Scientific Program

Hall D

11:30 – 13:30 **Parallel Session – Hot Topics in PEM**
Moderators: Dr. Lisa Amir
Dr. Muriel Konopniki

SBI in the young infant - current evidence

Prof. Santiago Mintegui
Pediatric Emergency Department, Cruces University Hospital, Bilbao, Spain

Fever in young infants can be the only sign of a serious bacterial infection (SBI). The risk of SBI, both invasive bacterial infections (IBI) and non-invasive infections, is higher in febrile infants ≤90 days compared with older children. The assessment of the clinical appearance alone frequently fails to identify infants with IBI, and most emergency departments (ED) follow established protocols for diagnostic evaluation to allow risk stratification. Even with established protocols available, there is considerable variation in the management of these infants related to testing, treatment and disposition that leads to variations in the care of these patients. Young febrile infants, classified as low risk for SBI, can be adequately managed as outpatients without antibiotics and lumbar puncture, if close follow-up is available. In these selected infants the negative effects associated with empirical use of antibiotics and hospitalisations can be avoided.

Opioids versus ibuprofen for the treatment of fracture-related pain

Sponsored by reckitt benckiser

Dr. Moran Gal
Pediatric Emergency Department, Sheba Medical Center, Israel

A child's risk of sustaining a fracture before the age of 16 years ranges from 27 to 42%, making it a common presentation to the ED. The injury itself, as well as patient's assessment and treatment can cause significant pain and distress at presentation and during ED stay. Studies reveal that during the first 48 hours after ED discharge, patients report high levels of pain, and are likely to receive suboptimal analgesia. Recent evidence suggests that the Non-steroidal anti-inflammatory drug (NSAID) Ibuprofen provides analgesic effect that is comparable to the one provided by Opioids. The objective of the lecture is to review the current literature on this topic.

Pediatric FAST – is it really necessary? Current evidence

Dr. Eric Scheier
Pediatric Emergency Department, Kaplan Medical Center, Israel

The Focused Assessment with Sonography in Trauma (FAST) has been a cornerstone of point of care sonography (POCUS) in the pediatric emergency department. During the early years of POCUS, FAST was performed routinely in the evaluation of pediatric trauma, and pediatric emergency physicians felt more confident in their ability to perform the FAST than any other POCUS examination. The FAST continues to be employed frequently despite more recent reports that the outcome of the exam does not impact management of pediatric trauma

patients. In this presentation, we will discuss the history and evolution of the FAST exam and the controversy surrounding its place in pediatric blunt abdominal trauma.

DIC? TTP? TMA?
Think of atypical hemolytic-uremic syndrome (aHUS), a treatable disease

Sponsored by Neopharm Israel

Prof. Daniel Landau
Nephrology Institute, Schneider Children's Medical Center, Israel

Thrombotic microangiopathy (TMA) comprises a group of diseases where there is damage to the microvasculature of vital organs such as the brain, heart and kidneys and there is no evidence for diffuse intravascular coagulation (DIC). The current classifications include 3 major groups: Hemolytic uremic syndrome (HUS), Thrombotic thrombocytopenic purpura (TTP) and HELLP syndrome in pregnancy. HUS is suspected when there is a combination of acute kidney injury, thrombocytopenia and coombs negative microangiopathic hemolytic anemia, and is caused in most countries (but not in Israel) after a diarrheal illness caused by shigatoxin (STX) producing agents. Major advancements have been made in the past decades to classify these TMA variants by pathophysiological mechanisms, including: the central role of complement system dysregulation (genetic or acquired) in atypical (STX negative) HUS (aHUS) and of a key protease, ADAMTS13 in the pathophysiology of TTP. aHUS should be suspected in all age groups. In this review, the clinical and laboratory clues for the rapid diagnosis of TMA will be presented, as well as therapeutic alternatives (including eculizumab for aHUS and plasmapheresis for TTP).

Neonatal Jaundice in the ED: Improving timeliness of care

Dr. Dana Aronson Schinasi
Division of Emergency Medicine, Lurie Children's Hospital, Chicago, IL, USA

Neonatal hyperbilirubinemia is a common reason for neonates to present to the ED. Although clinical practice guidelines provide recommendations for evaluation and therapy, few studies have evaluated ways to apply them effectively in the ED setting. Clinicians must follow a systematic approach to distinguish between the physiologic and pathologic etiologies of unconjugated hyperbilirubinemia in order to promptly identify children in need of immediate intervention. The ultimate goal is to prevent the development of bilirubin-induced neurologic dysfunction (BIND), a spectrum of neurologic findings and sequelae ranging from subtle manifestations to kernicterus. This presentation will include an evidence-based clinical pathway for the management of neonates with jaundice in the ED, which has been shown to reduce time to initiation of phototherapy, time to bilirubin measurement, and overall ED length of stay.

Pediatric cervical spine clearance – current evidence

Dr. Oren Tavor
Pediatric Emergency Department, Dana-Dwek Children's Hospital, Sourasky Medical Center, Israel

Determining the best method for excluding cervical spine injury in a polytrauma patient remains a controversial topic despite a number of published guidelines. The emergency physician faces challenges while managing these patients with regard to who to image, the type of imaging required and its interpretation. There are several well-established international guidelines for managing these patients with minor differences between them. This talk will present the commonalities and differences within these guidelines and offer a model adapted at the pediatric ED of the Tel Aviv Sourasky Medical Center.