



Management of chronic pediatric ailments

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"Time and health are two precious assets that we don't recognize and appreciate until they have been depleted."

– Denis Waitley

I am delighted to present another issue of *Therapy* dedicated to pediatrics. We bring you state-of-the-art reviews on a 'potpourri' of pediatric topics in this issue of the journal. We have included overviews of several medications as well. Children with chronic diseases and their parents/caretakers have a significantly lower health-related quality-of-life. Normal social functioning, daily activities, vitality and positive emotions are adversely affected. Hence, appropriate management of complex issues by a multidisciplinary team addressing various aspects is the key. Such an approach is of utmost importance in the management of an entity such as obesity.

Overweight and obesity have increased dramatically in prevalence for both adults and children since the mid-1970s. The growing obesity epidemic is a major public health concern, as obesity and being overweight are associated with Type 2 diabetes, hypertension, dyslipidemia, coronary heart disease, stroke, sleep apnea and osteoarthritis. Indeed, it is not an overstatement to refer to this worldwide trend as 'the obesity pandemic'. Therefore, diet, exercise or drugs, how do you manage it? There is no single best option; however, the only approved medication for use in adolescents is discussed by Dr Chanoine [1].

Another common condition associated with obesity is nonalcoholic fatty-liver disease. Its diagnosis and management as reviewed by Dr Dahshan *et al.*, confirms the need for a multifactorial approach [2]. It is important to make the families realize that there are no quick fixes for these issues, and early involvement in programs to alter lifestyles, along with close follow-up, are essential.

Dr Miller further expands our horizons on the morbidities secondary to obesity, and shares the

data on the epidemiology and healthcare burden of this chronic ailment [3].

Neonatal jaundice has been known since time immemorial and usually indirect hyperbilirubinemia reflects a normal transitional phenomenon. However, the persistence of neonatal jaundice mandates a diagnostic evaluation to differentiate between indirect versus cholestatic etiology. There may be a sinister outcome if cholestatic jaundice is undiagnosed. Dr Best and Dr Gourley discuss the management of potential complications of direct hyperbilirubinemia [4].

Dr Kiessling reviews the important condition of pediatric hypertension [5]. Hypertension is now commonly discovered in children. The long-term health risks to these children with hypertension may be substantial.

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Improvement in the health of children with seizures by using the best available treatment that is least likely to cause adverse effects is recommended. The relatively minor risks linked to simple febrile seizures do not justify the potential toxicity of the antiepileptic drugs. Optimizing understanding by practitioners of the scientific basis underlying the use or avoidance of various proposed treatments of children with different types of seizures is essential. The review on the management of seizures by Dr Sivaswamy and colleagues provides an analytic framework for decisions regarding possible therapeutic interventions in patients with epilepsy [6].

We also look at the management of that ubiquitous bacterium, *Helicobacter pylori*. This Gram-negative spirochete was first linked to gastritis in 1983. Subsequently, further study had revealed that it is a major cause of primary



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peptic ulcers. The unique microbiologic characteristics of this organism, such as urease production, allows it to alkalinize its microenvironment and survive for years in the hostile acidic environment of the stomach, where it causes mucosal inflammation and may cause ulcers. When *H. pylori* colonizes the gastric mucosa, inflammation usually results. Antral gastritis is the most common endoscopic manifestation in children. Although children infected with *H. pylori* may be asymptomatic, treatment of nonulcerative disease is recommended when diagnosed, in order to prevent possible progression to complications in the future because of its persistence, as the link between chronic *H. pylori* gastritis and malignancy, specifically gastric lymphoma and adenocarcinoma, has been proven. Dr Shashidhar and colleagues discuss the management of this infection as well as non-*H. pylori* peptic ulcer disease [7]. Research to develop safe and effective vaccines to prevent *H. pylori* infection is underway.

Professor Bush addresses the very controversial topic of using steroids for wheezing in preschool-age children [8]. Caution is prudent under such circumstances, and judicious use is recommended based on the limited data available.

Hot topic of biologics in children is also included in this issue dedicated to pediatrics. Infliximab, one of the first biologics in the management of chronic inflammatory bowel disease is described by Dr Feldman *et al.*, and its indications, limitations and adverse effects are addressed [9].

I want to express my deepest gratitude to all the authors for taking time to share their knowledge. I am indebted for the expert assistance and extraordinary support of the editorial office, without which such an endeavor would not be possible. I hope that you'll enjoy these topics and appreciate the hard work and expertise of all the contributors for this issue.

Financial & competing interests disclosure

The author has no relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript. This includes employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties.

No writing assistance was utilized in the production of this manuscript.

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