly associated with Epstein-Barr Virus (EBV) infection. Among the three histological subtypes classified by the World Health Organization (WHO), undifferentiated non-keratinizing NPC is the subtype most associated with EBV. We report the case of a 9-year-old male diagnosed with locally advanced EBV-associated non-keratinizing undifferentiated NPC, who presented with a two-month history of recurrent epistaxis. Due to the presence of a large nasopharyngeal mass, Functional Endoscopic Sinus Surgery (FESS) was performed for tumor excision. Postoperatively, the ARAR0331 treatment protocol was initiated, consisting of three cycles of induction chemotherapy (IC) administering Cisplatin, Mannitol and 5-Fluorouracil over five consecutive days per cycle, followed by concurrent chemoradiotherapy (CCRT) with volumetric modulated arc therapy (VMAT), delivering a total dose of 61.2 GY to the nasopharynx and cervical lymph nodes, with cisplatin plus mannitol given concurrently. Follow-up imaging showed complete remission, no evidence of residual malignancy on histopathological evaluation. To our knowledge, this is the first reported case in Jordan of pediatric NPC treated with this aggressive multimodal approach, demonstrating an excellent response and no treatment related toxicity.

POSTER (20)

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Chylous Malignant Pleural Effusion in Pediatric Neuroblastoma: A Rare and Fatal Presentation

Hematology and Oncology

Neuroblastoma (NB) is a rare pediatric embryonal malignancy, Accounting for approximately 7% of all pediatric cancers, with a five-year survival rate less than 50% in high-risk NB patients. This case represents the fourth documented occurrence of chylous malignant pleural effusion (MPE) complicated with respiratory distress as a presentation of neuroblastoma in a 10-month-old female diagnosed with stage M metastatic disease. She was initially treated with three chemotherapy cycles according to the COG-A3961 protocol, yielding a suboptimal response and necessitating a more aggressive approach. Therefore, she received four cycles of ICE-5 protocol as a second line treatment, supplemented with medium-chain triglyceride (MCT) oil along with octreotide infusion following a week of fasting. Regular follow-ups and imaging demonstrated significant disease regression, with an excellent treatment response estimated at 80–90%, MPE could be a marker of advanced disease and might require an aggressive treatment regimen. The patient passed away due to causes unrelated to disease progression before completing her treatment.

POSTER (21)

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Medulloblastoma in Constitutional Mismatch Repair Deficiency: Diagnostic Challenges and Clinical Clues from Two Cases

Hematology and Oncology

Background: Medulloblastoma is the most common malignant brain tumor in childhood, it has been linked to multiple hereditary influences like specific gene mutations. Constitutional mismatch repair deficiency (CMMRD) syndrome is caused by biallelic mutations in mismatch repair genes, it predisposes to brain tumors, classically gliomas and has overlapping features with neurocutaneous syndromes particularly neurofibromatosis.

Methods: We present two Constitutional mismatch repair deficiency cases with homozygous PMS2 mutations, and medulloblastoma. Both cases had an extensive family history of multiple tumor types. The first case involves a four-year old boy, originally thought to have tuberous sclerosis given the various morphology of his skin lesions, whose tumor demonstrated rapid growth following a brief delay in radiotherapy initiation. The second case involves a nine-year-old girl with hyperpigmented skin manifestations.

Results: Both patients had a homozygous PMS2 mutation, they were offered the same treatment modalities with chemotherapy and radiotherapy following a subtotal excision. Unfortunately, they have an unfavorable prognosis

Conclusion: It's not unlikely for CMMRD to exhibit features of neurocutaneous syndromes or predispose to brain tumors. However, medulloblastoma is not the classical type seen in this condition. CMMRD is recognized to be associated with early-onset, multiple cancers. Early identification of the characteristic physical and clinical features—even before malignancy develops—is crucial for timely screening and intervention. Genetic counseling and regular follow-up are vital to care, enabling informed decision-making, psychological support, and early detection of any evolving malignancies. Due to the increased risk of brain tumors in these patients, we must maintain a high level of suspicion and conduct appropriate investigations. We aim this report raises awareness among pediatric healthcare providers regarding the hallmark features of this syndrome.

POSTER (22)

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Duration of symptoms post COVID-19 vaccination as a factor influencing Jordanian mothers' refusal of the new Measles-Rubella vaccine: a comprehensive cross-sectional study

Immunology

The paper is published on Dicover Public Health, https://link.springer.com/content/pdf/10.1186/s12982-024-00384-7.pdf

Abstract

Objectives The Measles-Rubella (MR) vaccine was introduced in Jordan in 2023 in response to declining measles vaccination rates and increasing outbreak cases following the COVID-19 pandemic. This study aimed to assess MR vaccine refusal rates among Jordanian mothers and explore factors influencing their decision-making, particularly the impact of their experiences with COVID-19 vaccination.

Methods A cross-sectional, questionnaire-based study was conducted between October and November, targeting mothers of children eligible for the MR vaccine in Jordan. A pre-validated questionnaire was distributed online through social media platforms, collecting data on demographics, knowledge, and attitudes toward the MR vaccine. Descriptive statistics were used, and associations between demographic factors and vaccine agreement were assessed using chi-square tests.

Results Among 2392 participating mothers, 83% refused to vaccinate their children with the MR vaccine. Refusal rates were significantly associated with maternal experiences of prolonged symptoms following COVID-19 vaccination ($p<0.001$), education level ($p =0.039$), occupation ($p =0.001$), and the age of the youngest child ($p <0.001$). Mothers working in the healthcare sector showed slightly higher acceptance rates, though overall refusal remained high. Key reasons for refusal included distrust in the vaccine, concerns about side effects, and the belief that the MR vaccine was unnecessary if their child had received the MMR vaccine.

Conclusion The study reveals a concerning trend of MR vaccine hesitancy among Jordanian mothers, influenced by experiences with COVID-19 vaccination and prevalent misinformation. Addressing these challenges through targeted educational campaigns is essential to improving vaccine uptake and prevent future measles outbreaks.

POSTER (23)

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A. Fraihat (presenting Author), M. Abu-Alhija, B. Alawlaqi, Ah. Allahaweh, A. Allahaweh, A. Abdulgadir, H. Alghzawi, M. Taha, R. Saqan Faculty of Medicine, Jordan University of Science and Technology - Faculty of Medicine, Jordan University of Science and Technology-Faculty of Medicine, Cairo University-Faculty of Medicine, Jordan University of Science and Technology-Ayham allahaweh, Faculty of Medicine, University of Jordan -Faculty of Medicine, University of Khartoum- College of Health science, Tennessee State University-Faculty of Medicine, Cairo University-Pediatric Department, Jordan University of Science and Technology

Urinary Myasis: A Case Report from Jordan with a Systematic Review and Analysis of Published Cases

Infectious Diseases

Background: Urinary myiasis is the rare condition in which the urinary tract becomes infested by fly larvae. Due to its rarity, there is a lack of comprehensive literature and guidelines for its diagnosis, characterization and treatment.

Methods: We presented the case of a 3-year-old girl from KAUH who has been diagnosed with urinary myiasis. This was followed by a systematic review and analysis of published urinary myiasis case reports and series. We followed the PRISMA guidelines and searched 4 databases including Scopus, Web of Science, PubMed and Google Scholar. Data extracted included demographics, clinical presentation, risk factors, laboratory, imaging and microbiology reports, treatments, and outcomes. The Joanna Briggs Institute (JBI) Critical Appraisal tool was used for risk of bias assessment.

Results: Our review included 49 cases, making it the most comprehensive review of urinary myiasis to date. We found a slight female predominance; a mean age of 33.4 years and a worldwide geographic distribution. Most cases reported 1 or more identifiable risk factor, with unhygienic conditions being the most common. The disease hallmark was passage of larvae or their fragments in the urine, along with symptoms that mimic UTIs like dysuria and frequency. Psychoda albipennis was the commonest fly species. Treatment wise, most were given an anti-helminthic, most commonly ivermectin. Other treatments were also reported. All cases with reported outcomes achieved complete resolution.

Conclusion: Urinary myiasis is a rare disease affecting people living in unsanitary conditions. Psychoda Albipennis is a common fly species. Full recovery is the usual outcome.

POSTER (24)

Efficacy and Safety of Ensitrelvir in Patients With Mild-to-Moderate COVID-19: A Systematic Review and Meta-Analysis

Shahd Nofal1 , Osama Al-Said2 , Khaled Alnimer3 , Jood Sarah4 , Tala Abu Alam1 , Omar Ali4

1Faculty of Medicine, Hashemite University, Zarqa, Jordan. 2Faculty of Medicine, Jordan University of Science and Technology, Irbid, Jordan. 3Faculty of Medicine, Mutah University, Karak, Jordan. 4Faculty of Medicine, University of Jordan, Amman, Jordan.

Background: Coronavirus Disease (COVID-19), which is caused by SARS-COV-19 virus, triggered a global pandemic in 2019, straining healthcare systems and creating an urgent need for the development of effective antiviral medications to handle its spread and evolving strains.

Objective: This Meta-Analysis aims to investigate the efficacy and safety of Ensitrelvir.

Methods: Systematic review and meta-analysis following PRISMA guidelines, including only randomized clinical trials on mild to moderate COVID-19.

Results: Six randomized controlled trials that met our criteria were included in our study, with a total of 3749 patients. For patients with Covid-19 suffered from mild-to-moderate symptoms treated by Ensitrelvir 125mg or 250mg, were associated with higher viral clearance [MD= –
37.74, P < 0.00001] and [MD= – 35.02, P < 0.00001], greater reduction in viral RNA [MD=-1.41, P < 0.00001] and [MD=-1.37, P < 0.00001] and significantly lower proportion of patients with positive viral titer [RR 0.08, P < 0.00001, I2=82%], [RR 0.10, P < 0.00001, I2=16%], respectively. Between the Ensitrelvir groups 125mg and 250mg, there were no differences among reported outcomes.

Conclusion: This systematic review and meta-analysis support Ensitrelvir's efficacy and safety in promoting rapid viral clearance and greater reduction in viral RNA in mild-to-moderate COVID-19 patients, justifying its integration into outpatient treatment protocols while emphasizing the need for further large-scale, variant-inclusive studies to validate and extend these findings.

Registration: PROSPERO (CRD420251030953)

Keywords: Ensitrelvir, COVID-19, antiviral, safety, efficacy, meta-analysis. **POSTER (25)**

MD Dima Abu Nasrieh dimanasrieh@gmail.com Oral Eman F. Badran1, Dima Abu Nasrieh2****, M.D., MRCPCH, Rami Masa3'deh,Ph.D3, Hanen Bani Hani2, Yazan Ahmad Dabbah2, Mohammad Al-Soudi2, Hala Jaberi2, Mohammad Tarek Al-Sanouri2, Jehad Makhshoum4 1Professor, MD,MRCPCH, Pediatric Department, School of Medicine, The University of Jordan, Amman, Jordan Corresponding Author , 2 School of Medicine, The University of Jordan, Amman, Jordan , 3Professor, School of Nursing, Applied Science Private University , Amman, Jordan, 4Pediatric Department, Ministry of Health, Al-Bashir Hospital

Beyond the Yellow: Predictors of Mother's Knowledge and Attitude Toward Neonatal Jaundice

Neonatology

Abstract

Problem considered: Neonatal jaundice is a common condition among newborns that contributes significantly to global neonatal mortality and morbidity. In Jordan, there is a scarcity of published evidence on maternal knowledge and attitudes toward neonatal jaundice. This study investigates the variables that influence maternal knowledge and attitudes in Jordan, to improve neonatal healthcare standards and develop educational interventions centered on maternal knowledge and attitudes.

Methods: A descriptive cross-sectional study recruited 406 mothers from four major hospitals in Jordan. Data were obtained through structured face-to-face interviews utilizing a validated questionnaire. The study examined the association between sociodemographic factors and maternal knowledge and attitudes toward neonatal jaundice, using SPSS for descriptive and regression analyses.

Results: The study found that 71.9% of mothers were aware of neonatal jaundice, with most of the information derived from non-medical sources such as family and friends (41.1%). Personal experience with jaundice, either from a previous child or the current baby, and higher family income were the strongest predictors of maternal knowledge. Education, while important, had less influence than socioeconomic factors. The study found no significant predictors of maternal attitudes toward neonatal jaundice.

Conclusion: To enhance neonatal health outcomes in Jordan, comprehensive educational programs addressing gaps in socioeconomic status and personal experiences are needed.

POSTER (26)

Pediatric ophthalmology and strabismus consultant at Queen RAnia Alabdullah children hospital/Royal medical services. Hiba Khraisat hhkhraisat@gmail.com Oral Dr Hiba khraisat Royal medical services

Optic nerve aplasia : a case report

Neurology

Optic nerve aplasia (ONA) is a congenital optic nerve anomaly characterized by the absence of optic nerve head, retinal blood vessels, retinal ganglion cells, and optic nerve fibers in a malformed eye. Clinically, the condition presents with the absence of perception of light, afferent pupillary defect and a fundus appearance of absent optic nerve head, and retinal vessels with associated ocular and nonocular abnormalities. Systemic anomalies have been reported with bilateral ONA, whereas unilateral ONA is seen in otherwise healthy individuals. We report one case in Queen Rania children hospital/Royal medical services.

POSTER (27)

MD Doaa Al-hlasy duaaalhlasy@yahoo.com Oral Doaa Alhlasy Child neurologist in the Jordanian royal medical survices

Case presentation about sorbitol dehydrogenase(SORD) a newly recognized form of CMT

Neurology

Title: case presentation about sorbitol dehydrogenase (SORD) anewly recognized form of CMT

Introduction. The hereditary neuropathies, more commonly referred to as Charcot–Marie–Tooth disease (CMT) and related disorders, are heterogeneous genetic peripheral nerve disorders that collectively comprises the commonest inherited neurological disorders with an estimated prevalence of 1:2500 individuals. Historically, the classification of CMT has been based on the mode of inheritance and the primary pathology observed in nerve, as reflected in nerve conduction studies (NCS).

Result a 12 year old male patient

Presented with picture of CMT discovered to have SORD .which is anewly recognized form.

Result this is a new era in the world of CMT . Because diagnosis can be made based on urine test with promising treatment

Keyword

CMT .SORD. TREATMENT.NCS

POSTER (28)

Dr YAZAN AL-MASHAKBEH almashakbeh.yazan@gmail.com Oral Laith Khasawneh , Yazan Al-Mashakbeh , Mohammad Al Katatbeh. Presenter: Dr. Yazan Al-Mashakbeh

Royal Derby Hospital

Predictors of Dehydration Following Adenotonsillectomy in Jordanian Pediatric Cases

Pediatric Surgery

«Background: Dehydration is a well-established complication of adenotonsillectomy. This study aims to measure the prevalence of dehydration among pediatric adenotonsillectomy patients in a tertiary hospital in Amman and to identify the risk factors that could be associated with it.

Methods: This is an observational single-center study. Data were collected by reviewing the health records of patients who underwent adenotonsillectomy between January 2015 and June 2020 at Ibn Al-Haytham Hospital. Inclusion criteria were any patient between 1 and 12 years old that has undergone routine adenotonsillectomy. Exclusion criteria were any adenotonsillectomy for neoplasm purposes, patients with reported developmental delay, and patients who underwent adenoidectomy or tonsillectomy alone.

Collected data included patients' demographics, indication for adenotonsillectomy, type of surgical technique, and history of dehydration in the following two weeks post adenotonsillectomy. The data were then imported into an SPSS statistical spreadsheet and analyzed. Descriptive statistics analysis of the demographic characteristics of the cases was prepared. Numerical data were expressed as percentages or means ± standard deviation (SD).

Results: Three hundred and eighty-four patients met the inclusion criteria of this study. 234 patients (62.2%) were male, and the majority of the cases (223 patients) were between 5 and 6 years old, accounting for 58.8% of the population. The prevalence of postadenotonsillectomy dehydration was 5.7%. Point estimation with a 95% confidence interval falls between 5.17 and 5.63. Dehydration was more prevalent in children aged under three years old. Dependence-type Multivariate analysis revealed that age and gender remained significantly associated with dehydration with P values > 0.001 and 0.004, respectively, after adjusting for the other variables.

Conclusion: Dehydration is a serious yet rare complication post adenotonsillectomy. Screening for dehydration pre- and postdischarge is highly recommended. There is a need for further multi-center and population-based studies to examine the full extent of dehydration complications. It is in the best interest of surgeons and all caregivers to provide the best quality of care for adenotonsillectomy cases. Avoiding dehydration and all other surgical complications would be part of the standards of high-quality health care. «

POSTER (29)

Senior House Officer Hamzeh Khirfan Hamzah_1998@hotmail.com Oral
Hamzeh Khirfan, Grace Rimmer, Cara Williams, Harriet Corbett Alder Hey
Children›s Hospital

Presentation with OHVIRA - Can We Minimise Duration of Symptoms?

Pediatric Surgery

Aims: OHVIRA, Obstructed Hemi-Vagina Ipsilateral Renal Anomaly syndrome, is a rare congenital abnormality, the incidence is estimated to be 0.1-3%. Whilst the gynaecological abnormality may be picked up soon after birth on USS, most cases present after puberty with symptoms of obstructed menstruation. The aims were to review records for girls with a congenital solitary kidney regarding post-natal counselling and, for those with OHVIRA, to describe the journey to diagnosis.

Methods: Radiology provided a list of all female patients with the words 'single kidney' or 'solitary kidney' in any imaging report between 2008- April 2024. Notes were reviewed for documented counselling regarding potential for OHVIRA, imaging findings and management in those diagnosed with OHVIRA.

Results: The list included 103 girls with a solitary kidney, 85 of whom had adequate medical records and make up the study cohort. The possibility of OHVIRA was discussed with 4 patients prior to puberty (age 3-11yrs) due to identification of uterus didelphus on ultrasound. The diagnosis was ruled out in 3 (by vaginoscopy/ laparoscopy in 2 and onset of non-obstructed menstruation in 1), puberty is awaited in the 4th. 3 girls were identified with uterine abnormalities - 1 with Mayer Rokitansky syndrome, 1 with unicornuate right sided uterus and another with uterus didelphys with possibility of septate vagina.

Seven girls (8.2%) were diagnosed with OHVIRA at a median age of 13 (IQR 12-14), 5 presented with abdominal +/- backpain and 2 with continuous per-vaginal discharge. All had known solitary functioning kidneys at the time of presentation, 5 had no other renal tissue and 2 had a multicystic dysplastic kidney on the other side. Only one had received counselling before menarche and was diagnosed peri-menarche as a result. Median time to diagnosis since menarche was 1.5 years (IQR 1-2.5). The vaginal septum was treated transvaginally in 5, one required laparoscopic hemi-hysterectomy, one awaits surgery.

Conclusions: The rate of OHVIRA in this cohort is higher than expected, the majority were diagnosed with prolonged symptoms of obstructed menstruation. Counselling parents of girls with a congenital solitary functioning kidney about the possibility of OHVIRA could reduce time to diagnosis.

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Biographies

8th–11th October 2025

Abdel Fataha Bu Haweleh, MD, MRCP, FRCP(UK), BCCA

Chief of Congenital Pediatric Cardiology
Consultant Paediatric Cardiologist

Welcome to Jordan

أهلا وسهلا

8th–11th October 2025

Jordan Medical Association
نقابة الأطباء الأردنية
Ministry of Health
وزارة الصحة
IPA International Pediatric Association
Every Child · Every Age · Everywhere

Sightseeing Tour in Amman
(Half-day Tour)

Amman is the modern and ancient capital of Jordan, known in history as Philadelphia & Rabbath-Ammon in the Roman-Greco period. Originally spread over seven hills like Rome, Amman now covers twenty hills. The city is crowned by the Citadel, a hill with the ruins of the Temple of Hercules, and a museum with artifacts dating back to the earliest settlement in the region, some 7,000 years ago. At the foot of the citadel lies the 5,000 - seat Roman Amphitheater; while there visit the museum of Popular Tradition and the Folklore museum, one flanks either side of the Amphitheater.

Tour to Jerash
(Half-Day Tour)

An easy 25 minutes drive from Amman is the Roman City of Jerash, known in the past as Gerasa or Pompeii of the East. It is considered the best preserved and most complete city of the Decapolis, a confederation of ten Roman cities dating back to first century B.C. Within the city you will see the great oval Forum, approached by what is termed the Street of Columns. This forum was once the center of social activity. There are two public baths, three theaters, and a hippodrome. There is also a nymphaeum, which is a complex of fountains and sculptures. You may walk under the triumphal arch built in honor of Emperor Hadrian, and

let your mind return to the dream of time in the Temple of Artemis. One of Jordan's most highly anticipated culture / fun events is the annual Jerash Festival held for two weeks each summer. During the remainder of the year there is an impressive and unique sound-and-light show given within the walls of the ancient city.

Religious Tour to Ma'daba, Mount Nebo, Baptism Site & Dead Sea
(Full-Day Tour)

Ma'daba:
Thirty minutes drive south from Amman, along the 5,000 – year old King's Highway is the city of Madaba (Madaba of the Bible).
Madaba's chief attraction is the contemporary Greek Orthodox Church of St. George. The church contains the earliest surviving original mosaic map of the Holy Land dating back to the sixth century.

Mount Nebo:
Ten minutes to the west is the most revered site in Jordan: Mount Nebo, the memorial of Moses, the presumed site of the prophet's death and burial place. The Byzantines built a small church whose floor is still covered with marvelous mosaics.

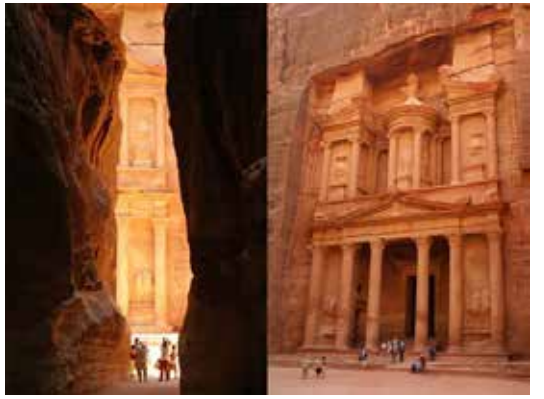
Baptism Site:
Ten minutes drive from Mount Nebo, Some 2000 years ago, John the Baptist lived and baptized in a settlement called "Bethany Beyond the Jordan" (John 1:28). This important site of early

Christianity, which Jesus also visited, has been rediscovered in Jordan, about 1500 meters east of the Jordan River. It has been carefully excavated by international archeologists, receiving pilgrims and visitors.

Dead Sea
Ten minutes drive from Baptism Site, at 1,306 feet (400meters) below sea level, this is the lowest spot on Earth. As the name suggests, the sea is devoid of life due to an extremely high content of salts and minerals, giving the waters their curative powers, recognized since the days of Herod the Great, more than 2500 years ago.

Historical Tour to Petra

(Full-Day Tour)



Three hours drive south from Amman is the most famous attraction in the Kingdom. In July 2007, Petra was ranked second among the New Seven Wonders of the World.
Petra fortress city. Literally carved out of craggy rocks, by the Nabataeans 800 B.C..
Fortified behind a narrow deep siq (gorge) that slowly winds through a massive rock wall. It is a wading, one kilometer long fissure between the overhanging clefts that seem to meet 300 feet overhead. Within Petra you will see soaring temples, royal tombs, Roman theatre, water channels, arched gates and others. Petra was discovered when a Swiss explorer disguised as ab Arab, fell on it in 1812.

2 days Petra, Wadi Rum & Aqaba

(2 day tour)

Stunning in its natural beauty, Wadi Rum epitomizes the romance of the desert. With its «moonscape» of ancient valleys and towering sandstone mountains. Climbers are especially attracted to Wadi Rum because of its sheer granite and sandstone cliffs, while hikers enjoy its vast empty spaces. Wadi Rum is best known because of its connection with the British officer T.E. Lawrence. You can rent out a four-wheel-drive jeep with a Bedouin driver. Also available are camels, which you can hire. For those with the sense of adventure, the best way to see Wadi Rum is by hiking and camping in it.

In Aqaba, King Solomon built a fleet that sailed to Ophir (Somalia) and returned with 420 talents of gold. The Aqaba fort was rebuilt in 1587 AD. In one of the most exciting discoveries in recent times, archaeologists in Aqaba have unearthed what they believe to be the world's oldest church, from the late 3rd Century AD.
Surrounded by rugged purplish mountains, Aqaba enjoys formidable weather throughout the year. The Gulf of Aqaba is a world known diving area. Aqaba itself offers eager divers the chance to experience virgin coral reefs, rare marine life forms, and encounters with friendly sea animals like turtles and dolphins.

Abdulsalam I. Abu-Libdeh, M.D, MPH

Consultant Pediatricians & Pediatric Endocrinologist

Current Hospital employment

• Consultant Pediatrician & Pediatric endocrinologist.

• Head of Pediatric Endocrinology unit at the Department of Pediatrics, Makassed Hospital, Jerusalem, Palestine.

Academic employment

• Assistant Professor of Pediatrics & Pediatric Endocrinology at the School of Medicine, Al-Quds University.

Certifications & Licensing

• Palestinian Board in Pediatrics on 2001
• Jordanian Board in Pediatrics on 2004
• Palestinian Board in Pediatric Endocrinology on 2010
• Master's in Public Health on 2021
• Licensed to practice medicine in Palestine on 1995

Membership & organizations

• President of Pediatric Society – Palestine.

• Member of the Pediatric Scientific Committee of the Palestine Medical Council (PMC). Participated in preparing and conducting Part I and Part II exams of the PMC.

• President of Palestinian society of Endocrinology & Diabetes.
• Palestine representative of ASPED (Arab Society for Pediatric Endocrinology & Diabetes).
• Secretary General of Union of Arab Pediatric Societies (UAPS).
• Head of Scientific committee for the Medical Association of Palestine.

• Member of the E-Learning Committee of the European Society of Pediatric Endocrinology (ESPE).

• Member of the Standing Committee of International Pediatric Association (IPA).
• Assistant Editor-in-Chief of the IPA Newsletter 2021-2023.
• Member of Scientific Research Council (2021).

Publications and Research Activities

• 28 publications in peer-reviewed journals.

• Participated in studies for the use of GLP-1 in pediatric diabetic patients and currently participating in ongoing study for the use of DPP4 inhibitors in pediatric diabetic patients.

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المؤتمر الدولي التاسع لاختصاص طب الأطفال في وزارة الصحة
8th–11th October 2025

Abeer Alassaf
Professor

-Professor in pediatric endocrinology and current head of pediatric department at The School of Medicine/ The University of Jordan. Obtained her pediatric endocrinology fellowship from McMaster University/Canada. Research experience including 39 publications, mainly in the field of pediatric en-docrinology with special focus on research related to type 1 diabetes, and the challenges that children and adolescents with diabetes face.

Adamos Hadjipanayis

Dr Hadjipanayis is a Professor of Paediatrics. His primarily teaching areas include paediatrics, communication skills and information technology. His research has mainly been focused on environmental hazards, human biomonitoring, use and abuse of antibiotics and vaccines. Dr. Hadjipanayis has published more than hundred and fifty peer reviewed articles in paediatric journals. He is an author and co-editor of the book "European Mastercourse in Paediatrics" and he has also published numerous books for parents.
He is the immediate past president of the European Academy of Pediatrics, he is the deputy executive director of International Paediatric Assoxition, he is the director of the paediatric department of Larnaca General Hospital and the medical director of the hospital.

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المؤتمر الدولي التاسع لاختصاص طب الأطفال في وزارة الصحة
8th–11th October 2025

Adel M. Alwahadneh MD MSc. FRCPCH

London

Senior Consultant Pediatric Immunologist, Allergist & Rheumatologist
Senior consultant of BMT for PID
Saudi Private Hospital Jordan
Former general director of RMS and Queen Rania Children Hospital
Fellow of European society of pediatric rheumatology
Member of pediatric rheumatology on-line bulletin board
NCC Director-Pediatric Rheumatology Trials organization-Jordan since 2010
Member of pan Arab rheumatology society
Member of Jordanian society of rheumatology
Founder of Pediatric Immunology, Allergy and rheumatology service at Royal Medical services
Founder of the pediatric Bone marrow transplantation group for primary immunodeficiency at Royal medical services
Reviewer Annals of Pediatric Rheumatology
48 original articles in pediatric immunology and rheumatology in peer-reviewed Journals

Alaa Dalaien

Consultant in Pediatric Gastroenterology, Hepatology, and Nutrition
Assistant Professor of Pediatrics, Mutah University

Dr. Alaa Dalaien is a consultant specializing in pediatric gastroenterology, hepatology, and nutrition, with a strong clinical and academic background. currently serves as an Assistant Professor of Pediatrics at Mutah University, where she is actively involved in teaching, research, and the advancement of pediatric healthcare.

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8th–11th October 2025

Ali M El-Halabi MB,BS,MRCP,FRCP,FRCPCH,FPICS

Senior Consultant Interventional Pediatric Cardiologist
Associate Professor of Pediatrics & Pediatric Cardiology- Arab American University of Palestine.
Chairman of Pediatric Department- Istishari Hospital
Chairman of Scientific Committee of Jordan Cardiac Society
Ex-President of Jordan Pediatric Society (JPS)
Ex-President & Secretary General of The Union of Arab Pediatric Societies (UAPS)
Ex-President & President Elect of The Union of Middle East & Mediterranean Pediatric Societies (UMEMPS)
Ex-President of PanArab Congenital Heart Disease Association(PACHDA)
Ex-Member of the standing committee of the International Pediatric Association (IPA)

Alia Mousa Alkhlaifat MD.

Pediatric Infectious Disease Consultant, Queen Rania Abdullah Hospital for Children – Royal Medical Services.

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8th–11th October 2025

Amal Abu Libdeh

Dr Amal Abu Libdeh
-Consultant in Pediatric Neurology
-Graduated from University of Jordan Medical school
-American Board in Pediatrics
-American Board in Pediatric Neurology
- Subspecialty in Pediatric Movement Disorders (University of Virginia)
-Previously an associate professor and consultant at the University of Virginia
-Currently
- Associate Professor at the University of Jordan.

Amira Masri

Dr Amira Masri is a Professor of Child Neurology at the Pediatric Department, Faculty of Medicine, University of Jordan where she has been serving since 2001. She currently holds the position of Vice President for Quality and National Accreditation Affairs at the university of Jordan .

With extensive experience in the field of child neurology, professor Masri is an active member of several national and international committees related to her specialty. She also serves as a member of both the Jordanian Board of Child Neurology and the Arab Board of Child Neurology.

Professor Masri has published approximately 100 articles in peer-reviewed journals. She has a Scopus profile 2,544 citations and an H-index of 21.

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Arwa Nasir MBBS, MSc, MPH, MFT

Professor, Department of Pediatrics
University of Nebraska Medical Center
Omaha, Nebraska

Dr. Nasir is a Professor of Pediatrics at at the University of Nebraska Medical Center. Dr. Nasir's academic journey includes her medical degree From the University of Jordan and postgraduate degrees in Pediatric Science, Public Health, and Medical Family Therapy, which has informed much of her research and clinical work in child and family health. She has authored many publications and conducted research on topics related to pediatric mental and behavioral health, with an emphasis on the role of primary care in supporting the development and mental and behavioral well-being of children. She is the founder and director of a primary care-integrated autism diagnostic clinic at the University of Nebraska Medical Center. Dr. Nasir received many grants and scholarships including is a Fulbright Scholarship which she spent in Jordan collaborating with colleagues on behavioral research. Currently, Dr. Nasir serves as Chair of the American Academy of Pediatrics (AAP) Committee on Psychosocial Aspects of Child and Family Health, where she directs the writing of policies that support the mental health of children and families. Previously, she served as Division Chief of General Pediatrics at the University of Nebraska for a decade, holding numerous leadership roles throughout her career.

Prof. Asaad Mohamed A. Assiri
Professor

Professor of pediatrics and consultant in pediatrics and pediatric gastroenterology,
College of Medicine and King Saud University Medical City,
King Saud University.
Riyadh, Kingdom of Saudi Arabia
Consultant at HMG
Published more than 60 publications
Attended many conferences and meetings at national and international level
Member in many committees in College of Medicine and King Saud University Medical City.

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AWNI MADANI
MD, FACC, FSCAI. FESC
Consultant pediatric cardiologist

Dr. Awni Amin Al-Madani, Senior Advisor, Cardiology, Head of Specialization and Director of the Heart Center at Al Hussein Medical City.

Dr. Awni Al Madani started his career with a Bachelor's degree in Pediatrics and Neonatology from the University of Jordan in addition to obtaining the Jordanian Board in Pediatrics. Dr. Awni started his job as a trained doctor with the Royal Medical Services in the Children's Department and then as a resident doctor in the Royal Medical Services Hussein Al Hussein and then as a specialist Children at Royal Medical Services.

Dr. Awni holds many certificates. He is a Fellow of the Society for Angiography and Intervention, a Fellow of the American College of Cardiology, and a Fellow of the European Society of Radiology in addition to many memberships: He is a member of the Jordanian Medical Association, a member of the Jordanian Heart Association and a member of the Jordanian Pediatric Society and Member of the Executive Committee of the Jordanian Heart and its Secretary General (2011-2012).

Dr. Awni Al-Madani is now working in his private clinic on Al-Khaldi Street.

Ayhan Dagdemir, M.D.

=Dr. Ayhan Dagdemir, M.D. is professor of pediatrics and pediatric hematologist-oncologist at the department of pediatrics at Ondokuz Mayıs University, Samsun, Turkiye since 1999.

He is the President of Turkish National Pediatric Society (TNPS) and the chairman of the scientific committee of Turkish National Pediatric Oncology Group (TPOG) currently. He is a member of International Society of Pediatric Oncology (SIOP) and Pediatric Oncology East and Mediterranean (POEM).

His main professional interests include lymphomas, brain tumors and autologus stem cell transplantation in solid tumors.

He has over than 100 publications (72 in web of science) and top five research papers are:

1) Dağdemir A, Ertem U, Duru F, Kirazli S (1998). Soluble L-selectin increases in the cerebrospinal fluid prior to meningeal involvement in children with acute lymphoblastic leukemia. Leukemia & lymphoma 28 (3-4), 391-398

2) Dilber C, Dagdemir A, Albayrak D, Albayrak S, Kalayci AG, Aliyazicioglu Y (2004). Reduced bone mineral density in childhood chronic idiopathic thrombocytopenic purpura treated with high-dose methylprednisolone. Bone 35 (1), 306-311

3) Dagdemir A, Yildirim H, Aliyazicioglu Y, Kanber Y, Albayrak D, Acar S (2004). Does vitamin A prevent high-dose-methotrexate-induced D-xylose malabsorption in children with cancer? Supportive care in cancer 12, 263-267

4) Kartal I, Alacam A, Dagdemir A, Kara C, Dinçer OS, Albayrak C, Elli M (2022). Frequency of obesity and metabolic syndrome in childhood leukemia and lymphoma survivors. Diabetology & Metabolic Syndrome 14 (1), 16

5) Kartal I, Dagdemir A, Dinçer OS, Simsek HK, Uygun A, Gürsel SB (2023). Treatment Outcomes of Childhood Medulloblastoma with the SIOP/UKCCSG PNET-3 Protocol. Indian Journal of Pediatrics 90 (11), 1116-1122

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Basim Al-Zoubi, MD

President of the Union of Middle-Eastern and Mediterranean Pediatric Societies (UMEMPS)
President of Jordan Pediatric Society
President of the Union of Arab Pediatric Societies (UAPS)
Head of Pediatric Directorate, Jordan MOH
Co-Chair, Italian Arab Pediatric Society
Member, Standing Committee of the International Pediatric Association
Member, Executive Committee of Union of Mediterranean and Middle East Pediatric Societies
Senior Consultant Pediatric Endocrinologist - Prince Hamzah Hospital, Amman

Bassam Saeed
MD FRCP DIS DIU

Consultant pediatric nephrologist
Chairman Farah Association for Child with Kidney Disease in Syria
Chair of the ISN Middle East Regional Board
Past President of the Middle East Society for Organ Transplantation MESOT

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CHERIF Aly Abdelal

91,Marghani st, Heliopolis, Cairo, Egypt
•Tel: +202 4173400 •Mobile: +2010 300 30 80 •email: caaa@live.co.uk

HIGHLIGHTS OF QUALIFICATIONS

1. More than 30 years of professional experience in Pediatric Medicine field
2. Coming from a medical background as late father was the founder and head of the Pediatric section Cairo University and elder brother is a Professor and manager of neonatal pediatric surgical section Cairo university and other brother is a pediatrician and is the advisor of the Minister of Health for child health
3. Sound managerial, leadership and human resources management experience.
4. Practical experience in generating HR structures, functions, policies and procedures.
5. Proven ability in managing project development/implementation/integration and leading heterogeneous teams
6. A profound lecturing and teaching experience

EDUCATION

St George English Catholic School
Faculty of Medicine Cairo University
Ms science "Master of science in general Pediatrics"
Harvard medical school
Studies for MBA in American University in Cairo 2002

EXPERIENCE RECORD

Internship in Cairo University Faculty of Medicine-Children Hospital (AbouReech-Kasr el Eini)
A Specialist at Cairo University Faculty of Medicine-Children Hospital (AbouReech-Kasr el Eini)
A member of the management team Cairo university Faculty of Medicine-children Hospital (AbouReech-Kasr el Eini) 1
A member of the Hospital development team Faculty of Medicine-Kasr el Eini Children Hospital
Assistant Manager of Cairo University Children Hospital (AbouReech-Kasr el Eini)
Advisor to the Prime Minister of Egypt

الدكتور محمد رواشدة
Mohammad Rawashdeh

رئيس المجموعة الاردنية لأختصاص الجهاز الهضمي عند الاطفال. (JOSPGHAN)
استشاري في طب الاطفال و امراض الجهاز الهضمي والكبد و التغذية يحمل شهادة الزمالة البريطانية في طب الاطفال والاختصاص من مستشفى الاطفال و جامعة بيرمنجهام في المملكة المتحدة.
عمل في وظائف ادارية من بينها رئيس قسم الاطفال ومساعد عميد كلية الطب بجامعة العلوم و التكنولوجيا و مديرا طبيا لمستشفى الملك المؤسس بنفس الجامعة . ثم عميدا مؤسسا لطب الجامعة الهاشمية و نائبا للرئيس.
انتقل بعدها ليعمل مديرا عاما للمؤسسة العامة للغذاء والدواء و التي كانت قد اسست حديثا في الاردن.
للدكتور الرواشدة عشرات الابحاث العلمية المنشورة و مساهمات عدة في تأليف كتب الاختصاص اضافة الى الاشراف على عشرات رسائل الماجستير و الدكتوراه وهو ممتحن في البورد الاردني والعربي.
اضافة الى عمله في عيادته الخاصة يعمل استاذا زائرا و استشاريا في كلية الطب ومستشفى الجامعة.

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Dler Abdulkhaleq Chalabi

Dler Abdulkhaleq Chalabi, is a Professor in Pediatrics at Hawler Medical College and Consultant Pediatrician at the Rapareen Teaching Hospital for pediatrics in Erbil, he is Full member of NASPGHAN since 2021 and member of their international committee since 2022.
Have been elected as president of Kurdistan pediatric society at July 2024 and also serves as Program director of Kurdistan board for medical specialization in Pediatrics and in Pediatric gastroenterology. Head of gastroenterology and endoscopy unit in the hospital since 2019.
He has special interests in pediatric gastroenterology and nutritional disorders with more than 25 publications and member of editorial board of Zanko medical journal. He served previously as head of pediatric department in medical college and Rapareen teaching hospital for pediatrics.

Doaa Al-Qaoud

Assistant Professor of Pediatrics, The Hashemite University
Pediatric Nephrologist, Prince Hamza Hospital

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Eman Badran MD. MRCPCH

Professor of Pediatrics
Head division of Neonatology
Director of the Neonatal Unit and Director of Neonatal Fellowship Program at Jordan University Hospital

Eman Badran, a Professor of Pediatrics and Chairman of the Neonatal Unit at Jordan University Hospital, where she also directs the accredited Neonatal Fellowship Program. After finishing her Neonatology Fellowship at the University of Leeds, UK, she has dedicated her career to increasing the treatment of infants in Jordan and the wider region. With a focus on neonatal sepsis, hyperbilirubinemia, respiratory disorders, breastfeeding, neonatal genetics, and maternal-child health, Professor Badran has authored more than 100 peer-reviewed publications and book chapters. In addition to her scientific contributions, she is renowned for being a mentor, educator, and leader who led national initiatives like the developing of Baby-Friendly Hospitals and neonatal guidelines in collaboration with UNICEF and WHO. Known for her devotion to service, collaboration, and creativity, she continues to combine academic achievement with a passion for improving the lives of infants and their families, and is frequently called to share her experience at worldwide conferences.

Entesar Alhammadi

Dr. Entesar Abdullah Alhammadi is the Chief of Patient Safety and Quality at Dubai Health and the President of the Emirates Pediatrics and Neonatal Society. She is a seasoned healthcare leader and Consultant Pediatric Nephrologist at Al Jalila Children's Specialty Hospital, with more than two decades of expertise in clinical excellence, quality improvement, and patient safety. With a strong academic background, she holds a Master of Science in Healthcare Management from the Royal College of Surgeons in Ireland, alongside certifications from renowned institutions such as the Royal College of Physicians and Surgeons of Canada and the American Board of Pediatrics. Dr. Alhammadi also serves as an Adjunct Assistant Professor at Mohammed Bin Rashid University and Dubai Medical College, where she contributes to shaping the next generation of physicians. Her leadership roles, including Chair of Corporate Patient Safety & Quality and Director of Academic Affairs, highlight her commitment to fostering innovation and advancing high-quality care. In addition, Dr. Alhammadi has contributed research in pediatric nephrology and patient safety, with publications in respected international peer-reviewed journals. A passionate advocate for advancing healthcare standards, Dr. Alhammadi is dedicated to promoting wellness, improving patient care, and driving research excellence in the UAE and beyond.

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Erkin Rahimov, MD

Contact information +994 55 901 60 65 erkinragimov@yahoo.com

Place of employment

Baku Medical Plaza Hospital, Babek ave 92N, Baku, Azerbaijan
Azerbaijan State Advanced Training Institute for Doctors named after A. Aliyev

Current position

Head of Pediatrics Dept. of Baku Medical Plaza Hospitals
Assistant Professor at Azerbaijan State Advanced Training Institute for Doctors named after A. Aliyev
President of Azerbaijan Pediatric Society
Chief Pediatrics Advisor to Ministry of Healthcare of Azerbaijan Republic

Service record and/or professional experience

Istanbul University Faculty of Medicine 2007-2012. Pediatrics Residency
Istanbul Memorial Hizmet Hospital 2012-2014. Head of Neonatology dept.
Baku Medical Plaza Hospital 2014 – present. Head of Pediatrics and Neonatology Dept.
Azerbaijan State Advanced Training İnstitute for Doctors named after A. Azliyev 2019 – present. Assistant Professor at Dept. of Pediatrics

Education Certificates

Residency Azerbaijan Medical University – 2001-2003
Istanbul Cerrahpasa Faculty of Medicine – 2003 – 2007
Istanbul Medical Faculty, Pediatric Dept. 2007 - 2012

Experience of participation in clinical studies

Could Cardiac Enzycmes and the Carinal Angle Measurement be Used as Indicators of Hemodynamically Significant PDA? DOI: 10.1136/archdischild-2012-302724.0322
Azerbaijan national growth charts for children and adolescents from birth to 16 years. AMAJ. 2021, 19 - 25

Experience of participation in scientific events (congresses, symposia, round tables, etc.) EAPS 2012 Istanbul, EAP Oslo 2015, EAPS Geneva 2016, JENS Venice 2017, 30th IPA Congress 2023 and many other.

Eslam Tawfik El-Baroudy M.B.B.CH.

M.Sc (Pediatrics), M.D (Pediatrics), FRCPCH (UK)

Dr. Eslam El Baroudy, is an esteemed Professor at the Egyptian Universities and consultant in Pediatrics with an impressive career spanning across Egypt, Oman, Kuwait and UAE. Following a distinguished tenure at Sheikh Khalifa Medical City (SKMC), Currently he continues the journey in Abu Dhabi as Consultant at Department of Health & Chief Medical Officer at "Kids in Heart" medical institution affiliated with New York-Presbyterian Morgan Stanley Children Hospital/Columbia University.

Dr. El Baroudy holds his medical degree, Master's (M.Sc.), and Doctorate (M.D.) from Cairo University, one of the most prestigious institutions in the region. His commitment to excellence in pediatrics is further emphasized by his Fellowship from the Royal College of Pediatrics and Child Health (FRCPCH), London, UK.

Dr. El Baroudy beside his usual expertise in all common general pediatric problems like Asthma, Rashes, Vaccinations, functional disorders, common Infections & Allergies; he is renowned for his expertise in pediatric Nephrology domain with especial interest in the. Complement disorders; aHUS is an area of expertise with various addressed presentations & complications.

A key educator and mentor, Dr. El Baroudy is an official examiner for the Royal college of pediatrics & child health (RCPCH) and an international instructor for the Pediatric Fundamentals of Critical Care Support (PFCCS) course, accredited by the American Society of Critical Care Medicine (ASCCM). His passion for advancing pediatric healthcare extends beyond his clinical duties, as he is the founder and president of the prestigious Annual International Pediatric Summit Congress (IPS) and the Arab Academy of Pediatrics Society (ArAPs), currently he is board member & Head of Communication & culture committee of the Emirates Pediatric & Neonatology Society (EPNS) & Co-Chairman for the IPA Nutrition Committee (Middle east)

Dr. El Baroudy's research and publications span a wide range of pediatric issues, including renal problems, vaccinations, infections, GI functional disorders, metabolic renal diseases and pediatric allergies. His scholarly contributions have been recognized in leading journals, solidifying his reputation as a thought leader in pediatrics & society influencer.

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Eyad M. Altamimi

Dr. Eyad Altamimi is a Professor of Pediatrics at the Faculty of Medicine, Jordan University of Science and Technology, where he earned his MBBS degree. He completed his pediatric residency at the University of Jordan in Amman and specialized in pediatric gastroenterology, Hepatology, and nutrition at McMaster University in Hamilton, Canada. Currently, Dr. Altamimi serves as a consultant pediatric gastroenterologist. Dr. Altamimi is a dedicated teacher and a diligent researcher. He has published over 50 papers in renowned international journals and has delivered numerous presentations at local, regional, and international conferences. Dr. Altamimi is a member of several national and international medical societies, including NASPGHAN, CAG, JOSPGHAN, JSGH, and JPS.

Ezzeddine Mohsni

WHO Retiree Currently, Chair of the WHO EMR RITAG
Date of Birth: 11 January 1954 Ezzeddine.mohsni@gmail.com + 216 21900190
63 Avenue 13 Aout, El-Ouardia 1009, Tunis, Tunisia

Dr Ezzeddine Mohsni is a Public Health International Expert with more than 30 years' experience in vaccines and immunization, at both National, regional and global level.
Dr Mohsni served first as National EPI manager in Tunisia for 8 years, then moved to WHO EMRO where he served for 16 years in various high-level positions, including Regional Advisers for vaccines and Immunization, Regional Coordinator for Polio eradication, Regional Coordinator for Diseases control, elimination and eradication, head of the WHO EMRO Communicable Diseases Department and head of WHO Country Office in Saudia Arabia.
After his retirement from WHO in 2016, he moved to GHD/EMPHNET where he served for four years as Senior Technical Advisor, overseeing two important clusters: 1) Polio & Immunization, and 2) Global Health Security.
In June 2020, Dr Mohsni moved back to his own-country, Tunisia, where he served for three years for the European Union (EU) as principal technical expert, overseeing and coordinating the implementation of a EU project called Essaha Aziza (that aims at supporting MoH to reinforce the performance of the Primary Health Care system).

Dr E. Mohsni served as

- Member of the WHO Global Strategic Advisory Group of Experts on Immunization (SAGE) from April 2019 till December 2024; and
- Member of the Gavi Alliance Evaluation Advisory Committee from October 2019 till June 2025.
- Member of the Member of the International Pediatric Association's program area Committee on Immunization from June 2023 till June 2025

He is currently

- Member of the WHO Technical Advisory Group on Market Access for Vaccines (TAG MVAC) since June 2023; and
- Chair of the WHO Eastern Mediterranean Regional Technical Advisory Group on Immunization (RITAG)
- Member of the Scientific Committee of the Eastern Mediterranean Advanced Course of Vaccinology (EMVAC)
- Ember of the WHO and PIVI/TFGH Technical Expert Group (TEG) for the development of the roadmap for influenza prevention and control.

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Fadia Al Ghzawi

Dr. Fadia Abdalmajeed Ahmed Alghzawi is a pediatric gastroenterologist and Assistant Professor at Hashemite University, Jordan. She earned her MD and Master's from Jordan University of Science and Technology and completed specialized training in Pediatric Gastroenterology at the Royal Children's Hospital, Melbourne.

She practices at New Zarqa Governmental Hospital, focusing on pediatric gastrointestinal and liver diseases, including inflammatory bowel disease. Dr. Alghzawi is actively involved in teaching medical students and pediatric residents.

Affiliations:

- Jordan Medical Association (JMA)
- Jordan Pediatric Association
- Jordan Society of Gastroenterology
- Jordanian Society of Pediatric Gastroenterology, Hepatology, and Clinical Nutrition (JOSPGHAN)
- Gastroenterological Society of Australia

Fareed Khdair

Associate Professor
Director, Division of pediatric gastroenterology, hepatology, and Nutrition
School of medicine
The University of Jordan

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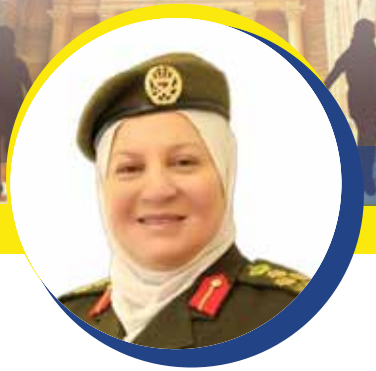

Faten ALAWAYSHEH

- Senior consultant neonatologist.
- Head of pediatrics and neonatal speciality.
- Fellowship training in Neonatology Dublin, Ireland.
- MRCPH Dublin, Ireland.
- Jordanian board of Neonatology & Pedatrics.
- Graduated from Faculty of Medicine, The University of Jordan.
- Director of NRP.
- Director of STABLE program.
- Director of Total body cooling in Hypoxic Ischemic.
- Encephalopathy workshop.

Hana'a Algharaibeh, MD

Pediatric Gastroenterologist at King Abduallah University Hospital/ Pediatric Department, September 2023.
Assistant professor of Paediatrics at Jordan University of Science and Technology/Faculty of Medicine, September 2023.
Fellowship: Pediatric Gastroenterology, Hepatology and Nutrition Fellowship Addenbrookes Hospital/Cambridge University Hospitals NHS Foundation Trust (May 2021- May 2023)/Royal College of Paediatrics and Child Health accredited. Major interest in PIBD, and Nutrition.
Certificate of Higher Specialization in Medicine in Paediatrics at Jordan University of Science and Technology Irbid/Jordan. June 2016
Jordanian Board of Paediatrics and Neonatology Jordan Medical Council, Amman, Jordan, February 2017.

MBBS: Bachelor of Medicine and Surgery Certificate, Faculty of Medicine, Jordan University of Science and Technology Irbid/ Jordan June 2011.

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Hani F Ayyash

PhD, MMedSci, MBBS, Dip Psych, MRCPCH, FRCPCH
Clinical Lead for ADHD Services, Southend- on- Sea
Consultant Neurodevelopmental Paediatrician

Dr Ayyash is consultant paediatrician working in the UK for Essex Partnership University NHS Foundation Trust. Prior to this, he worked for Cambridgeshire and Peterborough NHS Foundation Trust for 5 years. He started his substantive consultant career in Doncaster & Basetlaw NHS Foundation Trust and was at the same time Honorary Senior Clinical Lecturer and examiner for Sheffield Medical School.

Dr Ayyash has been consultant in neurodivesrity for over 20 years.During his entire consultant career, he has been clinical lead for ADHD services across several health organisations and developed successful shared care arrangements between primary and secondary care where he introduced cost effective pathways of assessing children with ADHD, ASD and learning disability.

Dr Ayyash has special interest in Child Mental Health. He completed Postgraduate Diploma in Child Psychiatry and Master Degree in Child Health.
Dr Ayyash has PhD in Medical Sciences and was awarded the Choremis National Hellenic Research Award for his outstanding Doctoral Research.

Dr Ayyash is Executive Committee Member of the Child and Adolescent Psychiatry Surveillance System- RCPsych and Scientific Committee Member of the British Paediatric Surveillance Unit-RCPCH.

He is Co-founder and Executive Member of the National Paediatric ADHD Networking Group (GSF) of the RCPCH. He presented papers and conducted workshops in National and International Conferences and has published research articles in Peer Medical Journals.

Dr Ayyash was awarded the NHS Hero Award for his dedication to patients under his care in the United Kingdom.

Hashem Altabbaa, MBBCh

Medical Intern – Al Basheer Hospital, Jordan
Consultant (Medical Statistical Analysis) – OMICYS SL, Spain
Editor and Reviewer in Journals
Co-Founder & Head – The Research Papyrus Lab (TRPL)
Instructor – Teach Me Research, USA

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Hisham Hamdan

Full-time lecturer; the department of pediatrics at the Faculty of Medicine; Al-Balqa Applied University.
American Board Certified in Pediatrics, Pediatric Pulmonology and Sleep Medicine
Previous work experience includes working in the US, UAE and Jordan.

Irina Zelenkova

Irina Zelenkova - PhD, Head of the Day Hospital of the Otorhinolaryngological and Surdology Profile, Department of Pediatrics and Child Health Research Institute of the Petrovsky National Research Centre of Surgery, Ministry of Science and Higher Education of the Russian Federation; Associate Professor of the Faculty Group of the Scientific and Educational Center; ENT doctor, member of the Union of Pediatricians of Russia.
Her scientific interests are focused on pediatrics and otorhinolaryngology. Irina Zelenkova is the author and co-author of 60 publications in Russian and international journals. Her Hirsch index is 5 in Scopus and 7 in the RSCI.

She has actively participated in the development and updating of clinical guidelines in the Russian Federation, as well as in creating standards of medical care and prevention of various pediatric diseases, including mucopolysaccharidosis, acute otitis media, and external otitis. She also took part in the development of a method for studying olfactory function in children.
Irina Zelenkova has experience in clinical trials as a sub-investigator. She regularly participates in Russian and international scientific congresses and conferences.

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Issa Hazza Alkhatatbeh

Pediatrics Nephrologist and Transplant Consultant
Jordan Board certificate in pediatrics. JBC recognition in pediatric nephrology.FRCP Edin
Jordan Hospital

Jeff Goldhagen

Dr. Jeff Goldhagen is a prominent pediatrician and professor with a significant focus on child rights and social pediatrics. He is currently a Professor of Pediatrics at the University of Florida and serves as the Medical Director at the Partnership for Child Health. His work emphasizes integrating a child rights-based approach into healthcare, advocating for children's voices to be heard in medical decision-making processes.

Dr. Goldhagen's interest in child rights and social pediatrics was sparked during his early career in South-East Asia, where he observed the profound impact of social determinants like poverty and conflict on children's health. This experience led him to advocate for a holistic approach to child health, addressing not only clinical issues but also the broader environmental and social factors affecting children's well-being.

In addition to his academic and clinical roles, Dr. Goldhagen is the President of the International Society for Social Pediatrics and Child Health (ISSOP). He has received numerous accolades for his work, including the 2021 Individual Sapphire Award for Health Equity from the Florida Blue Foundation, recognizing his efforts in developing comprehensive health and mental health systems for children.

Dr. Goldhagen is also a vocal proponent of child-friendly governance and has been instrumental in promoting policies and practices that prioritize children's rights and voices in healthcare settings. For more detailed information about Dr. Goldhagen's work and achievements, you can visit on-line sources like the University of Florida – College of Medicine Department of Pediatrics, the Partnership for Child Health in Jacksonville, ISSOP and his publications on child-friendly governance.

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Kamleh Barham, MD

Pediatric Specialist
Pediatric Gastroenterologist

Current Position April 2022–now
Pediatric Gastroenterologist / King Abdullah University Hospital
Assistant Professor of Pediatric /Medical school /Jordan University of Science and technology

Experience

February 2020 –February 2022
• Gastroenterology, Hepatology and clinical nutrition Fellow / Royal Children's Hospital of Melbourne /Australia

August 2016 – October 2019
• Full time Clinical lecturer / Jordan University of Science and technology
•Pediatric Specialist / Jordan University of Science and technology Health Care Centre

Kholoud Wishah, MD

Director Allergy & Immunology.
Department of Pediatrics.
Metrohealth Medical Center, Cleveland, OH

I am a graduate of the University of Jordan Medical School, class of 1991
I completed my Pediatric Residency at the Cleveland Clinic Foundation.
I completed my Allergy & Immunology Fellowship at the Cleveland Clinic Foundation.
I worked in private practice for several years.
I am the Director of the Allergy & Immunology Department at Metrohealth Medical center in Cleveland Ohio- USA.

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Leyla Namazova-Baranova

Leyla Namazova-Baranova - professor, academician of RAS, head of the pediatric department in Pirogov Russian National Research Medical University of the Ministry of Health of the Russian Federation, head of the Pediatrics and Child Health Research Institute of the Ministry of Science and Higher Education of the Russian Federation, leading expert of preventive medicine in the Ministry of Health of the Russian Federation, chairman of NITAG RF, President of the Union of Pediatricians of Russia, Past-President and Council Member of the European Paediatric Association (EPA/UNEPSA), Member of the Standing Committee and the Executive Committee of the International Pediatric Association (IPA), Vice President of the Global Pediatric Pulmonology Alliance (GPPA), head of the working group of ENIGMA in storage diseases, Professor SMBU, Shenzhen, China.
Leyla Namazova-Baranova is a famous scientist well-known nationally and internationally. The fundamental researches are devoted to the priority problems of pediatrics, immunoprophylaxis and vaccination, emergencies in pediatrics, allergy and immunology, public health and rehabilitation, medical care quality improvement, adolescent health and child rights. She is a leading organizer and developer of clinical guidelines, scientific-practical programs for pediatricians.
As a clinician and researcher, she is the author of more than 1880 scientific articles (more than 250 in English or French), 37 monographs and 33 inventions. She serves as the chief editor of "Pediatric pharmacology" journal and the member of several editorial boards in Russian and foreign medical journals. She was the scientific adviser of 65 PhD students.
Hirsch index in RSCI is 71, Hirsch index in Scopus 37, Hirsch index in Web of Science 34. She was the scientific adviser of 69 PhD students.
Leyla Namazova-Baranova was elected as honorary professor in Foggia University (Italy) and as honorary member of the pediatric department of Royal College of Physicians of Ireland (RCPI).

Liliia Selimzianova

Liliia Selimzianova - PhD, Head of the Standardization and Study of the Fundamentals of Evidence-Based Medicine Department of Pediatrics and Child Health Research Institute of Petrovsky National Research Centre of Surgery of the Ministry of Science and Higher Education of the Russian Federation, associate professor at the Department of Pediatrics and Pediatric Rheumatology of the First Moscow State Medical University named after I.M. Sechenov Ministry of Health of Russia and of the Department of Pediatrics, Pediatric Faculty, Federal State Autonomous Educational Institution of Higher Education Russian National Research Medical University named after. N.I. Pirogov of the Russian Ministry of Health, Pulmonologist.
Her scientific interests focus on problems of pediatrics, pulmonology, allergy and immunology in children. Liliia Selimzianova is the author and co-author of 189 publications in Russian and foreign journals, Hirsch index in Scopus is 5, Hirsch index in RSCI is 20.
She is actively participated in the creation and updating of clinical guidelines in Russian Federation, as well as standards of medical care and prevention of various diseases in children, including Pneumonia, Asthma, Cystic fibrosis, Mucopolysaccharidosis etc, is a co-author of guidelines for vaccination. Liliia Selimzianova is a member of the interdepartmental working group of the Russian Ministry of Health on the provision of medical care to patients with Cystic fibrosis. She has 189 published works, the H-index for publications in the RSCI - 20, Scopus - 5.
Liliia Selimzianova has GCP certificate since 2004, has experience in clinical trial as a sub- investigator. She actively participates in Russian and international scientific congresses, and conferences.

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Mahmoud Bozo

*Nutrition technical officer WHO / Syria .
*Head of the Syrian Board committee of pediatric gastroenterology and nutrition.
*General Secretary of the Syrian society of pediatric gastroenterology and nutrition.
*General Secretary of PedMed Web for pediatrics

MARCELLO MADDALONE
Professor

- 1987 M.D.University of Milan
- 1990 Specialty in Dentistry University of Milan
- 1992-- 2005 House Officer Dentistry University of Milan
- 1994 Specialty in Orthodontics University of Milan
- 2005 Chief Orthodontic Service University of Milan--Bicocca
- 2008 Research Fellow University of Milan--Bicocca
- Coordinator of Universitary Courses in Endodontics and Orthodontics
- 2015--2017 Chief Dental Unit of Orthodontics S.Gerardo Hospital
- 2016--2024 Clinical Coordinator Masters courses in “Orthodontics and
- Gnathology” and “Oral surgery and Implantology”
- 2018 Associate Professor in Dentistry University of Milan--Bicocca
- Published 57 papers on national and International Journals in Orthodontics ,Endodontics, Implantology and Oral Pathology
- International lecturer in different Dental and Pediatric Meetings

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May Badereddin
Consultant in Pediatric Neurology
MRCPCH, Jordanian Board in Pediatric Neurology
Arab and Jordanian board in pediatrics

I am currently working at my private clinic, part-time at KHCC and JU

Merih Cetinkaya
Professor, MD, PhD

Merih Cetinkaya is the director of Departments of Pediatrics and Neonatology in Basaksehir Cam and Sakura City Hospital. He graduated from Dokuz Eylul University, Faculty of Medicine in İzmir, Turkey. He completed his pediatric residency and neonatology fellowship in Uludag University, Faculty of Medicine. He received PhD from Physiology Department of Uludag University. He was in Vermont University, Fletcher Allen Health Care and Harvard University, Brigham and Women's Hospital as an observer in 2009. He finished his PhD in Maastricht University in 2019. He is an Executive Board Member of Turkish Neonatal Society and Turkish National Pediatric Society.

He became Associate Professor of Pediatrics in 2011 and Professor in 2017 in Health Sciences. His primary research areas involve new therapies for prevention and treatment of neonatal hypoxia-ischemia, hyperoxic lung injury and necrotizing enterocolitis in experimental models. He has several articles about the neonatal outcomes of preeclampsia, new biomarkers in the diagnosis of neonatal sepsis and necrotizing enterocolitis. His research interest also include RSV infections, neonatal nutrition, surfactant, genetics of pulmonary development and near-infrared spectroscopy.

He has published over 150 peer-reviewed manuscripts in international journals. His H index is 24 (Web of Science) and 38 (Google Scholar) more than 1000 citations by March 2025. He was the recipient of several national and international awards. He was awarded the ESPNIC Young Investigator Award at the 5th Congress of the European Academy of Pediatric Societies in October 2014. He was the recipient of Neonatology Investigator Award of Turkish Neonatology Society in 2011, 2016 and 2021.

Merih Cetinkaya has also been working in the Editor, Associate Editor, Editorial Board, and reviewer of several national and international medical journals. He is working as a co-investigator in several international clinical studies. His primary aim is to develop new strategies against the most common morbidities in pediatrics, especially in neonatology. He is the president of Local Ethics Committee of Basaksehir Cam Sakura City Hospital.

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Mohamad Miqdady
Professor

- American Board Certified in Pediatric Gastroenterology
- Division Chief, Pediatric Gastroenterology at Sheikh Khalifa Medical City in UAE
- Clinical Professor, Khalifa University, UAE

Mohannad Mhairat
الدكتور مهند المهيرات

مستشار اطفال/ جهاز هضمي وكبد وتغذية عند الاطفال
المستشفى التخصصي

عضو الجمعية الاروبية للجهاز الهضمي عند الاطفال (ESPGHAN)
عضو جمعية الجهاز الهضمي عند الاطفال الاردنية (JOSPGHAN)

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Montaha Al-lede, MBBS, DCH, FRACP

Associate Professor of Pediatrics, School of Medicine, JU
Pediatric Pulmonologist / Sleep Physician

Dr. Montaha Al-lede is an Associate Professor of Pediatrics at the School of Medicine, Jordan University. She is a board-certified pediatric pulmonologist and sleep physician, holding the Australian board in general pediatrics, pediatric pulmonology, and sleep medicine. An excellent researcher with over 46 publications in peer-reviewed journals, her research spans a range of respiratory conditions, including asthma and sleep disorders. Dr. Al-lede's work focuses particularly on sleep disorders such as obstructive sleep apnea (OSA) and sleep-disordered breathing in children with neuromuscular disorders and obesity, as well as in those with neurodevelopmental conditions like autism and ADHD.

Nadwa Zohlof, MD

Jordanian board of pediatric
MRCPCH
Fellow ship London and Jordanian Board of pediatric pulmonary

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Monika Kaushal

Dr. Monika Kaushal, a Consultant Neonatologist with over 25 years of experience, including 18 years in the UAE. Currently, I serve as the Chief of the Department of Pediatrics and Neonatology and the Medical Director at Emirates Specialty Hospital, a role I have held for the past six years.
Previously, I was the Chief of Pediatrics and Neonatology at Zulekha Hospital for 12 years, where I had the privilege of establishing the first Level III NICU in a private hospital in the UAE. My work has been featured in national and international media, particularly for achieving intact survival in numerous 23-24 week preterm infants.
In addition to my clinical roles, I am actively involved in academic and professional activities:

- Vice President of the Emirates Pediatric and Neonatal Society (EPNS)
- President-Elect of the Neonatal Chapter, IAP (UAE Branch)
- Editor and reviewer for several national and international journals
- Invited faculty at numerous national and international conferences

I hold multiple advanced qualifications, including:

- MBBS
- MD Pediatrics (PGIMER Chandigarh)
- DM Neonatology (AIIMS New Delhi)
- Fellowship (RCPCH, UK)
- Diploma with distinction (University of Southampton, UK)
- FRCPCH (UK)
- FNNF

Mona Alameh

Clinical Associate and Lecturer at Lebanese University Medical School
Chairman of Pediatrics at Sahel General Hospital
President of the Lebanese Pediatric Society

After graduating from the American University of Beirut (AUB), Dr. Alameh went to the US and finished her Pediatric training at State University of New York at Syracuse. She then moved back to Beirut where she became Chairman of Pediatrics at Sahel General Hospital from 1997-2015 and again from 2024 till now. She was Co-Chairman of the Pediatric Department at the Lebanese University Medical School 2002-2006. She was a member of the Lebanese Society of Epilepsy 1998-2000. She is a founding member of the National Collaborative Perinatal Neonatal Network (NCPNN) and current member from 1998-now. She is a founding member of the Lebanese Association Against Child Abuse and was secretary elect 2005-2012. She was a treasurer and member elect of the Lebanese Pediatric Society 2015-2017 and President of the society since August 2024. In August 2012 received an acknowledgment from the WHO and UNDP/World Bank Special program of research to the contribution on the Multi - country Survey on Maternal

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Miral Almomani,MD,MRCPCH

Associate Professor of Pediatrics at Jordan University of Science and Technology (JUST)
Consultant Pediatric Neurologist at King Abdullah University Hospital (KAUH)

Osama T. M. Abu-Salah

Consultant Neonatal Pediatrician, Private Clinic at Royal Hospital

2015: Arab Board of Neonatology (New exam by the Arab Board of Health Specialization). 2008; Neonatal intensive care fellowship certificate, Royal Medical Services, Amman, Jordan. 1999: Membership of the Royal College of Paediatrics and Child Health (MRCPCH). 1997: Jordan Board of Paediatrics Diploma as a specialist. 1991: MB ChB , from University of Dundee, Scotland, UK. 1984-1986: Attended Davies's College in Hove, Sussex, England, For Advanced level certificate of General Education (A-Levels) and English,. Qualifying with A-Level Mathematics Grade A ,A-Level Physics Grade A ALevel Chemistry Grade A

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Othman Hamdan

President of Syrian Pediatric Society
Syria

Patrick Tounian
Professor

Chef du service de Nutrition et gastroentérologie pédiatriques
Hôpital Trousseau, 26 avenue du Dr Arnold Netter, 75012 Paris
Faculté de Médecine Sorbonne Université

Pediatric nutrition and gastroenterology department, Trousseau hospital, Sorbonne University
Paris, France

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Dr. Raed Alzyoud
Consultant pediatrician

Chief of Pediatric Allergy, Immunology, and Rheumatology Division at Queen Rania Children's Hospital. Amman-Jordan.
Allergy, Immunology, and Rheumatology fellowship at Queen Rania Children's Hospital.
Pediatric Allergy, Immunology, and Rheumatology Fellowship at Boston Children's Hospital, Boston, MA. USA
Global Clinical Scholars Research Training (GCSRT) certificate, Harvard Medical School, Harvard University, Boston, MA, USA,
Collaborative research projects and networking in Pediatric Allergy, Immunology, and rheumatology (regional and international):

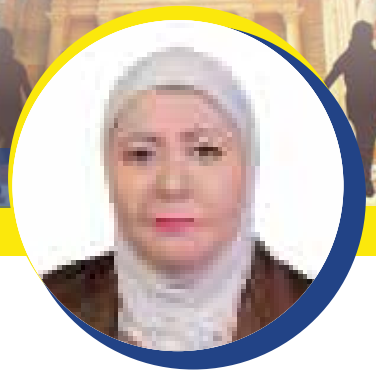
- Pediatric Rheumatology Arab Group (PRAG)
- Pan-Arab Societies of Allergy, Asthma, and Immunology (PASAAI)
- Arabic Primary Immunodeficiency Disorders League (ARAPID
- Kawasaki Disease Arab Initiative (KawArabI)
- Pediatric Rheumatology International Trials Organization (PRINTO)
- International Consortium for Immunodeficiencies (ICID)
- MENA Registry for Primary Immunodeficiency Disorders
- Jeffrey Modell Centers Network and Registry for Primary Immunodeficiency Disorders

Raeda Al-ghananim, MD.

- Consultant Neonatologist.
- Queen Rania Children Hospital. Jordanian Royal Medical Services.
- Fellowship training in neonatology UIHC, Iowa, USA.
- Jordanian board of neonatology.
- NRP mentor & instructor approved by AHA.
- Member of the advisory committee of neonatal specialty at the Jordanian Medical Council.

Rasha Odeh MBBS, MRCPCH

Dr Odeh is an associate professor of Pediatrics and pediatric endocrinology at the University of Jordan. She finished a 3 year fellowship in pediatric endocrinology and diabetology at the children's hospital / university of Leipzig – Germany in 2011 and joined the university of Jordan since 2012.
She is Jordan's representative in the Arab Society for Pediatric Endocrinology and Diabetes and member of the diabetes committee in the society. She is also a member of the European Society for Pediatric Endocrinology (ESPE) and the International Society for Pediatric and Adolescent Diabetes (ISPAD).
She has several publications in the field of type one diabetes and other fields of pediatric endocrinology.



Reem Al Hadidi

Consultant Pediatric Nephrology
Head of Pediatric Department at Al – Husein Al- Salt New Hospital
MOH

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Rou'a Taha AlAdaileh

Educational Qualifications
Jordanian Board in paediatric medicine
Jordanian medical council, Jordan (march 2020)
BA in medicine and surgery Mutah university , karak Jordan (2007-2013)
Membership of the Royal Collegeof Paediatrics and Child Health (MRCPCH)
(2022-present)

Internship
2013-2014) – ministry of health Hospitals – Training Year

Saleh Al Ajlouni, MBBS, MRCPCH, FRCPCH, DCH
London

Senior Consultant Child Neurologist
Member & Fellow of the Royal College of Pediatrics & Child Health (London)
Private Sector

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Sana’a Al-Khazaleh

Dr. Sana’a Al-Khazaleh is a Pediatric Gastroenterology Senior Specialist with over 15 years of experience. She is board-certified in pediatrics and specializes in gastroenterology, hepatology, and advanced endoscopic procedures. Dr. Al-Khazaleh plays a key role in managing complex pediatric cases, mentoring young physicians, and advancing quality standards in pediatric healthcare

Sara Alremawi

Pediatric Gastroenterologist in the Department of Pediatrics at the Hashemite University.
Completed pediatric Gastroenterology Fellowship at Queensland Children's Hospital in Australia.
Diplomate of the American Board of Physician Nutrition Specialists .

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Sima Abu Al- Saoud

Consultant Pediatrician & Pediatric Rheumatologist
Assistant Professor of Pediatrics, Faculty of Medicine, Al-Quds University
Makassed Hospital, Jerusalem, Palestine

* Fellowship in Pediatric Rheumatology, The Hospital for Sick Children (SickKids), University of Toronto, Canada
* Board Certified in Pediatrics – Palestinian & Jordanian Boards

Sima Kalaldeh MD

Pediatrics Diabetes, Endocrinology and Metabolism Consultant
President of Eradeh for Children and Youth with Diabetes

Boards and Certification
- Membership of Royal College of Physicians UK
- Diploma in Child Health UK
- MD UCD
- MBBS Jordan University
- Jordanian Specialty Board in Pediatric Endocrinology

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The 23rd Congress of the Union of Arab Pediatric Societies
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المؤتمر الدولي التاسع لاختصاص طب الأطفال في وزارة الصحة
8th–11th October 2025

Dr. Suhaib Dabour, MD

Dr. Suhaib Dabour, MD
- Pediatric Specialist from Jordan.
- Pediatric Neurology Fellow at the Ministry of Health (MOH).
- WHO-certified trainer in Severe Acute Malnutrition (SAM) Management.
- Actively involved in clinical care and research on pediatric neurological disorders.

Sura Abd Alwahab Albermany
MBChB, FICMS Ped., CAB Neonatology

Consultant neonatologist / Children welfare teaching hospital and Nursing home hospital / medical city, Baghdad.

President of Iraqi pediatric society

Graduated from medical college, university of Mosul (2001). Iraqi board fellowship in pediatric (2011), Arabic board fellowship in neonatology (2017).

Supervisor of Arab board committee fellow in neonatology and trainer of Arabic board student in pediatrics.

Lecturer in medical college / university of Baghdad.

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المؤتمر الدولي التاسع لاختصاص طب الأطفال في وزارة الصحة
8th–11th October 2025

Tamara Kufoof

Assistant Professor, The Hashemite University
Pediatric Endocrinologist and Diabetologist at Prince Hamza Hospital

Yazan Samih Said

Designation: Consultant, Allergy/ Clinical Immunology and Pediatric Pulmonology
University/Company Name: King Fahad Specialist Hospital-Dammam
Country: Saudi Arabia

Dr. Yazan received his medical education at University of Jordan/Amman , then moved to the USA where he did pediatric residency at University of New York(SUNY)-Brooklyn, and obtained his American Board of Pediatrics in 1996, then he did subspecialty fellowship training in Allergy/Clinical Immunology at Thomas Jefferson University Hospital in Philadelphia, Pennsylvania, and obtained his American Boards in Allergy/Immunology in 1999. He proceeded with subspecialty fellowship training in pediatric pulmonology at University of California/Irvine and Miller Children's Hospital in Long Beach, California.
Dr Yazan established and headed the Advanced Pediatric Pulmonary Center in Spring Hill, Florida. He also worked as a pediatrician in Prince Edward Island in Canada. He currently holds the section head of Pediatric Pulmonary/Allergy section at King Fahad Specialist Hospital in Dammam, Saudi Arabia.
Dr Yazan is on the International Advisory Board of International Congress Pediatric Pulmonology (CIPP) and the past advisory board of Middle East Cystic Fibrosis Association (MECFA). He is also on the executive board of Saudi Pediatric Pulmonary Association (SPPA) and Saudi Allergy, Asthma and Immunology Society (SAAIS). He is a member of multiple international associations and societies in his fields.
Dr Yazan organized many local, regional and international specialized conferences and is a frequent guest speaker in many local and international scientific meetings.
His areas of expertise include: cystic fibrosis, chronic urticaria, severe asthma, primary immunodeficiency and immunotherapy.
Research Interests:
Cystic fibrosis, chronic urticaria, severe asthma, immunodeficiency and immunotherapy

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8th–11th October 2025

Zaher Taher Gardi

Dr. Zaher Taher Gardi is a Consultant Pediatrician with extensive academic and professional experience in pediatrics and medical education. He earned his M.B.Ch.B. from Al-Mosul University in 1995 and completed his C.A.B.P. (Pediatrics) at the Arabian Board Center, Mosul, in 2005.

Since 2006, he has served as a lecturer at the College of Medicine, Hawler Medical University, and has held key leadership positions including Director of Rapareen Teaching Pediatric Hospital (2013–2015), Supervisor at the Kurdistan and Arabian Boards for Medical Specialties, and Program Director at the Kurdistan Higher Council for Medical Specialization (2022–2024). In 2018, he received the Consultant title in Pediatrics and currently serves as Director of the Pediatric Program at the Erbil Center under the Arabic Board for Medical Specialization.

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