

Publications by ISPGHAN members in Indexed journals (June – August, 2019)

June, 2019

1. Kelgeri C, Valamparampil J, Shanmugam N, Srinivas Reddy M, Swaminathan S, Rela M. An unusual cause of graft loss in pediatric liver transplant recipient- *Fasciola hepatica*. *Pediatr Transplant*. 2019 Jun 26:e13521. doi:10.1111/ptr.13521. [Epub ahead of print]

Fascioliasis should always be considered as a possibility in post-LT patients with findings of hepatobiliary disorder from endemic areas. Unfamiliarity with this infection in non-endemic areas often eludes prompt diagnosis thereby increasing the morbidity. The authors report the first case of fascioliasis in a pediatric liver transplant recipient leading to graft loss and mortality.

2. Shankar S, Valamparampil J, Rammohan A, Thiruchunapalli D, Reddy MS, Shanmugam N, Rela M. Minimally Invasive Treatment of Metabolic Decompensation Due to Portal Steal in Auxiliary Liver Transplantation. *Liver Transpl*. 2019 Jun;25(6):960-963

Despite several purported advantages, Auxiliary partial orthotopic liver transplantation (APOLT) is not widely accepted by the transplant community due to its technical complexity and concerns of long term graft atrophy due to portal steal. The authors report a patient who, following APOLT for Propionic acidemia, developed metabolic insufficiency due to portal steal and was successfully managed radiologically

3. Kedia S, Sharma R, Makharia G et al. Indian guidelines on imaging of the small intestine in Crohn's disease: A joint Indian Society of Gastroenterology and Indian Radiology and Imaging Association consensus statement. *Indian J Radiol Imaging*. 2019 Apr-Jun;29(2):111-132.

The Indian Society of Gastroenterology (ISG) Task Force on IBD and the Indian Radiological and Imaging Association (IRIA) developed evidence-based guidelines for imaging of the small intestine in patients suspected to have/having Crohn's disease.

4. Vora ZA, Kandasamy D, Naranje P, Malik R. Pediatric chylous ascites treatment with combined ultrasound and fluoroscopy-guided intranodal lymphangiography. *Indian J Radiol Imaging*. 2019 Apr-Jun;29(2):226-228

This study reports a case of a 7-year-old child with refractory chylous ascites to demonstrate a minimally invasive technique of intranodal lymphangiography with lipiodol as a viable treatment option for chylous ascites in children, particularly in cases of minor and undetectable leaks

5. Sood A, Ahuja V, Kedia S et al. Diet and inflammatory bowel disease: The Asian Working Group guidelines. *Indian J Gastroenterol*. 2019 Jun;38(3):220-246.

These Asian Working Group guidelines on diet in inflammatory bowel disease (IBD) present a multidisciplinary focus on clinical nutrition in IBD in Asian countries

July, 2019

1. Sarin SK, Choudhury A, Sharma MK et al. APASL ACLF Research Consortium (AARC) for APASL ACLF working Party. Acute-on-chronic liver failure: consensus recommendations of the Asian Pacific association for the study of the liver (APASL): an update. *Hepatol Int.* 2019 Jul;13(4):353-390

From the pediatric perspective, in this publication the APASL ACLF Research Consortium (AARC) investigators have put together the first consensus on pediatric Acute-on-chronic liver failure (ACLF). A set of 14 recommendations on ACLF in children., which were based on evidence using the Grade system and were unanimously recommended have been presented.

2. Singh SK, Poddar U, Mishra R, Srivastava A, Yachha SK. Ascitic fluid infection in children with liver disease: time to change empirical antibiotic policy .*Hepatol Int.* 2019 Jul 9. doi: 10.1007/s12072-019-09968-x. [Epub ahead of print]

Recent years have shown a rise in occurrence of multidrug resistant ascitic fluid infection (AFI) including resistant to third generation cephalosporins. The authors aim was to find the prevalence, antibiotics resistance and outcome of AFI in children with liver disease. AFI was found in 31% children with liver disease and almost half of them were nosocomial resulting in high mortality. ESBL producing Gram-negative bacteria were the most frequently isolated organisms. Cefoperazone-sulbactam or carbapenems may be useful empirical antibiotics in nosocomial setting. Children with AFI and CPT score ≥ 11 should be evaluated for liver transplantation

3. Lal R, Yachha SK, Mandelia A, Dhoat N, Prakash D, Sen Sarma M, Yadav RR, Srivastava A, Poddar U, Behari A. Non-variceal gastrointestinal bleed in children: surgical experience with emphasis on management challenges. *Pediatr Surg Int.* 2019 Jul 12. doi: 10.1007/s00383-019-04522-0. [Epub ahead of print]

This exclusively surgical series on pediatric non-variceal gastrointestinal bleed (NVGIB) defines three levels of bleed sites and describes etiology, bleed severity, diagnostic algorithm, and surgical management for each bleed site. The commonest site-specific bleed etiologies were duodenal ulcers for upper gastrointestinal bleed(GIB), lesions with ectopic gastric mucosa lesions for small bowel bleed (SBB), and tumours for Lower GIB. Intra-operative enteroscopy has a useful role in SBB management.

4. Roy S, Ghosh S, Bhattacharya S, Saha A, Das SK, Gangopadhyay PK, Bavdekar A. Dopamine β hydroxylase (DBH) polymorphisms do not contribute towards the clinical course of Wilson's disease in Indian patients. *J Gene Med.* 2019 Jul 2:e3109. doi: 10.1002/jgm.3109. [Epub ahead of print]

Dopamine β hydroxylase (DBH) encodes a copper-dependent mono-oxygenase that converts dopamine to norepinephrine, thereby regulating the endogenous dopamine content in the neurons. Polymorphisms of DBH have been reported to be associated with several neurological diseases. The data obtained in the present study suggest that the selected DBH variants are unlikely to have any significant contribution towards modifying the clinical symptoms of Indian WD patients.

5. Ravindranath A, Sen Sarma M, Yachha SK. *An Elusive Diagnosis in a Child with Fever and Hepatomegaly. Gastroenterology. 2019 Jul;157(1):23-24*

The authors describe a 15-month old boy who presented with high-grade pyrexia of unknown origin and hepatomegaly for 45 days. He underwent a liver biopsy as a part of his evaluation which showed spindle-shaped eosinophilic eggs with shells, radial striations, and visible polar body, containing granular eosinophilic debris consistent with *Capillaria hepatica* a rare nematodal invasive parasite. He responded to a treatment regimen of 10 mg/kg of oral albendazole for 16 weeks with 1 mg/kg of oral prednisolone for first 2 weeks.

August, 2019

1. Prasad D, Sen Sarma M, Yachha SK, Srivastava A, Poddar U. *Pediatric non-cirrhotic portal fibrosis: role of endoscopic management in determining long-term outcome. Hepatol Int. 2019 Aug 29. doi: 10.1007/s12072-019-09979-8. [Epub ahead of print]*

Non-cirrhotic portal fibrosis (NCPF) is a rare cause of pediatric portal hypertension. Forty-five NCPF children with median age of 14.5 (6-18) years and symptom duration 12 (1-120) months presented with spleen-related issues (78%), esophageal varices (96%), primary gastric varices (56%), and portal hypertensive gastropathy (89%). 33 patients undergoing endotherapy showed primary eradication of varices after 5 (2-12) sessions. 36% showed recurrence of esophageal varices in and secondary gastric varices developed in 12%. Overall 87% patients required endoscopic intervention at onset or follow-up. Poor outcome was observed in ten patients (n = 9 bleeders).

2. Prasad D, Poddar U, Kanaujia V, Yachha SK, Srivastava A. *A Study of Effect of Long-term Oral Steroids on Intraocular Pressure in Children with Autoimmune Hepatitis. J Glaucoma. 2019 Aug 23. doi: 10.1097/IJG.0000000000001352. [Epub ahead of print]*

The authors aimed to evaluate the IOP in children with autoimmune hepatitis (AIH) receiving oral prednisone. In this prospective study, children with newly diagnosed AIH receiving oral prednisone were included. Raised IOP was observed in 20 (61%) children (19 were moderate and 1 was high responder) at 1 month, 8 (24%) at 3 months and 1 (3%) at 6 months of treatment. Patients developed raised IOP had more severe liver disease in terms of decompensation; low albumin and high PELD score at presentation. Raised IOP returned to normal with anti-glaucoma medication along with prednisone tapering in all except one.

3. Lal SB, Bolia R, Menon JV, Venkatesh V, et al. *Abdominal tuberculosis in children: A real-world experience of 218 cases from an endemic region. JGH Open. 2019 Aug doi:10.1002/jgh3.12245 [Epub ahead of print]*

A total of 218 children (110 boys), with a median age of 10 (0.25-12) years, were included. Abdominal pain, fever, and loss of weight were the most common presenting features, with the triad of symptoms present in 54%. Multiple intra-abdominal sites were involved in 118 (54%) patients, with a combination of the gastrointestinal tract and abdominal lymph nodes being the most common (53/118). Overall, a confirmed diagnosis was possible in 94 participants (43.1%). Suggestive imaging had the highest diagnostic yield of 85%. Nine (4.1%) patients needed surgical management.

4. Jadhav AR, Karnik P, Fernandes L, Fernandes S, Shah N, Manglani M. *Indigenously prepared ready-to-use therapeutic food (RUTF) in children with Severe Acute Malnutrition. Indian Pediatr. 2019 Apr 15;56(4):287-293*

The authors compared the efficacy of indigenous ready-to-use therapeutic food (medical nutrition therapy) with standard nutrition therapy in children with severe acute malnutrition.

A total of 1105 children aged 6-60 months diagnosed as severe acute malnutrition by WHO definition were enrolled. All subjects received either indigenous ready-to-use therapeutic food (medical nutrition therapy) or standard nutrition therapy (protein calorie rich diet) for eight weeks and were followed up for the next four months.

The authors found that the rate of weight gain was higher ($p < 0.05$) at 2 weeks on indigenous ready-to-use therapeutic food (medical nutrition therapy) (5.63 g/kg/day) as compared to standard nutrition therapy (3.43 g/kg/day). 61.2% subjects achieved target weight compared to 47.7% controls. At 8 weeks, 82.8% subjects recovered from severe acute malnutrition compared to 19.3% controls ($p < 0.005$). The results obtained in community were comparable to facility-based indigenous ready-to-use therapeutic food (medical nutrition therapy). The morbidity was less in study group at follow-up.

The authors concluded that indigenous ready-to-use therapeutic food (medical nutrition therapy) were superior to standard nutrition therapy in promoting weight gain in children with severe acute malnutrition.

Compiled by: Dr. Rishi Bolia