

PEDISCAN



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Editorial:

Dear Bengaluru IAPians

We are happy to bring to you the April issue of Pediscan; April month was a month of academic activities especially in the field of Autism and Pediatric emergency medicine. With the peak of summer we saw record breaking temperature in Bengaluru with its ill effects on children's health. In this issue we have enlightening articles by Dr Prabhavathi R on the role of Pediatricians in early detection of Autism in the modern era followed by equally effective article by Dr Prarthana K on Autism Awareness: A journey of Understanding. A aptly written article in Kannada by Dr Mridula A on the summer situation in Bengaluru. We had Autism awareness days celebrated in many medical colleges and institutes. IAP BLS and ALS course was held at BMCRI and at St John's medical colleges. World health Day sensitization of RKSK modules was held in association with BAHA. World immunization week was celebrated with much fanfare at SSIMSRC T Begur. A neonatal resuscitation program for interns was held at M S Ramaiah Medical College where 150 interns were trained in NRP. National CME on "GRID MODULE" a very important module as per the PRESIDENTIAL ACTION PLAN-2024 was conducted at API Bhavan on 28th April 2024.

Thank you for being part of IAP Bengaluru family, the editorial team welcomes and invites academic as well as non academic articles, write ups from our members for future issues.

Warm regards,
Dr Sunil Kuimar B M
Chief Editor
PEDISCAN

Autism, the common Neurodevelopmental Disorder of the modern era: Role of Pediatrician in Early Identification



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Introduction:

Autism spectrum disorder is one of the common neurodevelopmental disorders with core deficits in two domains: Social communication/interaction and restrictive, repetitive patterns of behavior. Usually, the signs and symptoms of Autism appear before 3 years of age. ASD poses a serious developmental disadvantage to the child in the form of poor schooling, social function and adult productivity.

Autism Spectrum Disorder (ASD) affects millions of children worldwide, and autism spectrum disorders are increasing at an alarming rate. The estimated prevalence of Autism in India is 1 in 68 children, with boys more commonly affected by Autism. The male-to-female ratio for Autism stands at 3:1, according to a 2021 study published in Indian journal of Pediatrics.

What causes autism?

ASD is a polygenetic disorder resulting from genetic and environmental interactions: example Fragile X syndrome, Families with autism, heavy metal toxicity, environmental toxins, maternal viral infections, low birth weight, metabolic imbalances (Phenylketonuria) Fetal exposure to the medications like valproic acid

Important social milestone in children:

Before discussing about signs of autism it is important to understand the development of prosocial behaviors in normal children

Joint attention:

two people focus on an object or event for the purpose of interacting with each other



Pointing : Fine motor skill used for communication .Allows child to show things of interest and things they want,it is a type of joint attention

Types of pointing :

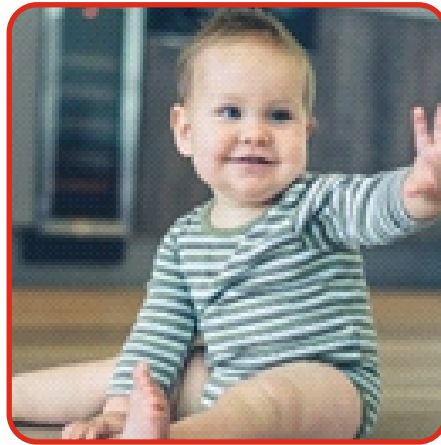
Follows the point : begins by 8 months of age : whenever parent point at a object ,immediately child will look at the pointed object, which is a prerequisite for development of further pointing

Protoimperative pointing : 1 year: Initiates a point to get something out of reach . example: mom I want biscuit

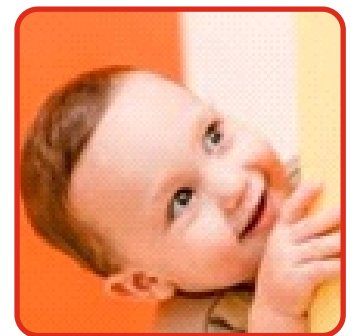
Protodeclarative pointing 15 -16 months . Draws parents attention to object of interest with pointing



Imitation : clap ,bye bye , hi five by 1 year of age



Peek a book means a lot in child development : one of the most important social developmental milestone :based on the development of **Object permanence concept** - understanding that a thing or a person continues to exist even when it cannot be seen. By **6 -9 months** child laughs for peek a boo, understands the joy of peek a boo by 9 months of age , imitation and initiation of peek a boo develops by 1 year of age , which inturn evolves into hide and seek game, Babies become very curious and love discovering new things



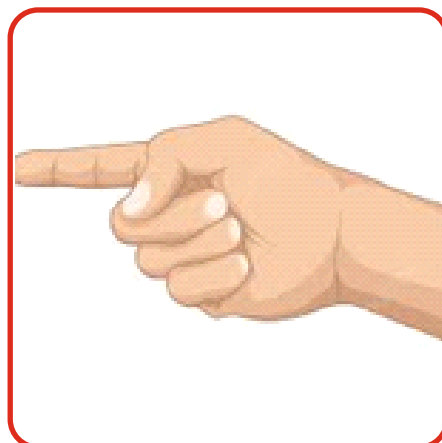
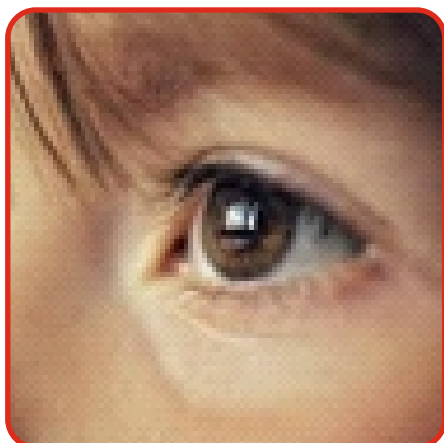
So its important that pediatricians should be aware of these common social behaviours to identify Autism at the earliest as these social behaviours are absent or underdeveloped before speech and language delay in children with AUTism.

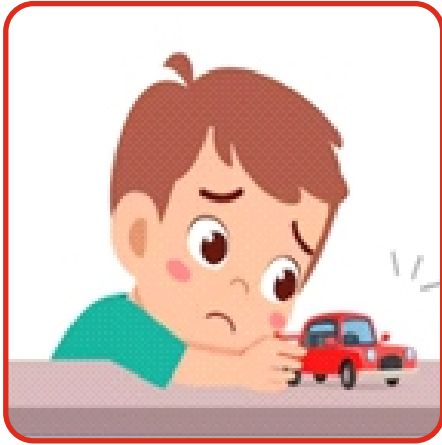
Common signs of Autism in toddlers

No babbling, no pointing and inconsistent name call response, poor joint attention (ability to share interest with another using language, gestures and eye gaze) by one year of Age, no meaningful words and no pretend play by 18 months of age, no two-word phrases by 24 months of Age

Signs of autism at any age

- Loss of previously acquired speech, babbling or social skills
- Poor/ Inconsistent eye contact
- Not responding to name call
- No pointing





- Minimal gestures and imitation ex: bye bye, hi five
- Prefers to play alone
- Absence of pretend play, poor peer interaction
- Difficulty understanding other people's feelings
- Delayed language development
- Persistent repetition of words or phrases (echolalia)
- Resistance to minor changes in routine or surroundings
- Restricted interests (toys, shapes, numbers etc)
- Repetitive behaviours (flapping, rocking, spinning, etc.)
- Unusual and intense reactions to sounds, smells, tastes, textures, lights and/or colours

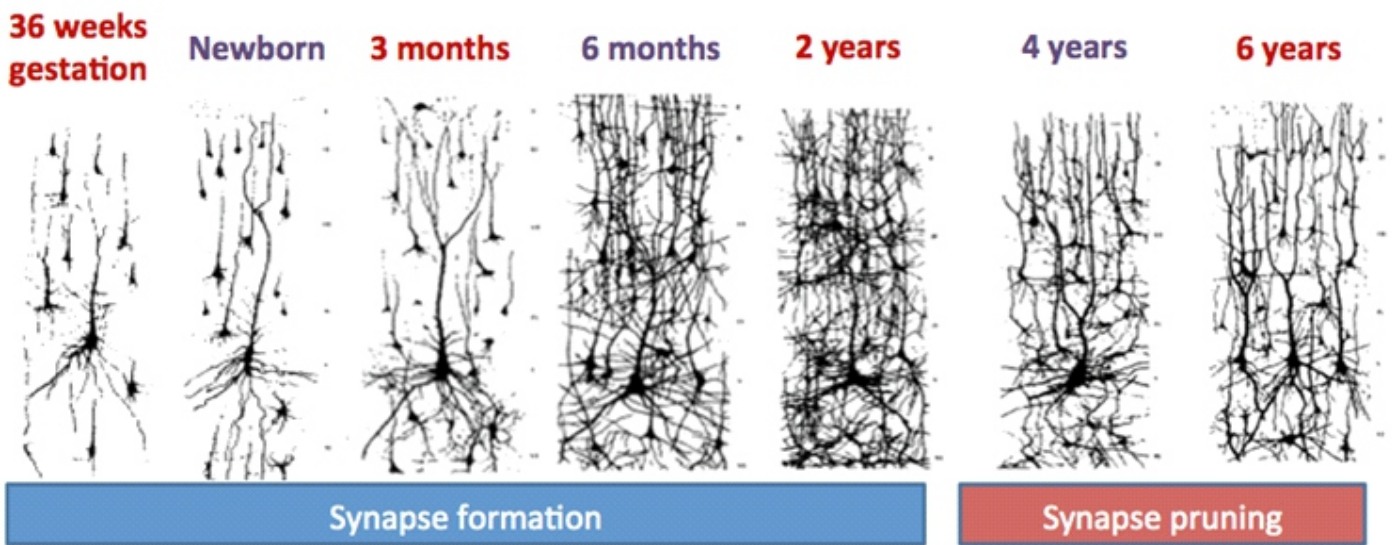
Associated co morbidities: Intellectual disabilities, attention deficit hyperactivity disorder, anxiety disorder, motor impairments (clumsiness, toe walking, postural instability, poor motor imitation etc), epilepsy, depression, sleep disorders etc

At what age is Autism diagnosed?

Age of autism diagnosis and early signs of autism can vary widely from child to child. Some children show early signs of autism within the first 12 months of life. others, may show autism signs by 24 months of age or later. And most importantly some children with ASD gain new skills and meet developmental milestones until around 18 to 24 months of age, and then they stop gaining new skills or lose the skills later which the pediatricians should be aware up

The Importance of Early Detection

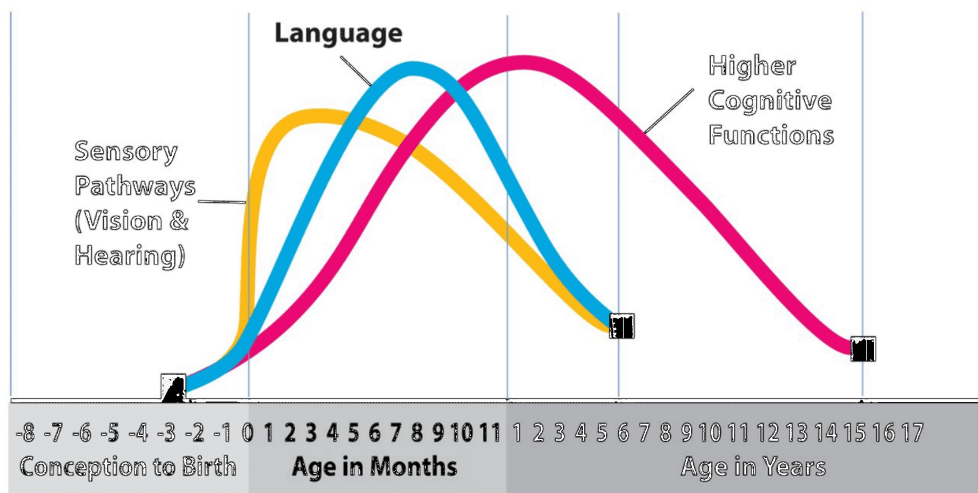
Early diagnosis of autism spectrum disorder plays an important role in reducing the symptoms of Autism, which is based on principles of neuroplasticity and pruning. Neuroplasticity is Brain's ability to change and adapt due to experience. Neuroplasticity allows nerve cells to change functionally and structurally .so eearly childhood experiences Shape the Brain's Core Circuitry. studies have shown that the number of synapses will grow from 2,500 per neuron from Newborn to 15,000 per neuron by age two or three.



The neurodevelopment of the child depends on the sensitive period of brain growth (birth to 3 years of age) during which the given stimuli elicit good developmental response.

Human Brain Development

Synapse formation is dependent on early experiences



Autism spectrum disorder is a neurodevelopmental disorder that affects communication and social interaction skills.

These are the critical developmental periods in child's developmental domains. Hence it is vital to diagnose autism spectrum disorder early as it provides platform for early intervention and subsequent positive outcome

The IAP recommends that all children be screened for Autism at ages 18 months and 24 months,

The tool used to screen autism is Modified **Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)**

M-CHAT-R/F is the most accurate screening test available. It is a simple test, less time consuming, and can be easily used even in the busy outpatient setup.

The Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F; Robins, Fein, & Barton, 2009) is available for free download for clinical, research, and educational purposes.

https://www.cpqcc.org/sites/default/files/M-CHAT-R_F_1.pdf

The M-CHAT-R can be scored in less than two minutes. Scoring Algorithm For all items except 2, 5, and 12, the response “NO” indicates ASD risk; for items 2, 5, and 12, “YES” indicates ASD risk.

Risk prediction by screening

LOW-RISK: Total Score is 0-2; if child is younger than 24 months, screen again after second birthday. No further action required unless surveillance indicates risk for ASD.

MEDIUM-RISK: Total Score is 3-7; Administer the Follow-Up (second stage of M-CHAT-R/F) to get additional information about at-risk responses.

HIGH-RISK: Total Score is 8-20; refer immediately for diagnostic evaluation and eligibility evaluation for early intervention.

Diagnosis of ASD is made as per the Diagnostic and Statistical Manual of Mental disorders - fifth edition along with Some Diagnostic Tools for Autism which includes:



Therapies are usually play based



Some of the commonly used Interventions models are:

Applied Behavioural Analysis (ABA), Treatment and education of autistic and related communication -handicapped children (TEECH), Social communication, emotional regulation, transactional support (SCERTS), Developmental/relationship based (FLOOR Time), Early start Denver model (ESDM), Naturalistic Developmental Behavioural Intervention (NDBI), Relationship developmental intervention (RDI), Speech therapy, sensory integration therapy, occupational therapy etc

INCLLEN tool for ASD

ISAA (Indian scale for assessment of Autism)

ADI R (autism Diagnostic Interview Revised)

ADOS (Autism Diagnostic Observation Schedule)

CARS (Childhood Autism Rating Scale)

Early Intervention programme, Infant stimulation programme, Developmental enrichment programme

Should be done by professionals from interdisciplinary team. Intervention should begin as early as possible, even while evaluation for a definitive diagnosis is ongoing. Intervention should target core features of autism and should be specific, evidence-based, structured and appropriate to the developmental needs of the child.



Child's therapy starts from here

Enriched family environment and Parental involvement is crucial for reducing the symptoms of autism. Therapy should happen through the day in natural home environment under the guidance of trained professionals - ideally therapy for 4 hours per day ,25 hours per week leads to best results.

All developmental therapies should focus on training parents as co-therapist

Conclusion

Early detection and diagnosis of Autism in infants and toddlers are very important for providing timely interventions and support. Speech delay, inconsistent name call response, poor eye contact, absence of pointing, restrictive repetitive behaviors, sensitivity to sound, lights, touch are the most common symptoms in toddlers. Pediatrician play a major role in early suspicion, counseling of parents, appropriate referral, for developmental outcome of children with Autism.

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Autism Awareness: A Journey of Understanding

Dr Prarthana K

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Autism spectrum disorders (ASD) are a diverse group of conditions which arise during the developmental period and involve significant difficulties in the acquisition and execution of specific intellectual, motor, or social functions”¹. According to the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders criteria, ASD is characterized by “developmental deficits that produce impairments of personal, social, academic or occupational functioning.”² The exact prevalence of autism in many low- and middle-income countries is unknown. However, there has been an exponential growth in the number of autism in recent years. The latest research in 2023 from the [CDC shows that 1 in 36 children is diagnosed with autism which is an increase from 1 in 44 children 2 years ago.](#)³ [Males have higher likelihood of being diagnosed with ASD than females but females show increased severity compared to males.](#)

Causes:

Scientific research till date suggests that aetiology may be multifactorial. It is [heritable and may be genetic, but many genes are involved, and environmental factors may also be relevant. ASD frequently co-occurs with other conditions, including attention deficit hyperactivity disorder, epilepsy, and intellectual disability. Some factors that are associated with an increased likelihood of developing ASD include having a sibling with ASD, having older parents, having certain genetic conditions \(such as Down syndrome or Fragile X syndrome\), having a very low birth weight, conception by invitro fertilization](#)

Core deficits:

Persistent deficits in each of the 3 areas of reciprocal social communication and interaction along with restricted, repetitive patterns of behaviour, interests, or activities (DSM5)

ASD is most commonly noticed during infancy or childhood and follow a steady course without remission when the social demands for peer interaction and group participation is higher.

Clinical presentation: As every child grows at their own pace, it can be tricky to detect the early warning signs of ASD. taking a detailed developmental history is hence important. Note if the developmental milestones are appropriate for the corrected gestational age. Note if the milestones are delayed or dissociated or there is regression.

Some of the common presentations are as follows:

- **Atypical/ difficulties in social interaction:**

- not looking at objects shown.
- avoidance of eyecontact
- absent name call
- difficulty in making friends with peer group
- using parents hand as tool to show or point
- lack of emotional warmth in interaction

- **Difficulty in Verbal communication:**

- little or no babbling as an infant
- delayed language skills (e.g. having a smaller vocabulary than peers or difficulty expressing themselves in words)
- monotonous voice/ Having an unusual tone of voice that may sound sing-song or flat and robot-like
- echolalia
- rote language
- speaks only of specific interests

- **Difficulty in nonverbal communication:**

- poor eyecontact
- no pointing
- poor joint attention
- reduced interest in other children or caretakers
- difficulty in reciprocal games
- unable to seek help/attract attention

- **Resistance to change** in routines
- Repetitive, limited, or otherwise unusual usage of toys (e.g. lining up toys)
- **Body movements(stimming): rocking, hand flapping, finger flicking, head banging, or repeating phrases or sounds. They may be Stereotypic, compulsive, ritualistic or self injurious**
- **Hyper- or hyporeactivity to sensory input**

Comorbidities

Seizure disorder or epilepsy

Tuberous sclerosis

Intellectual disabilities

Fragile X, Down, –Prader-Willi, Angelman, Williams syndrome, etc

Learning disabilities

Anxiety disorders

Depression

Attention deficit hyperactivity disorder

Sensory processing disorder

Genetic disorders

Metabolic defects such as phenylketonuria

Gastrointestinal problems

Sleep problems: insomnia, frequent nocturnal awakenings and early morning awakenings.

Dysautonomia

Management:

The American Academy of Pediatrics recommends that all children receive screening for developmental delays at their 9-, 18-, and 24- or 30-month well-child visits, with specific autism screenings at their 18- and 24-month well-child visits. If a child shows developmental differences in behavior or functioning during this screening process, the child may be referred for additional evaluation.

For early diagnosis and management of the disorder, recognition of red flags for autism is important:

No response to name (or gazing with direct eye contact) by 6 months. 4

No babbling by 12 months.

No gesturing (pointing, waving, etc.) by 12 months.

No single words by 16 months.

No two-word (spontaneous, not just **a**) phrases by 24 months.

Loss of any language or social skills, at any age.

There is no cure for autism. The main goals of treatment are to decrease the associated deficits and to increase quality of life and functional independence. Behavioral, psychoeducation, and/or skill-building interventions are used to learn life skills necessary for living independently. In this regard, the neurodivergent child is taught social, communication, and language skills. Therapy also aims to reduce challenging behaviors and build upon strengths.

Parents may struggle to understand the diagnosis and to find appropriate care options. Parent counselling and support groups guide them through this journey.

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ಬೆಂಕಿಯ ಬಲೆಯಾದ ಬೆಂಗಳೂರು.

ಡಾ.ಮೃದುಲ.ಎ.ಎಮ್. ಇಎಸ್‌ಐ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು, ಬೆಂಗಳೂರು

ಬೆಂಗಳೂರಿನ ಈ ವರ್ಷದ ಬೇಸಿಗೆ ಅವಿಸ್ಮರಣೀಯವಾಗಿತ್ತು ಅಲ್ಲವೇ? ಇತಿಹಾಸದಲ್ಲೇ ಮೊದಲ ಬಾರಿಗೆ ಸರಾಸರಿ ೩೮ ಡಿಗ್ರಿಗೆ ಏರಿದ ಬೆಂಗಳೂರಿನ ಉಷ್ಣತೆ, ಜನರನ್ನು ಅಕ್ಷರವಾಗಿ ಹುರಿದು ಮುಕ್ತಿದಂತಿತ್ತು. ನಿಂತಲ್ಲ ನಿಲ್ಲಲಾಗದೆ, ಕೂತಲ್ಲ ಕೂರಲಾರದೆ, ಬೆವರು ವರೆಸಿಕೊಳ್ಳುತ್ತ ಪರದಾಡುವ ಪಿರಿಸ್ಥಿತಿ ಬೆಂಗಳೂರಿಗರಿಗೆ ಮೊಟ್ಟಮೊದಲಬಾರಿಗೆ ಎದುರಾಗಿತ್ತು. ನೀರಿನ ಅಭಾವ, ಬಾರದ ಮಳೆ, ಪರಿಸ್ಥಿತಿಯನ್ನು ಇನ್ನಷ್ಟು ಹದಗೆಡಿಸಿದ್ದು, ತನ್ನ ತಂಪಾದ ಹವಾಮಾನಕ್ಕೆ ಸುಪ್ರಸಿದ್ಧವಾದ ಬೆಂಗಳೂರಿನ ಹೆಸರು ಒಟ್ಟಾರೆ ಹಾಳಾಗಿ ಹೋಗಿತ್ತು.

ಕಳೆದ ೩೧ ವರ್ಷಗಳಿಂದ ಬೆಂಗಳೂರಿನಲ್ಲ ಸೊಂಪಾಗಿ ವಾಸವಿರುವ ನನಗೆ ಬಿಸಿಲನ್ನು ಎದುರಿಸುವ ಅನುಭವವೇ ಇರಲಿಲ್ಲ. ಒಮ್ಮೆಲೇ ಏರಿದ ಉಷ್ಣತೆ ಕಸಿವಿಸಿಯನ್ನು ತಂದಿತ್ತು. ಎಲ್ಲೆಲ್ಲದ ತೀಕ್ಷ್ಣವಾದ ಬಿಸಿಲಿಗೆ, ತಣ್ಣಗೆ ತಾನೇ, ನಿಂತಲ್ಲೇ, ಮ್ಯಾರಾಥಾನ್ ಓಡಿದ ಹಾಗೆ ಬೆವರು ಇಳಿಯುತ್ತಿದ್ದನ್ನು ಕಂಡೆ. ಮನೆಯಿಂದ ಹೊರ ನಡೆದರೆ ಚರ್ಮ ಚುರ್ ಎಂದು ಸಟ್ಟಂತಾಗುತ್ತಿತ್ತು. ಮೊದಲೇ 'ಗೋದಿ' ಎನಿಸಿಕೊಂಡಿದ್ದ ನನ್ನ ಬಣ್ಣ ಎಲ್ಲ 'ರಾಗಿ'ಯಾಗಿಬಿಡುವುದೋ ಎಂದು ಭಯವಾಗಿತ್ತು . ಇನ್ನು ಆರು ಗಜದ ಸೀರೆಯನ್ನು ಸುತ್ತಿಕೊಂಡು ಕೆಲಸಕ್ಕೆ ಹೋಗುವುದು ಅಸಾಧ್ಯವೆನಿಸಿ, ತೋಚಿಲ್ಲದ ಚೂಡಿದಾರ್ಗಳನ್ನು ಹುಡುಕ ತೊಡಗಿದ್ದೆ. ದಿನಕ್ಕೆರಡು ಬಾರಿ ತಣ್ಣೀರು ಸ್ನಾನ ಮಾಡಿದೆ. ಫ್ರಿಜ್ ತುಂಬಾ ನೀರಿನ ಬಾಟಲಗಳನ್ನು, ಫ್ರಿಜರ್ ತುಂಬಾ ಐಸ್ ಕ್ಯೂಬ್‌ಗಳನ್ನು ತಿಂಜಿಸಿಟ್ಟೆ. ಒಂದರ ಮೇಲೆ ಒಂದಂತೆ ನಿಂಬೆ ಹಣ್ಣಿನ ಪಾನಕ, ಮಾವಿನ ಹಣ್ಣಿನ ಜ್ಯೂಸ್, ಕಲ್ಲಂಗಡಿ, ಕಬೂಬು, ಹೀಗೆ ಎಲ್ಲಾ ಬಣ್ಣದ ಜಲಪಾನಗಳನ್ನೂ ಕುಡಿದು ಹಾಕಿದೆ. ಡಯೆಟ್ , ತೂಕ , ಕ್ಯಾಲೋರಿಗಳ ಚಿಂತೆ ಬಿಟ್ಟು, ಫುಲ್ ಫ್ಯಾಮಿಲಿ ಪ್ಯಾಕ್ ಐಸ್ಟ್ರೀಮನ್ನು ತಿಂದೆ, ಆದರೂ ತೃಪ್ತಿಯಾಗಲಿಲ್ಲ . ಏನೇ ಮಾಡಿದರೂ ಶೆಖೆ ಮಾತ್ರ ಕಡಿಮೆಯಾಗಿರಲಿಲ್ಲ.

ಬೇರೆ ದಾರಿ ಕಾಣದೆ ವಿಮಾನ ಹತ್ತಿ ಸಂಸಾರ ಸಮೇತ ಊರನ್ನೇ ಬಿಟ್ಟು ಹೋದೆ. ದೇಶದಲ್ಲೇ ಅತೀ ಹೆಚ್ಚು ಮಳೆ ಬರುವ ತಾಣವಾದ ಮೇಘಾಲಯದ ಚಿರಾಪುಂಜಗೇ ಹೋಗಿ ಬಿಟ್ಟೆ. ಒಂದು ವಾರ ಮೇಘಗಳ ನಡುವೆ, ತಂಪಾದ ಗಾಳಿಯಲ್ಲಿ ಸ್ವರ್ಗದ ಅನುಭವವೇ ಆಯಿತು ಅನ್ನಿ. ಇನ್ನೇನು ಅಲ್ಲೇ ಒಂದು ಮನೆಯನ್ನು ಕೊಂಡು ಇದ್ದುಬಿಡೋಣ ಎಂದು ಎಣಿಸುತ್ತಿರುವಾಗ, ನಮ್ಮ ಮನೆಯವರು, "ಈಗಿರುವ ಮನೆಯ ದೈತ್ಯಾಕಾರದ ಸಾಲವೇ ಸಾಕು ,ತೆಪ್ಪಗೆ ಹಿಂತಿರುಗಿ ಬಾ" ಎಂದು ವಾಪಸ್ಸು ಎಳೆತಂದರು.

ಬಂದರೆ, ಅದೇ ಸುಡುವ ಚಿಸಿಲು. ಹೋಗಲ ಸುಮ್ಮನೆ ಗೋಣಗುವ ಬದಲು ಬೇಸಿಗೆಯಲ್ಲಿ ಮಾಡಬಹುದಾದ ಕೆಲಸಗಳನ್ನಾದರೂ ಮಾಡೋಣ ಎಂದು ನಿಶ್ಚಯಿಸಿದೆ. ಅಮ್ಮನ ಜೊತೆ ಸೇರಿ ಹಪ್ಪಳ ಸಂಡಿಗೆ ಮಾಡಿ ಮಹಡಿಯ ಮೇಲೆ ಚೆನ್ನಾಗಿ ವಣಗಿಸಿದೆ. ಹಳೇ ಚಾದರ್, ಬೆಡ್ ಶೀಟ್‌ಗಳನ್ನೆಲ್ಲಾ ವಗೆದು, ವಣಗಿಸಿ, ಮಡಚಿಟ್ಟದ್ದೂ ಆಯಿತು. ವಣಮೆಣಸಿನಕಾಯಿ, ವಣಕೊಬ್ಬರಿಯನ್ನು ಮತ್ತಷ್ಟು ವಣಗಲು, ಹಾರಾಕಿದೆ. ಎಲ್ಲಾ ಕೆಲಸ ಮುಗಿದರೂ ಚಿಸಿಲು ಮಾತ್ರ ಕಡಿಮೆಯಾಗಲಿಲ್ಲ. ಮಳೆಯೂ ಬರಲಿಲ್ಲ. ಏಪ್ರಿಲ್ ಪೂರ್ತಿ ಕಳೆದು ಮೇ ತಿಂಗಳು ಶುರುವಾಗಿದ್ದರೂ ಮೋಡದ ಸುಳವೇ ಇರಲಿಲ್ಲ. ಬೆಂಗಳೂರಿನಲ್ಲಿ ಮಳೆ ಬರುವುದು , ಈ ಬಾರಿ ಆರ್. ಸಿ .ಜಿ (ಗಂಡಸರ ತಂಡ) ಕಪ್ ಗೆಲ್ಲುವುದು ಖಂಡಿತವಾಗಿಯೂ ಅಸಾಧ್ಯವೇ ಏನೋ ಎನಿಸ ತೊಡಗಿತ್ತು.

ಇನ್ನೇನು ಎರಡು ಕಪ್‌ಗಳನ್ನು ಹಿಡಿದು ಮದುವೆ ಮಾಡಿಸಿಯೇ ಚಡೋಣ ಎಂದು ಎಣಿಸುತ್ತಿರುವಾಗ ಮೆಲ್ಲಗೆ ತಂಪಾದ ಗಾಳಿ ಬಂದು ಸೋಕಿದಂತಾಯಿತು. ಎಲ್ಲಯೋ ಮಳೆಯಾಗಿರಬಹುದೇ ಎಂದು ಯೋಚಿಸುತ್ತಿದ್ದಂತೆಯೇ, ಎಲ್ಲರ ವಾಟ್ಸಾಪ್ ಸ್ಟೇಟ್‌ಸ್‌ನಲ್ಲಿ “ಮೊದಲ ಮಳೆ” ಎಂದು ವೀಡಿಯೋಗಳು ಮೂಡತೊಡಗಿದವು. ಎಲ್ಲಲ್ಲದ ಸಂತಸವಾಯಿತು. ಓಡಿ ಹೋಗಿ, ಲಗಾನ್ ಚಿತ್ರದ ಹೆಚ್ಚು ಜನರಂತೆ, ಆಕಾಶವನ್ನು ಕಣ್ಣು-ಬಾಯಿ ಎರಡೂ ಚಿಟ್ಟುಕೊಂಡು ನೋಡಿದೆ.ಏನೂ ಇರಲಿಲ್ಲ. ವಿಶಾಲ ಬೆಂಗಳೂರಿನ ಇನ್ನೊಂದು ವಿಚಿತ್ರ ಎಂದರೆ, ಮಲ್ಲೇಶ್ವರಂನಲ್ಲಿ ಮಳೆ ಬಂದಿದ್ದರೂ ಪಕ್ಕದ ನಮ್ಮ ರಾಜಾಜನಗರದಲ್ಲಿ ಮೋಡ ಇರುವುದೇ ಇಲ್ಲ. ಸಮಾಧಾನದಿಂದ ಮಳೆಗಾಗಿ ಕಾದೆ. ಮೋಡ ನಮ್ಮ ಮನೆ ತಲುಪಲು , ಒಂದು ಇಡೀ ದಿನವೇ ಹಿಡಿಯಿತು.

ಅಂದು ಮಳೆಯಾದಾಗ ಆನಂದ ಭಾಷ್ಯವೂ ಸುರಿಯಿತು. ಕಾದ ಸಂಜೆಹೊತ್ತಿನಲ್ಲಿ ಆಕಾಶ ಮಡುಗಟ್ಟಿ ನಿಂತಿತ್ತು. ಸದ್ದಿಲ್ಲದೆ ಸಣ್ಣಗೆ ಕತ್ತಲು ಆವರಿಸಿತು. ಒಂದು ಅಲೆ ಗಾಳಿ, ಎರಡು ಸಣ್ಣ ಗುಡುಗು, ಮರುಕ್ಷಣವೇ ಬಾನು ಬಾಯಿ ಚಿಟ್ಟುತ್ತು. ಧೋ ಎಂದು ಅರ್ಧತಾಸು ಧಾರಾಕಾರ ಮಳೆ ಸುರಿಯಿತು. ವಣಗಿದ ನೆಲ ನೆಂದು ನಲದಾಡುತ್ತಿದ್ದರೆ , ಮರಗಳು ಮಳೆಯಲ ಮಿಂದು ನಾಟ್ಯವಾಡುತ್ತಿದ್ದಂತೆ ಕಂಡವು. ಹಕ್ಕಿಗಳು ಗೂಡಿಗೆ ಮರಳುವುದನ್ನು ಮರೆತು ನೀರಿನಲ್ಲೇ ಹಾರಾಡುತ್ತಿದ್ದರೆ, ವಾಹನ ಚಾಲಕರು ಸಂತೋಷದಿಂದ ನೆನೆಯುತ್ತಲೇ ವಾಹನ ಚಲಿಸುತ್ತಿದ್ದರು. ಭಾವ ಪರವಷಳಾದ ನಾನು ಆಶುಕವಿತ್ವವನ್ನೇ ಮಾಡಿ ಚಿಟ್ಟೆ. ಎಲ್ಲರಿಗೂ ನನ್ನ ಕವಿತೆಯನ್ನು ರವಾನಿಸಿ ಬಲವಂತವಾಗಿ ಓದುವಂತೆ ಮಾಡಿದೆ

ಬೆಂದ-ಕಾಚೂರಿಗೆ, ವರುಣ ಬಂದ ಮೆಲ್ಲಗೆ
ಒಂದೇ ಒಂದು ದಾಳಿಗೆ
ಓಡಿ ಹೋದ ಬೇಸಿಗೆ !

ಮರುದಿನದಿಂದಲೇ ಬೆಂಗಚೂರಿನ ಉಚ್ಚತೆ ಇಳಿದು ಹೋಗಿತ್ತು. ಕೋಪಗೊಂಡ ಹೆಂಡತಿ
ಒಂದು ಸೀರೆಯನ್ನು ಕೊಡಿಸಿದರೆ ಸಾಕು ಶಾಂತವಾಗುವಂತೆ , ಬೆಂದುಹೋಗಿದ್ದ
ಬೆಂಗಚೂರು ಒಂದೇ ಮಳೆಗೆ ತಂಪಾಗಿತ್ತು . ಕೊನೆಗೊಂದು ದಿನ ಆರ್.ಸಿ .ಜಿ ಚೆನ್ನೈ ಮೇಲಿನ
ಮ್ಯಾಚನ್ನೂ ಗೆದ್ದಿತು.

ಈಗ ಪರಿಸ್ಥಿತಿ ಮಳೆಗಾಲದಂತಾಗಿದೆ. ಪ್ರತಿದಿನ ಸಂಜೆ ಮಳೆಯಾಗುತ್ತಿದೆ. ಖುಷಿಯಿಂದ ಮತ್ತೆ
ಸೀರೆಯನ್ನು ಉಟ್ಟು, ಜೊತೆಗೆ ಛತ್ರ ಹಿಡಿದುಕೊಂಡು ಕೆಲಸಕ್ಕೆ ಹೋಗುತ್ತಿದ್ದೇನೆ. ಎ. ಸಿ
ಯನ್ನು ಮುಚ್ಚಿಟ್ಟು, ಚಾದರನ್ನು ಹೊರತೆಗೆದಿದ್ದೇನೆ. ತಣ್ಣನೆ ಪಾನೀಯದ ಬದಲು, ನನ್ನ ನೆಚ್ಚಿನ
ಬಿಸಿ ಕಾಫಿಗೆ ಹಿಂತಿರುಗಿದ್ದೇನೆ. ಬೆಂಕಿಯ ಬಲೆಯಿಂದ, ಮಳೆಯ ಮಡಿಲಿಗೆ ಬಿದ್ದಿದ್ದೇನೆ.
ಸುಖಮಯವಾಗಿದೆ, ತಂಪಾಗಿದೆ. ಬೆಂಗಚೂರು ಮತ್ತೆ ತನ್ನ ಸ್ವರ್ಗ ಸದೃಶ ಹವಾಮಾನಕ್ಕೆ
ಹಿಂತಿರುಗಿದೆ.

ಮುಂದಿನ ವರುಷ ಮತ್ತೆ ಇದೇ ಪಾಡು ಬರಬಾರದೆಂದರೆ ಒಂದಿಷ್ಟು ಮರಗಳನ್ನು ನೆಟ್ಟು,
ಹವಾಮಾನದ ಏರುಪೇರುಗಳನ್ನು ನಿಲ್ಲಿಸ ಬೇಕಾಗಿದೆ. ಪ್ರಕೃತಿಯನ್ನು ಸಂರಕ್ಷಿಸುವ
ಪ್ರಯತ್ನದಲ್ಲ ತುರ್ತಾಗಿ ತೊಡಗಬೇಕಾಗಿದೆ ೆ. ಬನ್ನಿ, ಜವಾಬ್ದಾರಿಯುತ ನಾಗರಿಕರಾಗಿ,
ಪರಿಸರವನ್ನು ಸಂರಕ್ಷಿಸಿ, ಬೆಂಗಚೂರಿನ ಮಾನ ಕಾಪಾಡೋಣ, ಸದಾ ತಂಪಾಗಿರಿಸೋಣ.

ಡಾ.ಮೃದುಲ.ಎ.ಎಮ್.

Academic Activities

Department of pediatrics Ramaiah Medical college in association with IAP Bengaluru conducted world Autism day Programme with Guest lecture by Dr Sathish Girimaji former Professor and Head Child Psychiatry Nimhans and consultant child and Adol psychiatry Ramaih memorial hospital. Followed by Panel discussion on Approach & Validated tools in early identification of Autism.



RAMAIAH *World autism awareness day celebrations* IAP BPS in association with dept of pediatrics RMCH **IAP BANGALORE - BPS**

Opening remarks by,
Dr Sathish Girimaji
Child and adolescent psychiatrist
Former HOD of dept of CAP
NIMHANS
Followed by panel discussion
Venue – Dept seminar hall, 3rd floor
Time 2-4 PM

Autism: Understand and Empower



DEPARTMENT OF PEDIATRICS IN ASSOCIATION WITH IAP BANGALURU
CONDUCTED THE WORLD AUTISM DAY PROGRAMME
GUEST LECTURE BY DR SATHISH GIRIMAJI, FORMER PROFESSOR OF
NIMHANS, CONSULTANT PSYCHIATRIST, RAMAIAH MEMORIAL
HOSPITAL

PRE AND POST-TEST ON AUTISM SPECTRUM DISORDER
PANEL DISCUSSION WITH CASE SCENARIOS ON AUTISM SPECTRUM
DISORDER
MOCK COUNSELING SESSION
APRIL 2ND, 2024



A CME on Autism awareness was organised at ESIC Medical College , Bangalore by the Department of psychiatry and Paediatrics in collaboration with IAP Bengaluru , on account of World Autism Awareness day on 2/4/24.



IAP BLS and ALS COURSE was conducted at prestigious BMCRI Medical College Bengaluru.



IAP BLS (Indian Academy of Paediatrics - Basic Life Support) course was held at St. John's Medical College Bengaluru.



Celebration of World health day by sensitisation of RKSK modules to pediatrician and family physicians by BAHA and IAP Bengaluru



Dr Baskar article in times

INDIA, BENGALURU

TIMES NATION 9

HANGING SWORD:
Understanding Pneumococcal Disease

ADVERTORIAL



Dr. BHASKAR SHENOY
MD, DCH (ped), FRCPC
SHENOY CLINIC, BANGALORE

DISEASE CAUSED BY STREPTOCOCCUS PNEUMONIAE

OTITIS & SINUSITIS

- Fever
- Pain and discharge from ear
- Tenderness over sinuses
- Acute or persistent discharge from the nose

PNEUMONIA

- Fever with or without shaking or chills
- Cough
- Rapid breathing
- Chest wall indrawing
- Chest Pain

MENINGITIS

- Fever
- Headaches
- Sensitivity to light
- Neck stiffness
- Convulsions
- Sometimes, confusion or altered consciousness
- Vomiting

BACTERAEMIA, SEPSIS

- Fever
- Chills
- Altered consciousness
- Septic shock
- Vomiting

Recent rise in pneumonia cases worldwide increasingly worries us. Because, as per estimates in India, around 50 million pneumonia cases reported in a year in children under 5 years, of which 8.4 million were severe pneumonia cases. Pneumococcal pneumoniae bacteria is the most common cause of severe pneumonia in India and many parts of the world. As per the 2018 data, 1 in every 8-childhood deaths were due to pneumonia, which translates to 92 childhood deaths per hour. Around 30% of the severe pneumonia cases are due to single cause that is Streptococcus pneumoniae, making it the most important pathogen to fight in order to improve health and save lives. India, unfortunately, shoulders the weight of 20% of global under-5 deaths attributed to Pneumococcal Disease.

The Hidden Cause: Streptococcus pneumoniae
Pneumococcal disease is caused by the bacterium, Streptococcus pneumoniae which is also called pneumococcus. There are four features of the bacteria, which are complicating treatment and prevention.

- There are 100 serotypes or strains of the bacteria
- Bacteria lies in the nose and throats of healthy people who are responsible for transfer
- Some of the pneumococcal bacteria are resistant to many of the antibiotics
- Affects multiple body parts causing many serious diseases

Types of Pneumococcal Infections
Pneumococcal Disease manifests in various forms, each posing its own set of challenges. From pneumonia, a lung infection, to meningitis, an infection of the brain and spinal cord lining, and bacteraemia, a blood infection, to otitis media, a middle ear infection, and sinusitis, a sinus infection. These serious conditions often require hospitalization and can lead to death.

High-Risk Populations: Who's in Danger?
Anyone can get pneumococcal disease, but some people are at increased risk. Children under 5 years, especially those below 2 years, stand at the forefront of vulnerability. Additionally, individuals aged 65 years and above, and those having diabetes, prolonged heart, lung and kidney diseases and people with weakened immune system are at increased risk of getting pneumococcal infections.

How It Spreads: The Quiet Spread
Pneumococcal bacteria often hide in the noses and throats of seemingly healthy people, a phenomenon known as carriage. The bacteria then spreads from person to person through coughing, sneezing, or direct contact with respiratory secretions like saliva or mucus. This silent transmission underscores the need for heightened awareness and preventive measures.

Spotting the Signs: Recognizing Symptoms and Diagnosis
Identifying Pneumococcal Disease requires a keen understanding of its symptoms and appropriate diagnostic procedures. Bacteremia necessitates a blood test for identification, while meningitis involves testing cerebrospinal fluid. Pneumonia diagnosis relies on chest X-rays and blood tests, while ear and sinus infections are diagnosed through symptoms and physical examinations.

What to do? Treatment and Challenges
Doctors combat Pneumococcal Disease using antibiotics. However, the rise of antibiotic-resistant strains poses a significant challenge. Some pneumococcal bacteria have evolved to resist specific antibiotics, complicating the treatment process. This reinforces the importance of not only early detection but also the urgency to explore alternative treatment methods.

Protecting Ourselves: Prevention through Vaccination
Doctors say, the most effective defence against Pneumococcal disease is vaccination. Two kinds of vaccines - Pneumococcal Conjugate Vaccines (PCVs), and Pneumococcal Polysaccharide Vaccine, are powerful tools. Currently available in India, PCVs come in variations of 10, 13, and 14 bacterial serotypes, offering varying degrees of protection. Choosing a vaccine that guard against a higher number of bacterial serotypes ensures a stronger defence. It is estimated that nationwide use of PCVs in India can save around 5 lakh lives over next 5 years.

The fight against Pneumococcal Disease receives a boost with the Pneumococcal Conjugate Vaccine (PCV). Made in India production of PCV 14, highlights India's commitment to public health, contributing not only to the nation's well-being but also to global efforts. It provides healthcare professionals and individuals with a potent tool against various pneumococcal strains.

In our effort to have healthy family and healthy nation, vaccinating vulnerable is one among the best measures. Embracing this approach not only protects individuals but also helps prevent the spread of this infection. Let us work together with knowledge and vaccination to save lives.





B-Empower 2024 CME at St John's medical college



World immunization week celebrated @department of paediatrics with community medicine actively participated by 1st batch of Interns,2nd,3rd & final year students of ssimsrc, TBegu,taking part in excellent poster presentation & spirited quiz competition





Bengaluru, Karnataka, India
Ramalaih Institute Of Technology Auditorium, MSR Nagar Rd Ext, M S Ramalaih Nagar, Mathikere, Bengaluru,
Karnataka 560054, India
Lat 13.029095°
Long 77.569885°
22/04/24 03:16 PM GMT +05:30



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Room no.3, Department of Urology, Ramalaih Memorial Hospital, M S Ramalaih Nagar, Mathikere, Bengaluru,
Karnataka 560054, India
Lat 13.029082°
Long 77.569923°
22/04/24 03:16 PM GMT +05:30



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Karnataka 560054, India
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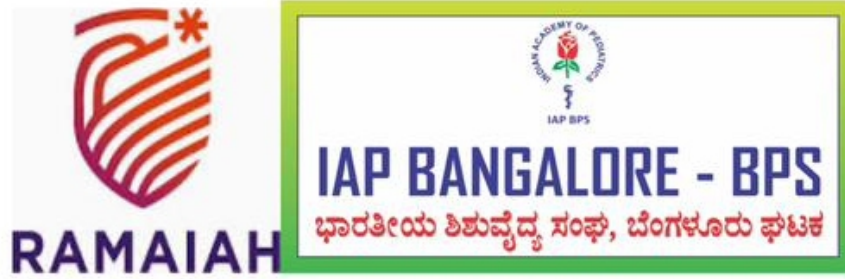
Bengaluru, Karnataka, India
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22/04/24 03:15 PM GMT +05:30



NRP Hands-on Training for Interns
Dept Of Pediatrics, RMCH
In association with IAP – Bengaluru

The Department of Pediatrics, Ramaiah medical college and hospital conducted Neonatal resuscitation program for interns, RMCH for 3 days from 2-4PM. A total of 150 interns attended the program and were guided by the neonatology team comprising of Dr. Pradeep, Dr. Sharanabasavesh, Dr. Krithika M V, Dr. Sahithi and Dr. Nischal. They were thought about the initial steps of neonatal resuscitation as per NRP protocol. Pre-test and post-tests were conducted. At the end of the workshop, the students learnt :

- Preparation of Birth, Routine care and Initial steps
- Bag and mask ventilation
- Intubation
- Chest compression and medications.



**Painting by Dr Sarvamangala Oil
on Canvas 24x28 inches**





14th to 16th June 2024

NIMHANS
Convention Centre

**11TH BANGALORE PEDICON
AND
12TH KARNATAKA STATE CONFERENCE
OF INFECTIOUS DISEASES**

Workshops on 14th June 2024
Dates : 15th & 16th June 2024
Venue : NIMHANS Convention Centre

Theme : Knowledge to Practice - Bridging the Gap

Email : secretaryiapbps@gmail.com
Email : dr.eash.hoskote@gmail.com

For Registrations :

<https://www.iapbangalore.org/11th-bengaluru-pedicon-2024/#register>