E-BAZ

Official Monthly Newsletter of Indian Academy of Pediatrics - Tamilnadu State Chapter

MARCH 31, 2022 ISSUE 3

Inside in this Issue

FAQs in Child sexual abuse

Dr. Sudharsana Skanda, Senior Consultant Pediatrician, Trichy & EB member ICANCL

What is POCSO act ?

POCSO is Protection of children from sexual offences act, 2012.

Who is a child according to POCSO act ?

POCSO act defines a child as any person under the age of 18 years.

How common is child sexual abuse ?

A national Study on child abuse conducted by the Ministry of Women and Child Development showed that more than 53 percent children across 13 states reported facing some form of sexual abuse while 22 percent faced severe sexual abuse. Both boys and girls reported facing sexual abuse.

What is pediatrician's role in child sexual abuse ?

- Remember that no child is free from the risk of being sexually abused.
- Children may not know what is being done to them, or they may be made to feel guilty and dirty, because of which most cases go unreported.
- Have a high degree of suspicion
- First aid and managing other emergencies including emergency contraceptives, if penetrative assault has taken place.
- Mandatory reporting of any suspected / confirmed case of child sexual abuse

How to approach the child ?

- Assurance of confidentiality and privacy
- Taking consent before examination
- Avoid further trauma to the child
- If perpetrator is living in the same household, inform Childline or child welfare committee – to ensure safety of child.
- Sample collection – Forensic kit
- Document the examination findings
- Multidisciplinary approach
- Counsel family
- Long term follow up of child

What is mandatory reporting ?

POCSO act requires every person who suspects or has knowledge of a sexual offence being committed against a child to report to the local police or Special juvenile police unit in your city/district. As a paediatrician, whenever one suspects child sexual abuse or comes across a sexually abused child, he or she is obligated by law to mandatorily report. Failure to report is punishable by law, including fine and imprisonment. Consent of the family is not needed for mandatory reporting. We must however inform the family that we will be making a report and reassure that child's identity and privacy will be safeguarded.

How is taking consent for examination different in these cases ?

Take comprehensive, informative and voluntary written consent before examination. Consent/ Refusal should be recorded at every stage of the procedure. If the child is below 12 years of age, consent is obtained from the parent / guardian / anyone in whom the child shows trust. If the child is aged 12 years and above, consent of the child is enough for medical examination. If there is a need for evidence collection & for any procedures, then consent of the guardian is necessary. The child has the right to withdraw consent at any moment during the examination, in which case, we must stop examining the child. The examination must be comfortable and pain free.

How to record the history?

History should be taken in a non-traumatic, non-threatening and friendly manner .History should be recorded in the child's own words. Age appropriate words should be used when mentioning body parts.

Does normal physical examination rule out sexual abuse?

No. Absence of physical findings on examination does not rule out child sexual abuse.

Can parents be present during physical examination ?

The physical examination should be conducted in the presence of the parents,

Continued on page 2

FAQ in Child sexual abuse

(...continued from page 1)

guardian or any other person the child trusts. If such a person is not available, the hospital should appoint a person to be present during the medical examination.

Role of multidisciplinary approach ?

Childline and child welfare committee services to ensure safety of the child . Special Juvenile Police unit with trained male & female police officers. Paediatrician, Paediatric surgeon, Gynaecologist and Child psychiatrist must be involved on a case by case basis. Long term follow up of the child is a must.

Should only a doctor in Government hospital manage a sexually abused child ?

Not necessarily. As per POCSO act, Any Registered Medical Practitioner can examine the child, but in some other states the examination by a Govt. doctor is mandatory.

Should only female doctors examine the child ?

Although it is preferred that examination be conducted by a female RMP, a male doctor can examine the child in the presence of a female staff or attendant.

How to document the findings ?

The Ministry of Health and Family Welfare, Government of India has published Guidelines and Examinations Proforma for Medico Legal Cases of victims of sexual violence. History and physical examination findings must be noted. Three copies of the report to be made – one copy to be retained with the hospital/doctor, one to be given to the police and one to be given to the family.

Role of hospitals in managing a sexually abused child

Have a protocol in place. Emergency ward doctors must have a basic knowledge of the procedures to be followed if CSA victim is brought to the hospital. Hospitals should have the materials required to collect evidences. SAFE kit should be made available. Establish contact with regional special juvenile police officer, childline personnel and child welfare committee. The preliminary examination and first aid is done free of cost, as per POCSO act. To prevent child from reliving the trauma repeatedly, ensure that your team offers all speciality level care under one roof.

How to get trained in this area ?

Subspecialty working group of IAP, ICANCL (Indian Child Abuse, Neglect and Child Labor) is conducting training and awareness programmes. Any IAP member can join as life member of ICANCL Group. Any medical Professional who is working or interested to work in the field on Child abuse and neglect can join ICANCL as associate life member. For more details, contact dr_ashokkumar@yahoo.com (at 9895284830) or visit ICANCL.ORG website.

Nectar Financial tips for Doctors

Dr. S. Thirumalai Kolundu, Senior Consultant Pediatrician & Financial Advisor, Tirunelveli

Basics

There are certain basic things which we must be aware of, to be a successful investor. Let us see one by one.

What are the basic things you must know before taking care of your finance?

- Assets Vs Liabilities matching
- Budgeting
- Power of compounding.
- Importance of starting to save earlier.
- Role of inflation.
- Financial planning & goals in our life.
- Financial independence
- Role of financial advisor

1. **Assets Vs Liabilities:** This we can call it as pre assessment test. List out all your assets and Liabilities. All your investment like FD, mutual funds, shares, Gold ETF are all assets. Car is a depreciating asset as it looses its value year after year. All your loans like car loan, housing loan, personal loan, credit card loans are all liabilities. If your liabilities are more than your assets, you need some critical evaluation of your finance and may need help of a financial advisor to reorganise your debts.
2. **Budgeting:** it is very easy to execute anything provided you have planned it properly, otherwise you will be earning for 10 or 15 years and after that you will be looking into your savings and to your dismay nothing substantially will be there. You will be wondering what happened to your money which you have earned so far. Early age, it is better to avoid unnecessary expenses and luxuries . Disciplined investments will take us to a great height and we can have a enjoyable life.

Let us follow 20: 50: 30 rule. First expense in our carry home pay is savings, minimum 20%, other household expenses, education, rent and all 50% and 30% for life style expenses like eating out, movie, tours and travels.

3. **Power of compounding:**

Power of compounding is one of the most powerful magics which many of us don't think about or understand. Mr. Benjamin Franklin is the one who demonstrated to the world the power of compounding. Mr Albert Einstein a great scientist quotes" power of compounding is the 8th wonder of the world, he who understands it earns it, he who doesn't pays it"

What is power of compounding? You invest your surplus funds in any one type of investment say fixed deposit. Instead of taking the interest every year and spending it, you are keeping the investment as compound interest. Second year you are going to get interest for the principal as well as for the interest earned during the first year. Every year your interest income is going to increase more and more. After say 20 years, corpus accumulated will be astronomical.

Example rule 15: (15 x 15 x 15) You are saving 15000 rupees every month for 15 years and invest it in a instrument which gives a returns of 15%. Total amount saved is 27 lakhs and corpus accumulated at the end of 15 years is 1 crore. Same thing if you continue for 30 years, you would have invested 54 lakhs. You will think corpus accumulated will be 2 crores, no it will be 10 crores. This is power of compounding.

4. **Starting to save early:** Most of us think about our children education and marriage only when they are grown up and similarly about retirement, only after the age of 50. This is a fundamental area where we need lot of change in our attitude. Financial planning and retirement planning should be undertaken as soon as a person starts earning. Let us understand this with a small example. Imagine three persons invest 10 Lakhs at the age of 20 years, 30 and 40 years respectively in investment which gives 8% compound interest. Let us see how much they will be having at the age of 50

...To be continued in next issue

Investment	Age at investment	Corpus at 50 years of age
10 lakhs	40	21.5 lakhs
10 Lakhs	30	46.6 lakhs
10 Lakhs	20	1 crore

Digital awareness corner

DEFEAT PHISHING (Part 2)

Dr. D. Rajkumar, MD, Associate Prof of Pediatrics, Madurai Medical college

How to spot a phishing message?

When you receive an email message, look for the presence of red flags suggesting phishing. Does the message ask for any personal information (password, credit cards, etc) Does the message ask for sensitive information about others? Does the message ask you to immediately open an attachment? If so, immediately delete the message. Some other tell-tale signs of a phishing email are the following characteristics.

Faulty grammar and punctuation: Professional copywriters of banks or any established institutions go to great lengths to create emails with well-tested content, subject line etc. But these cybercriminals are mostly from non-English speaking countries or provinces. So they make tell-tale signs of grammatical mistakes, punctuation errors, illogical flow of content and errors in messages which should alert you.

Origin of the message: Next, look at the origin of the message. Most of the real bank messages address start as noreply@xyzbank like this. This is because no banks want you to reply to any of their real messages.

Asking personal information: Banks or any financial establishments never ask you sensitive information via email. Any messages asking to enter or verify personal details or bank/credit card information should be treated as big red flags.

Alarming content full of warnings and potential consequences: Hackers can send messages that cause alarm by telling you things like one of your accounts have been hacked, your account is expiring, and that you may lose some critical benefits immediately, or some other extreme condition that puts you in panic. Such messages are created to induce panic and a sense of urgency with the intent of driving the user to make a mistake.

Urgent deadlines: In this pattern, hackers send out an email about some pending deadline. For example, a hacker could send out a renewal email about an expiring insurance policy, or credit/debit card validity. Typically, such emails lead the users to data harvesting sites that end up stealing valuable personal or financial information.

Offer of large financial rewards: This pattern includes emails claiming that you have won a lottery when you never purchase one, offer of a large cash discount on something that you never purchased, large prize money in a contest that you never enrolled for and so on. The actual intention is usually to direct you to a site where the scammers can get your personal or financial information.

A sample Phishing email might look like this:

"Dear Dr.AK, Someone just tried three times in a row to unsuccessfully log into your Gmail account. At Google, we take security very seriously. We will be shutting down your Gmail account effective immediately unless you log into our secure site and confirm that the Gmail log-in was legitimate or not. We also strongly suggest you change your password when you log into our security site. Please click HERE to validate your account. Thank you. The Google Security Team:"

"HERE" is a link to a page that looks like Google and the URL might be a bit.ly link, which looks somewhat obscure but we are used to seeing obscure shortened links so we might not care. Once you click on "HERE", you did two things:

1. You notified the hackers that you are the type of person who can potentially respond to a Phishing attack. So even if you don't proceed further, you might be on the list of their next fraud.

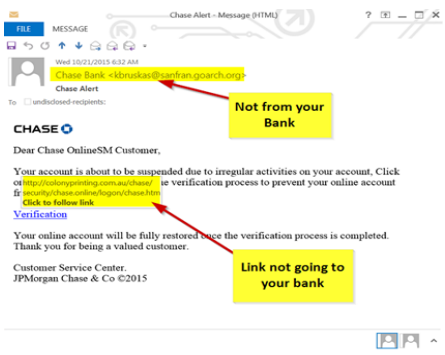
2. You might type in your password. In which case, not only do the hackers instantly download all of your emails and storage, etc. but they have access to your password, which means they probably know your password for Facebook, twitter, your bank accounts etc. [This is due to the unfortunate fact that almost 70 percent of people keep a single password for their all accounts-social media, email accounts, bank etc.]

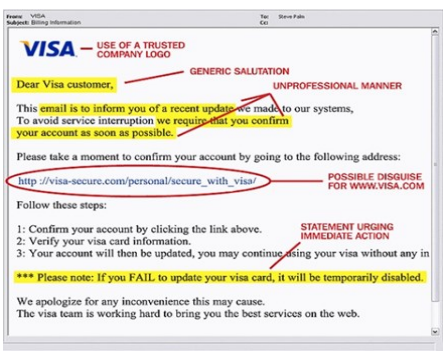
One more example is a phishing email sent as though from your bank informing that your account is being blocked immediately and you have to enter your account number/debit or credit card number and password in a link provided in the email to unblock your card.

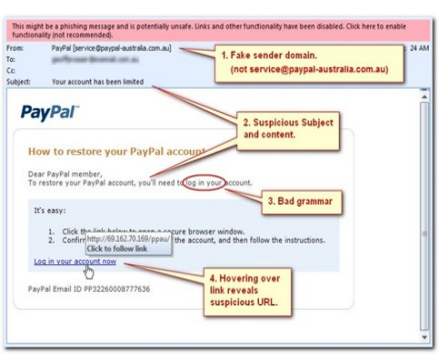
Sometimes, instead of clicking on a link and typing in a password, the Phishing email might say, "Hey Dr, here's the latest info on the doctors in your area you should know about". Below there's an attachment. We click on it because it looks like a simple Microsoft Word document. But beware that MS Word can talk to other pieces of software on the computer. And some MS Word documents are much more sophisticated and can download applications right into the operating system e.g.: "keystroke logger" or a "RAT-Remote access Trojan".

The keystroke logger is installed inside the operating system and can never be detected. Once installed on a victim's computer, the programs record each keystroke, giving the hacker everything he needs to infiltrate a system or even steal someone's identity. The port sends all the passwords to a server that is offshore and untraceable.

A "RAT-Remote access Trojan" is a stealthy program installed in our computers or mobiles without our knowledge when we click a link or open an attachment in the phishing email. This program will enable the hacker sitting at a distance of 20000 km away remotely operate your computer or mobile and collect sensitive information and passwords.

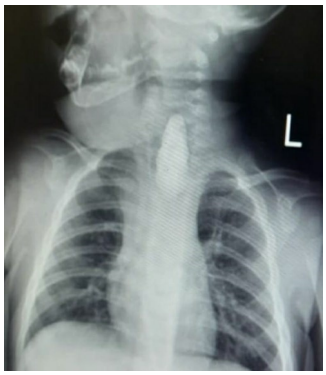




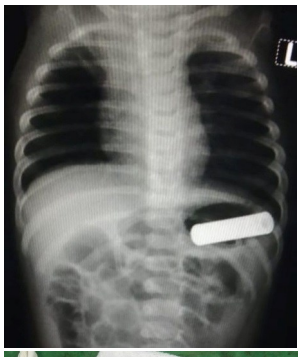


Xray of the month

Dr. B. Ramesh Babu, President IAP TNSC, Prof. of Pediatrics, Dharmapuri Medical College



Six months old baby with acute onset of Breathing difficulty. No other definitive history. Baby was with two year old sibling at home. On Examination, bilateral air entry was present. No added sounds. Chest Xray of chest prior to admission was suggestive of a foreign body in cricopharynx. Baby shifted to theatre and foreign body was removed from cricopharynx. Post removal xray showed another foreign body in stomach which was removed by Laparotomy



On Retrospective history, it was found one battery of TV remote was missing and was also found that the 2yr old elder sibling has put both the battery cell and stone in baby's mouth.

Remember

1. No Age is exempt for FB
2. Foreign body may be multiple. Always include Abdomen in xray in acute onset of Respiratory distress.
3. In suspected foreign body, always ask for history of toddler siblings or similar age group children playing with infant.

Known Symptom, Unknown Bite

Dr. K. Rajendran, Secretary IAPTNSC, Prof of Pediatrics, KMCH , Coimbatore

Three years six month old boy, born out of non-consanguineous marriage with nil comorbidities presented with pain in right foot radiating to calf, which started while he was playing. He was treated with NSAIDs on OPD basis with poor response. On day three of illness, he developed vomiting and drowsiness and weakness of his lower limbs which progressed rapidly to involve trunk.

In the ER, he was drowsy with tachycardia, hypertension, priapism and hypotonia with exaggerated deep tendon reflexes, ankle clonus and extensor plantar. On comprehensive examination, a puncture mark without any local signs in the right sole was noticed. Based the clinical presentation of autonomic disturbance and acute onset paralysis, envenomation was suspected.

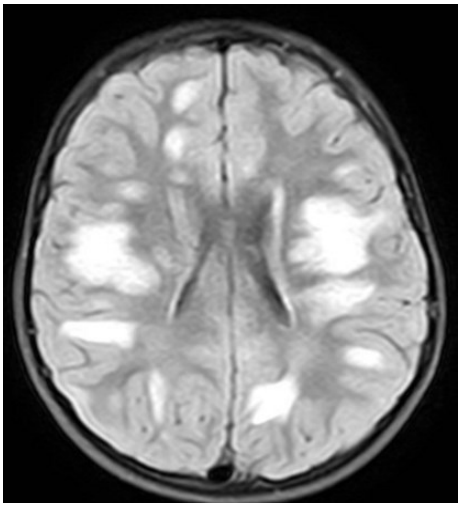
Initial investigations - CBC, Whole blood clotting time, ECG, ECHO, CPK-MB, Trop-T, PT, INR was normal. Since his clinical picture was consistent with scorpion envenomation, he was started on oral prazosin along with supportive measures and intensive neuro observation.

MRI brain showed multiple asymmetric cortical white matter lesion along with deep gray matter involvement and cervical involvement consistent with Acute Disseminated encephalomyelitis (ADEM) (images 1 & 2).

He was given high dose intravenous corticosteroids for five days. There was a dramatic response with near normal neurological recovery prior to discharge. Repeat MRI after two weeks showed clearance of lesions (Image 3).

This case illustrates the importance of diligent clinical examination, particularly in child with vague symptoms.

Neurotoxicity in scorpion envenomation is well reported in foreign countries. However, such a presentation in Indian subcontinent are rare. This child presented with ADEM which is probably incited by scorpion sting envenomation. Though there is no clear management guidelines for prevention of such a presentation, it is likely that scorpion antivenom started within 4 hours of envenomation can prevent neurotoxicity.



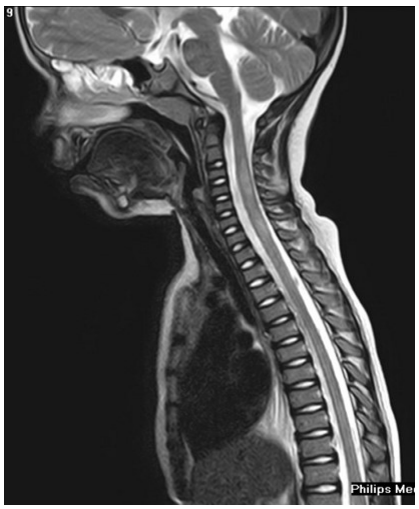


Image 1 & 2 - T2 images showing widespread areas of T2 hyperintense signal abnormality involving the subcortical white matter

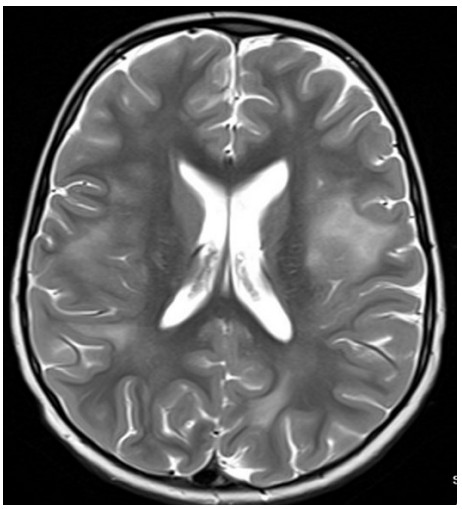


Image 3: T2 image showing clearing of the hyperintense signals

Differential diagnosis of Pediatric constipation: A new scoring system

Prof. Raveenthiran V, Dept. of Pediatric Surgery, Government Medical College, Chidambaram

Constipation is a very common problem in young children that affects 30 % of children below the age of 4 years. Habitual constipation, hypothyroidism and Hirschsprung disease, in that order, are the three common causes of chronic constipation in children. Among them, hypothyroidism is easily diagnosed or excluded by serum estimation of T3, T4 and TSH. When the differential diagnosis is narrowed down to Hirschsprung disease or habitual constipation, many practicing pediatricians stumble up on the further course of action. As the therapy of both the condition are entirely different, their differential diagnosis is crucial for clinical management.

Habitual constipation is diagnosed by exclusion of other possibilities and there is no confirmatory test for it. Hirschsprung disease may be diagnosed by demonstrating either colorectal coning zone in contrast radiography or by the absence of ganglion cells in rectal biopsy. The concern of missing the diagnosis of Hirschsprung disease often prompts barium enema thereby causing unnecessary radiation exposure. It is important to note that diagnostic yield of barium enema for Hirschsprung is only 5-10% of suspected children while the remaining 90% undergo unwarranted radiation hazard. Alternatively patients are needlessly referred to a surgeon for rectal biopsy which is an invasive procedure with its own complications. Further, special histological staining techniques and expertise required to diagnose ganglion cells in the rectal biopsy are not universally available.

The author is using a simple clinical scoring system to resolve this diagnostic dilemma of pediatric constipation. (Table 1) It contains differentiating features of both Hirschsprung disease and habitual constipation. Each of the entity is given a score of one point when present and zero point when absent or uncertain. Although contrast enema and radiographic features are included in the scoring system, it is not essential to have all of them to make a diagnosis. Scoring can be done as far as the available data permit. The highest aggregate of final score under Hirschsprung disease versus habitual constipation will indicate the most likely diagnosis.

The author could diagnose 95% of cases accurately with the help of this scoring system and could avoid unnecessary radiation exposure or invasive biopsy. Barium enemas were required only in those children diagnosed to have Hirschsprung disease by this scoring system; they were needed to confirm the clinical diagnosis and to estimate the length of aganglionic colon. Currently the scoring system is subjected to validation studies in the author's department.

Table 1: Clinical scoring system for the differential diagnosis of Hirschsprung disease and habitual constipation

Hirschsprung Disease	Habitual Constipation
Symptoms present since birth	Symptoms usually start after weaning
Delayed passage of meconium (>48 hr)	Meconium is passed within 48 hrs of birth
Prolonged passage of meconium (>72hr)	Transition stools appear at 72 hrs of birth
Defecation is painless	Highly Painful defecation
Defecates in squatting or sitting posture	Defecates in standing posture
Soft and pasty stools	Stony hard stools resembling pellets
Flatus is not passed or is infrequent	Flatus is passed normally
Abdomen is significantly distended	No abdominal distension
Bleeding on defecation is uncommon	Fresh bleeding at defecation is common
Failure to thrive is present	Weight gain is within normal range
Periodic diarrhea with ill health common	Diarrhea is never a feature
Empty rectum on DRE	Rectum loaded with hard feces up to the anal verge
After DRE gushing of stools / flatus occurs under great pressure	No gushing of stools / flatus on DRE
Laxatives and stool softeners do not relieve symptoms	Laxatives provide relief within a week
Plain radiographs show hugely dilated colon	Plain x-rays show mottled appearance of loaded colon
Barium enema shows gradual tapering of rectum from dilated colon above (coning zone)	Contrast study shows dilated rectum up to anal verge
DRE – Digital rectal examination	

Events of IAP TNSC March 2022

March 4, 2022: World Obesity Day awareness program in Tiruvarur

March 5, 2022: IAP Madurai - Webinar on antimicrobial stewardship

March 5, 2022: PG Clinics in Pediatrics - Bluish Newborn Baby with Breathlessness

March 12, 2022: UG Clinics in Pediatrics - Newborn with Jaundice and Pale Stools

March 13, 2022: Updates for Practicing Pediatricians - Medicolegal Issues

March 26, 2022: PG Clinics in Pediatrics - Child with Breathlessness and Joint Swelling

March 18,19 & 20, 2022 : Intensive Clinical Training Program at ICH & HC

March 18,19 & 20, 2022 : Intensive Clinical Training Program at ICH & HC

Release of the first edition of "Microbes" Newsletter from TN IAP ID chapter

Events of IAP TNSC March 2022

March 4, 2022: World Obesity Day Awareness talk at Nagapattinam, Dr.Dhakshayani

World Down Syndrome Day at GNMC, IAP TKPN Branch.

March 4, 2022: World Obesity day in Xavier's College of Nursing Sakkottai, Kumbakonam, Dr. G Sambasivam

World Obesity Day -Health awareness talk
IAP Coimbatore

Sensitisation program for AN Mothers on Down Syndrome day
Dr Sridevi A Naarayan, Secretary, IAPCCB

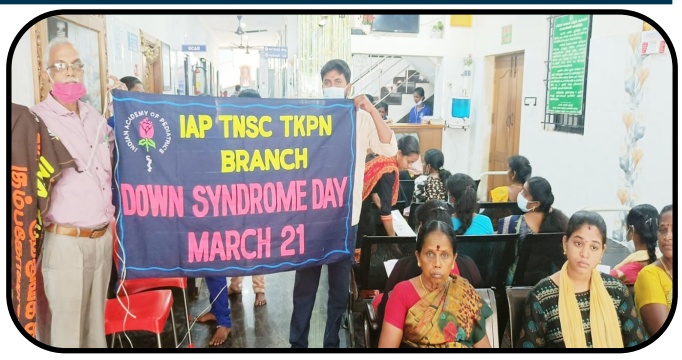
Women's Day celebrated in Kumbakonam by
IAP TKPN Branch along with IMA Kumbakonam

March 20: IAP Chengalput branch Inaugural Function

March 21: International Adolescent Health Week
IAP TKPN with IMA Kumbakonam

Events of IAP TNSC March 2022

March 21 , 2022 : IAP TKPN Branch Conducted Child and Adolescent Health Care Week Poster Competition



March 21, 2022: Down Syndrome Day , IAP TKPN Branch with IMA Kumbakonam conducted awareness Campaign

March 21 , 2022 : IAP Chengalpattu Branch Conducted Down Syndrome Day, Awareness Campaign

March 21 , 2022 : IAP Thanjavur Branch Down Syndrome Day , Awareness programme

March 21 , 2022 : IAP Thiruvallur Branch Conducted Down Syndrome Day, Awareness Campaign

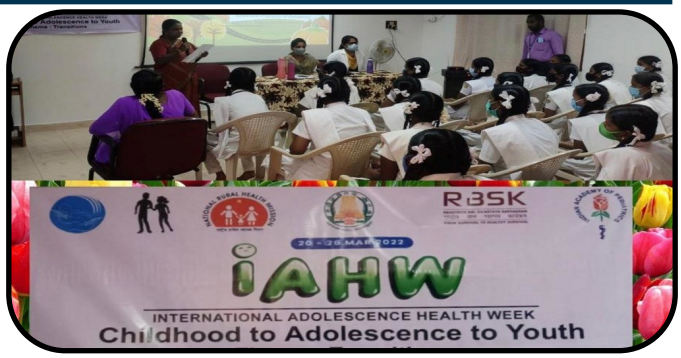
March 21 , 2022 : IAP Madurai Branch Down Syndrome Day, Awareness programme

March 27, 2022 : Health Education Talk on Post COVID stressors & personal hygiene, Lotus Blind Welfare Trust of India, Chennai

March 27 , 2022 : IAP TN Infectious diseases chapter and IAP CCB conducted APME module at KKCTH, Chennai

Events of IAP TNSC March 2022

March 21 , 2022 : World Down Syndrome Day
KMCH & IAP Coimbatore



March 25, 2022: International Adolescent Health Week
Dr. R.V. Dhakshayani delivering talk at Nagapatinam

TEAM IAP TNSC

Team Tamilnadu at National Pedicon 2022 March 2022

Meritorious Team IAP TNSC with the National Awards.

Meritorious Team IAP TNSC with the National Awards

Best Branch award for Team IAP TNSC

Dr. A. Jaleel Ahmed being conferred
the prestigious FIAP award

IAP TKPN branch receiving national award

IAP Trichy branch receiving national award

IAP Thanjavur branch receiving national award

IAP Coimbatore receiving national award

Team Tamilnadu at National Pedicon 2022 March 2022

IAP Chennai City Branch receiving national award

IAP-IYCF receiving the best subchapter award

Dr. A. Chenthil, EB Member as a Resource Person

Dr. A. Somasundaram, EB Member as a panelist

Dr. K. Rajendran, Secretary IAP TNSC as a moderator in critical care panel discussion

Dr .M.S.Viswanathan, state EB member as a panelist

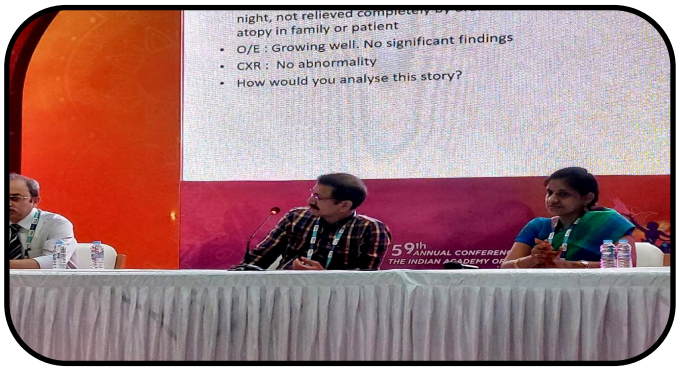
Dr. Annamalai Vijaraghavan, VP IAP TNSC as a panelist

Dr J Balaji, EB Member CIAP as panelist

Team Tamilnadu at National Pedicon 2022 March 2022

Dr. Muthukumar as a Resource Person

Dr. M. Singaravelu as Resource Person



Dr. R.V. Dhakshayani as a panelist

Dr K Nedunchelian as a resource person

Dr A Amalraj as a resource person

CIAP EB Members with Editors in Chief, IJPP & IP

Dr. K.U Suresh Balan, President Elect IAP TNSC in ECD Workshop

Dr. Uma Maheswari as resource person in Perinatology TOT workshop

Team Tamilnadu at National Pedicon 2022 March 2022

Dr. Tiroumourougane Serane. V in Perinatology TOT workshop

Dr. Ravanagomagan in ECD Workshop

Dr. A Thangavel in National Pedicon

Past Presidents of IAP TNSC with Secretary, NNF TN

Office bearers of IAP TNSC (past and present) sharing a lighter moment

Release of IYCF Guidelines

The Three Musketeers of 2021

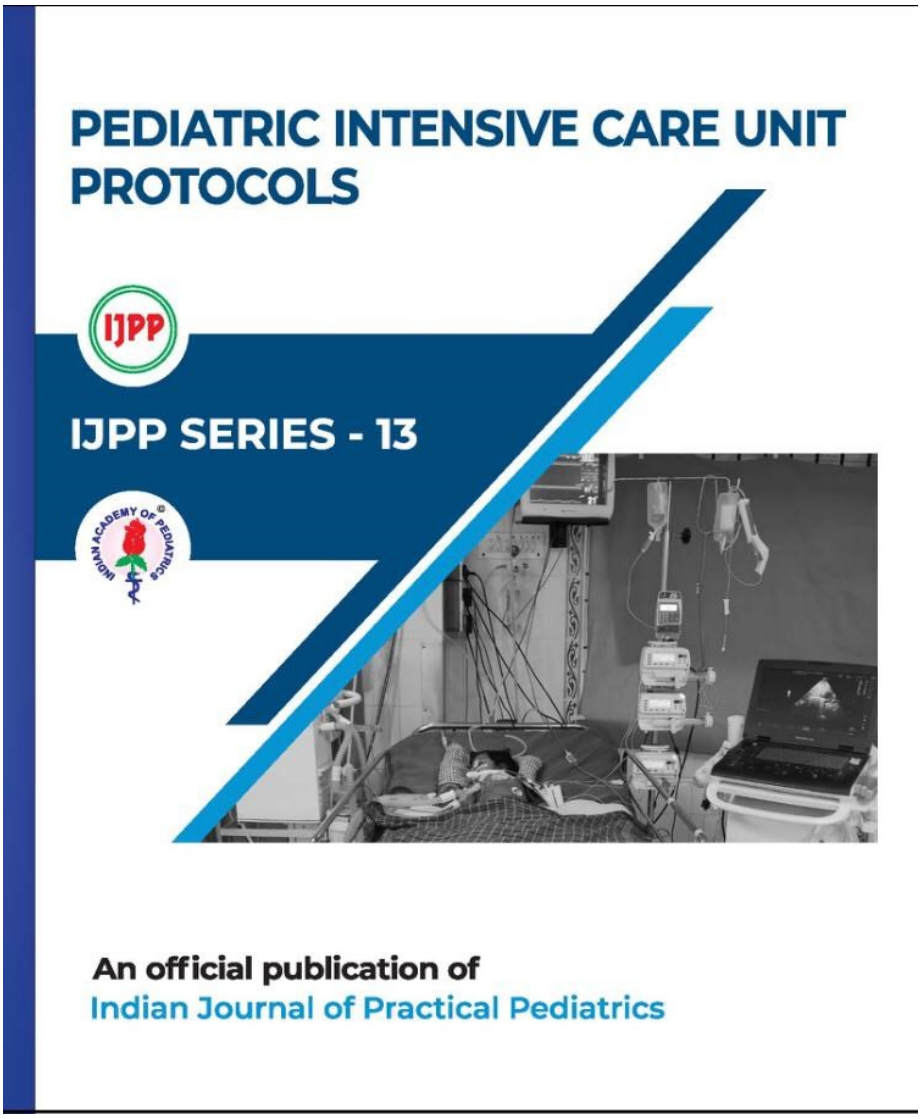
CIAP EB members from Tamilnadu

Team Tamilnadu at National Pedicon 2022 March 2022

Dr. Gopal Subramoniam sharing stage with Pedicolegal experts

Perinatology TOT Participants from IAP TNSC

Dr. Narmada Ashok as a Resource Person



To obtain your copy of IJPP Pediatric Intensive Care Unit Protocols (Series No 13), Kindly transfer the amount of RS 1500 and Postal charge Rs 150 (Total Rs 1650) through NEFT.

Bank: THE KARUR VYSYA BANK LTD
Name: INDIAN JOURNAL OF PRACTICAL PEDIATRICS
Account No: 1154115000004720.
Type: Current Account
IFSC CODE: KVBL0001878

Payment can also be made through Cheque or DD in favour of "Indian Journal of Practical Pediatrics". Note: Please communicate the payment details and postal address by Email ijpp_iap@rediffmail.com or WhatsApp (8903398537) to IJPP office. Book will be posted within a week once payment details are received.

For any other information kindly contact:
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1A, Block II, Krsna Apartments,
50, Halls Road, Egmore,
Chennai 600 008, Tamil Nadu
Phone: 044-28190032, 044-42052900.

FAQs on Infantile Colic

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How long do normal infants cry?

A Meta-analysis of 28 studies with 8690 infants found that Infants cry 117 to 133 minutes per day during the first six weeks of life and this decreases to 68 minutes per day by 10 to 12 weeks, but there is a huge variation between infants.

What is the Definition of Colic?

It is defined as crying for no apparent reason that lasts for ≥3 hours per day and occurs on ≥3 days per week in an otherwise healthy infant <3 months of age.

What is the Rome IV criteria?

This classifies infant colic as a functional gastrointestinal disorder in infants from birth to five months of age and it require all of the following to be present:

- Age <5 months when the symptoms start and stop;
- Recurrent and prolonged periods of crying, fussing, or irritability that start and stop without obvious cause and cannot be prevented or resolved by caregivers;
- No evidence of failure to thrive, fever, or illness;
- Caregiver reports crying/ fussing for ≥3 hours per day on ≥3 days/week in a telephone or face-to-face interview; and
- Total daily crying is confirmed to be ≥3 hours when measured by at least one prospectively kept 24-hour diary

How does one describe typical Colic Cry?

- Paroxysmal –Colicky episodes typically have a clear beginning and end.
- Crying is louder, higher and more variable in pitch.
- Hypertonia
- Difficulty consoling

Is there any association with time of the day and colic?

Colic is found to peak between 6:00 PM- 12:00 AM

Do male babies cry more ?

The incidence of colic does not appear to differ among males and females, breast- and formula-fed infants, or full-term and preterm infants

Does the family dynamics play any role in colic?

Dissatisfaction in the marital relationship, parental perception of stress, lack of parental self-confidence during the pregnancy and levels of family stress have been reported.

What are the postulated Gastro Intestinal Causes of Colic?

- Aerophagia
- Lactose Intolerance
- Altered gut flora
- Immaturity of enteric nervous system
- Increased motilin receptors
- Cow milk hypersensitivity.

Is there any role of microbiota in the etiology of colic?

Prospective longitudinal study by de Weerth et al. found Slower Development of Microbiota Colicky Infants have Significantly Less Diverse Fecal Bacteria from a study by Rhoads et al.

Is there Gut inflammation in colic?

Colic is linked with gut inflammation as determined by increased fecal calprotectin.

Do babies with Colic have Failure to thrive?

No

Does Colic have any potential sequelae?

There have been reports of

- Increased susceptibility to recurrent abdominal pain, eating disorders
- Migraine without aura
- Sleeping problems
- Frequent temper tantrums (at 3 years of age)
- Shaken baby syndrome where mother can potentially harm the baby

Do herbal remedies like gripe water work?

RCTs have found no benefit. Few trials have found them to be harmful.

What are the adverse effects of dicyclomine often prescribed?

Anticholinergic side effects such as a dry mouth, nausea, drowsiness, loose stool and constipation. Even Apnea, breathing difficulty, seizures, syncope have been reported.

What are the recommendation for PPI?

PPI are not recommended by NASPGHAN (North American Society for Pediatric Gastroenterology, Hepatology and Nutrition)

Does Simethicone work?

It is proposed that Simethicone can make Gas bubbles to coalesce, facilitating expulsion. Two 2016 systematic reviews of RCT found No Benefit. But it is considered safe.

There is a lot of buzz around Lactobacilii species in the management of Colic.

What is the research saying?

L.reuteri DSM 17938 when supplemented for 3 weeks resulted in reduced Crying Time by ≥50%. However it is Inconsistent and appears to vary geographically. This result was observed only in breastfed infants. Further research is needed.

What is PURPLE in counselling parents?

P – Peak of crying
U – Unexpected
R – Resists soothing
P – Pain-like face
L – Long lasting
E – Evening

PURPLE is an acronym for parents to remember when their infant is crying. Just reassuring them about the self limiting nature of the condition will do wonders.

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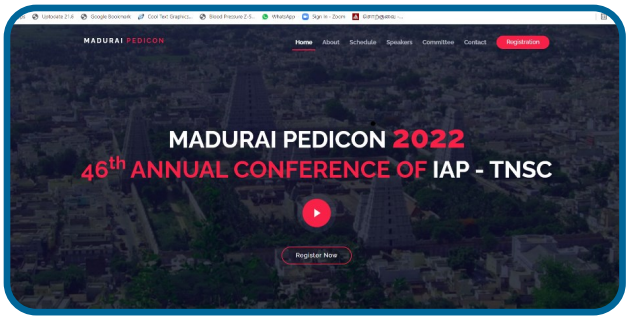

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