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Indian Academy of Pediatrics Tamilnadu State Chapter

இந்திய குழந்தை மருத்துவ குழுமம் -
தமிழ்நாடு மாநிலப் பிரிவு

Secretary's Report May 2026

Presidential Action Plan 2026
Nachunu Naalu Point 2.0

Issue 30: Stress Leucocytosis By Dr T Rajmohan

Issue 31: Oxygen Therapy in Children By Dr Mullai Baalaaji AR

Issue 33: From professional Success to Financial Independence By Dr S Thirumalai Kolundu

Issue 34: Complementary Feeding By Dr R Selvan

Nachunu Naalu Point (NNP) 2.0
நச்சுனு நாலு பாயிண்ட்
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#030 STRESS LEUCOCYTOSIS
Dr.T.Rajmohan
MD (Paed)

- Leucocytosis ≠ Infection:**
A raised WBC can result from acute stress (catecholamine-driven demargination); avoid reflex antibiotics.
- Identify triggers:**
Consider pain, seizures, trauma, crying, hypoxia, and other acute stressors—especially in children.
- Recognize the pattern:**
WBC 15000 - 30000/cumm, neutrophil predominance, minimal/no left shift and low CRP/procalcitonin indicate stress response.
- Differentiation from infection/sepsis:**
Stress response is a transient phenomenon in a stable child whereas infection/sepsis is generally associated with fever, persistent laboratory abnormalities, left shift of WBCs, high inflammatory markers with or without organ dysfunction.

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Conveners	Coordinators
Dr.D.Ashwath Dr.R.V.Dhakshayani	Dr.Agila Asokan Dr.Durai.N.Padmanaban Dr.Karthik Annamalai Dr.S.Subramanian

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#031 OXYGEN THERAPY IN CHILDREN
Dr Mullai Baalaaji AR
MD,DNB,DM,IDPCCM, FECMO

- Oxygen is a drug:**
Supplemental oxygen corrects hypoxemia but does not improve ventilation and is not a substitute for positive-pressure support. Always prescribe with flow (L/min), delivery device, and target SpO₂.
- Choosing the oxygen delivery method:**
Selection depends on age, tolerance, oxygen requirements, and clinical goals. High-flow systems require adequate humidification especially if given for prolonged periods.
- Low-Flow Devices:**
Nasal prongs are preferred in infants, used at a maximum flow of 2–4 L/min to deliver ~24–40% FIO₂. A simple face mask requires a minimum flow of 5 L/min to prevent rebreathing and provides ~40–50% FIO₂.
- High-flow Devices:**
For a non-rebreather mask, the flow rate must be set at 10–15 L/min, ensuring that the reservoir bag is fully inflated to deliver approximately 100% FIO₂. Use is reserved for short-term management in the emergency room and during pre-oxygenation prior to intubation. A Venturi mask can be used to titrate delivered FIO₂ between 24–60% using colour-coded adapters.

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#033 From Professional Success to Financial Independence
Dr. S. Thirumalai Kolundu
MBBS DCH

- Everyone dreams of a happy life. Work-life balance is key. Love your work, earn well, and make time for family & yourself.
- 💰 Wealth is not just about saving, but investing wisely.
- 🏠 Don't depend on a single income. Build alternative & passive income sources.
- 📈 Equity investment is a powerful step towards early financial independence.

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#034 COMPLEMENTARY FEEDING (AFTER 6 MONTHS)
Dr R Selvan
DCH,DNB(Ped),MRCPCCH(UK)

- Continue Breastfeeding:**
Continue breastfeeding after 6 months up to 2 years and beyond, along with complementary foods.
- Start When the Baby is Ready:**
Begin complementary feeding only when the baby is developmentally more than 6 months of age — able to sit with support, bring food to the mouth, chew, and swallow.
- Introduce Healthy Home Foods:**
Start with soft, home-cooked foods without added sugar or strong spices. Offer a variety of tastes, textures, and nutrients. Introduce one new food at a time.
- Encourage Healthy Eating Habits:**
Offer finger foods initially and gradually increase the quantity and frequency. Share family mealtimes, allow the child to decide how much to eat, and avoid ultra-processed foods and snacks.

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Issue 35: Minor Scalds in Children By Dr Sharada Sathish Kumar

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#035
Minor Scalds in children
Dr. Sharada Sathish Kumar
DCH, DNB (Peds), FPED, FSTEP

- Scalds in children are more frequent in younger children who are more curious and tend to pull things over themselves. The viscosity of the heated liquids determines the depth of injury.
- Blebs (blisters) in scalds, characteristic of partial-thickness burns, should generally be left intact to serve as a natural, sterile barrier against infection and to create a moist environment for healing. Small (<6 mm) or thick-walled blisters on palms and soles should be preserved.
- Large, fragile blisters, those interfering with joint function, or those that have already ruptured should be managed by controlled debridement (removal) of the dead skin.
- Non accidental injury should be thought in absence of splash marks, sharply defined wound margins, uniform burned depth, flexor sparing, and stocking and glove burn patterns.

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	Dr.S.Pazhani Samy Dr.V.Priyavarthini Dr.R.Raeshmi

Issue 36: Scorpion Sting By Dr S Mahadevan

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#036
Scorpion sting
Dr. S. Mahadevan
MD., Ph.D (Pediatrics)

- Scorpion sting should be suspected in any child presenting with sudden crying, vomiting, excessive sweating, salivation, lacrimation, priapism, bradycardia, and bronchial secretions (cholinergic excess), especially when overlapping with tachycardia, hypertension, agitation, seizures, arrhythmias (adrenergic excess), or muscle spasm and visual disturbances (neuromuscular excitation).
- Course may progress from pain within 30 minutes to autonomic storm within 4 hours, followed by cardiac dysfunction over 12–48 hours. Clinical monitoring, ECG, and bedside ECHO guide timely decisions.
- Prazosin, an alpha-1 blocker, is the antidote for autonomic storm: 30 mcg/kg (125–250 mcg in children; 500 mcg in adolescents), repeat after 3 hours if needed. Do not give for pain alone. Keep the child supine because of first-dose hypotension.
- Correct dehydration from sweating and vomiting. Early antivenom (3 vials), when available, with prazosin may shorten recovery and reduce cardiac complications. Use vasoactives for pulmonary edema or shock. Avoid atropine and steroids.

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Issue 37: Foreign Body Ingestion: Timing of Intervention By Dr P Senguttuvan

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#037
Foreign Body Ingestion: Timing of Intervention
Dr.P.SENGUTTUVAN
BSc, MBBS, DCH

- Button Battery:**
 - Esophagus: Emergent endoscopic removal within 2 hours.
 - Stomach/beyond:
 - Children <5 years with battery ≥20 mm: Endoscopy within 24–48 hours.
 - Children >5 years with battery <20 mm: Radiographic follow-up; endoscopy if not passed on within 7–14 days.
- Magnet Ingestion**
 - Multiple magnets or magnet + metallic object in esophagus/ stomach- Endoscopic removal within 12 hours.
 - Beyond stomach and asymptomatic: Serial X-rays every 4–6 hours. Consider endoscopy/surgery if symptomatic or no progression.
- Coin Ingestion**
 - Esophagus: Endoscopic removal within 24 hours.
 - Stomach/beyond: Repeat X-ray at 2 weeks; remove if retained beyond 2–4 weeks.
- Sharp Object Ingestion**
 - Esophagus: Urgent endoscopic removal within 2 hours.
 - Stomach/beyond and asymptomatic: Clinical and radiographic follow-up; consider removal if symptoms develop or object fails to pass within >3 days

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Issue 38:Scarlet Fever By Dr Rajkumar J

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#038
SCARLET FEVER
Dr.R.Venkateswari
DCH, DNB

- Scarlet fever should be suspected in children with fever, sore throat, and rash, especially between 5–15 years of age. It is caused by *Streptococcus pyogenes*, and the rash results from delayed type skin reactivity to its pyrogenic toxin.
- The rash usually appears 24–48 hours after symptom onset and is characteristically sandpaper-like, with circumoral pallor, Pastia lines, and strawberry tongue. The rash usually begins in the inguinal, axillary region and trunk, followed by extremities with sparing of palms and soles. As the rash subsides, desquamation usually occurs.
- Prompt diagnosis depends on clinical recognition supported by rapid streptococcal antigen test and throat swab culture.
- Treatment is similar to streptococcal pharyngitis, with oral amoxicillin 50 mg/kg/day for 10 days. Early therapy reduces transmission and prevents complications such as acute rheumatic fever, post-streptococcal glomerulonephritis, and toxic shock syndrome.

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Wow Wednesday Series

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6th May

The Pediatrician's Money Mantra - From Bookkeeping to Building Wealth (Practice Accounting, Statutory Compliance, Tax Planning, Balance Sheets & Financial Control for Clinics/Hospitals)

Dr. T. Nirmal Fredrick

Dr. Suresh Chelliah

13th May

Commodities as an Asset Class - Gold, Silver & Beyond: Strategic Allocation Approaches

Dr. P P Soundararajan

Dr. Murugesha Lakshmanan S

20th May

Wealth Protection Strategies - Insurance Planning for Income, Family & Practice Security

Dr. Kumaresh B S

Dr. Aram Chenthil

27th May

Retirement Planning & Estate Structuring - Designing Financial Freedom & Writing a Will with Clarity

Dr. Kumaresh B S

Dr. J. Balasubramanian

VIRTUAL GURUKULAM 2.0

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12 MAY 2026 (TUESDAY)
8.30 pm to 8.45 pm
Pediatric Pearls: What is New?
TOPIC:
Vaccine Update 2026
Dr. Somasundaram A
President, IAP TNSC 2026
Consultant in Developmental Pediatrics


8.45 pm to 10.00 pm
Case Discussion
Session-5: Gastroenterology

GURU

Dr. Malathy Sathyasekaran
Sr. Consultant Gastroenterologist,
MGM, Rainbow and KKCTH Hospitals

GURU

Dr. V. Arunachalam
Professor & HOD Paediatrics
Govt. Thoothukudi Medical College

MENTOR

Dr. Jagdish Menon
Sr. Consultant, Pediatric
Gastroenterology, RELA Hospital

SHISHYA

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CME of the Subspeciality Chapter

Monthly Online CME- Academy of Pediatric Neurology

Date: 31.05.2026

Time: 8 pm- 9.30pm



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CME OF THE SUBSPECIALTY CHAPTERS

~ ONE SUBSPECIALTY EACH MONTH ~

ADVANCING LEARNING FROM THE COMFORT OF YOUR HOME

5th Monthly Online CME by
Academy of
Pediatric Neurology



31 May'26 (Sunday) **8 pm - 9.30 pm**

zoom  [Click Here](#) or Join using Meeting ID: **824 4391 5044**
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Scientific Advisor



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CME OF THE SUBSPECIALTY CHAPTERS

5th Monthly Online CME by
Academy of Pediatric Neurology



31 May'26 (Sunday) **8 pm - 9.30 pm**

Sudden Spells in Children:
Demystifying Paroxysmal Events in Children

Time	Topic	Faculty
8 pm	Introduction	
8.05 to 8.20 pm	Where and How Do I Begin?	 Dr. Ranjith Kumar Manokaran
8.20 to 8.35 pm	Home Video Analysis: Tips and Clinical Pearls	 Dr. V. Viswanathan
8.35 to 8.50 pm	Evaluation of Spells: A Pragmatic Approach	 Dr. Shivan Kesavan
8.50 to 9.20 pm	Expert panel: Clinical Conundrums: Pitfalls & Practical Insights	 Dr. Maya Thomas Dr. K. Lakshminarayanan Dr. Kavitha Dr. Sangeetha Yoganathan Dr. Padma Balaji
9.20 to 9.30 pm	Q and A: Concluding remarks	

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Golden Update Module – Launch CME

Launch of Golden Update Module

Date: 29.05.2026 Time: 9pm to 9.30



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இந்திய குழந்தை மருத்துவக் குழுமம்-தமிழ்நாடு மாநிலப்பிரிவு
Academy of Pediatric Sciences - IAPTNSC





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GOLDEN UPDATE MODULE

Transforming Paediatric Practice Through Updates

A module designed under the IAPTNSC Presidential action Plan 2026



Online Launch

📅 29th May 2026 (Friday) ⌚ 9 pm to 9.30 pm

Chief Guest:  **Dr. M Singaravelu**

~ Expecting your honorable presence ~

Scientific Convener: Dr. P. Ramachandran

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 www.tinyurl.com/gum-launch or
Join using Meeting ID: 82443915044 Passcode: 174860

Academic Grant by Gladstone Pharma

1st CME of Golden Update Module
Date: 31.05.2026 Venue: IMA House Cuddalore
Organised by IAP Cuddalore Branch



NexGen Foundation Course 2026

Date: 15.05.2026 Venue: NELS Lab, Government Rajaji Hospital , Madurai Participants:More than 30



NextGen Foundation Course IAP- Coimbatore branch

Date: 15.05.2026 Venue: Simulation Lab, PSG IMSR, Coimbatore Participants: More than 30



**CIAP PRESIDENTIAL ACTION PLAN
STRIKE ANTIBIOTICS T20**

The STRIKE ANTIBIOTICS T20

Date:03.05.2026

Venue: PSG Medical College, Coimbatore



The STRIKE ANTIBIOTICS T20

Date:23.05.2026 Venue: Rela Hospital, Chennai.



CONFERENCE

NATIONAL MID-TERM PIDA CONFERENCE 2026

Pediatric Infectious Diseases Academy

DATE: 23.05.2026, 24.05.2026 Venue: Rela Hospital, Chennai



NATIONAL MID-TERM PIDA CONFERENCE 2026

Organized by
National PIDA, IAP TNSC & CCB, IAP PIDA Tamilnadu Chapter

 **23rd May Afternoon to 24th May**
 **Rela Hospital, Chennai**

Practical practice-focused scientific sessions

Quiz
for Postgraduates with attractive prizes.

Sessions by nationally renowned Pediatric ID experts

Exclusive Poster Presentation for Postgraduates

Easily accessible venue

Pre-Conference Workshop

 **23 May, Saturday (Morning)**
STRIKE T-20: Getting the Antibiotics Right
The workshop is free. However, conference registration is mandatory to attend the workshop.

TEAM PIDA TN ADVISOR: Dr. S. Balasubramanian

Organising Team

Team - PIDA	Team - IAP Tamilnadu	Team - IAP CCB	Team - PIDA TN
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Dr. Rajasekhar B Treasurer			



Academic activities by District Branches

CME by IAP Virudhunagar Branch on allergic Disorder

Date: 17.05.2026

Venue: Sparkle Inn Hotel, Sivakasi

Participants: More Than 200



CME by IAP Theni Branch - "THENI PEDIA '26 – Catch the Breath"

Date:20.05.2026

Venue: Government Theni Medical College

Participants: Around 100



Publications / Media /TV

SOS-Syndrome On Saturdays – IAP TTT Branch

S.No:13 LESCH NYHAN SYNDROME

**INDIAN ACADEMY OF PAEDIATRICS
TTT BRANCH**

SOS - Syndromes On Saturdays #S13 02.05.2026

LESCH NYHAN SYNDROME

A Rare X-Linked Recessive Metabolic Disorder of Purine Metabolism

PATHO-GENETICS

Normal: Mother (Xq26 chromosome / HPRT1 Gene) → Normal Protein (HPRT) → Normal Enzyme (HPRT) → Enabled Purine Salvage Pathway (Recycling) → Low Uric Acid

Affected: Affected HPRT1 Mutation → Defective Protein → HPRT Enzyme Deficiency / Absence → Purine Salvage Pathway (Recycling) IMPAIRED → ↑ De novo Purine Synthesis → ↑ Uric Acid Production → **RESULT: HYPERURICEMIA**

CLINICAL PRESENTATION & DIAGNOSIS

THE MECHANISM & THE SIGNATURE

Self-injury (Hallmark): Finger & Lip biting, Self-mutilation, Hyperuricemia (diaper "sand-like", Urate Crystals in Diaper (infancy), Developmental Delay, Dystonia / Spasticity, Twisted Pose, Choreoathetosis, Failure to thrive

DIAGNOSIS

- Clinical suspicion (Self-mutilation + Neuro features)
- ↑ Serum Uric Acid
- Confirm by: Enzyme Assay (HPRT deficiency), DNA Genetic Testing (X-linked Recessive)

MANAGEMENT

ALLOPURINOL / HYDRATION

ALLOPURINOL: Reduces Uric Acid, Does NOT improve neuro symptoms, Prevent Stones

BEHAVIORAL MANAGEMENT: Dental guards, Protective measures, Behavior modification

MULTIDISCIPLINARY CARE

GENETIC COUNSELING & PROGNOSIS

Inheritance Pattern: Carrier Female, Affected Male, Normal Female

Prognosis: Carrier females pass affected X-gene. Risk to male child. Lifespan reduced but improving with multidisciplinary care. Chronic neurological disability remains.

EDITORS

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S.No: 14 DUBIN-JOHNSON SYNDROME

**INDIAN ACADEMY OF PAEDIATRICS
TTT BRANCH**

SOS - Syndromes On Saturdays #S14 09.05.2026

DUBIN-JOHNSON SYNDROME

Dubin - Johnson Syndrome (DJS) is a rare, benign genetic disorder causing a distinctively dark-pigmented liver due to inability to transport conjugated bilirubin.

THE MECHANISM & THE SIGNATURE

THE MRP2 MUTATION

A defect in the ABCB2 transporter prevents conjugated bilirubin from entering the bile.

THE "BLACK LIVER" PHENOMENON

Melanin-like pigment deposits create a strikingly dark gross appearance of the liver.

DJS VS. ROTOR SYNDROME

Unlike Rotor syndrome, Dubin-Johnson presents with significant liver pigmentation.

CLINICAL PRESENTATION & DIAGNOSIS

INTERMITTENT JAUNDICE TRIGGERS

PREGNANCY, ILLNESS, OCP USE

Mild yellowing of the skin often surfaces during pregnancy, illness, or OCP use.

TYPE I COPROPORPHYRIN ~80%

TYPE I COPROPORPHYRIN

High levels of urinary Type I coproporphyrin serve as a primary diagnostic clue.

A BENIGN PROGNOSIS

The condition is harmless with a normal life expectancy, requiring only reassurance.

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S.No: 15 BECKWITH WIDENANN SYNDROME

**INDIAN ACADEMY OF PAEDIATRICS
TTT BRANCH**

SOS - Syndromes On Saturdays #S15 16.05.2026

BECKWITH WIDENANN SYNDROME (BWS)

A Congenital Overgrowth Syndrome characterized by: OVERGROWTH, MACROGLOSSIA, ABDOMINAL WALL DEFECTS, Genomic imprinting at Chromosome 11p15.5.

GENETICS

Defect in 11p15 imprinting - IGF2 → Excessive growth region involving: Overexpression, Altered CDKN1C Regulation.

MECHANISMS:

- Loss of maternal methylation + Paternal uniparental disomy
- CDKN1C mutation. Usually sporadic & autosomal dominant.

CLASSICAL CLINICAL FEATURES

Macroglossia (MOST COMMON)

- Feeding difficulty
- Airway obstruction
- Speech issues

Neonatal Hypoglycemia (VERY IMPORTANT)

Due to Hyperinsulinism Can cause:

- Seizures
- Neurologically if untreated

Macrosomia

- Large birth weight / length
- Accelerated early growth

Ear abnormalities

- Posterior helical pits
- Crestles

Visceromegaly

- Liver
- Kidneys
- Pancreas
- Adrenals

Omphalocele / Exomphalos

- Major diagnostic clue

Other abdominal defects:

- Umbilical hernia
- Dilated stomach

Hemi-hyperplasia

Molecular Testing (11p15 abnormalities)

SCREENING PROTOCOL (Tumor Surveillance)

- Abdominal USG every 3 years (till 5 years)
- Serum AFP every 3 months (early year for hepatoblastoma)

MANAGEMENT

Multidisciplinary approach:

- Treat Neonatal Hypoglycemia Urgently
- Macroglossia - Reduction surgery if severe
- Repair Abdominal Wall Defects
- Growth/Development Monitoring
- Tumor Surveillance

TUMOR RISK

Increased risk of embryonal tumors:

- WILMS TUMOR (most common)
- Hepatoblastoma
- Neuroblastoma
- Adrenocortical tumor

PROGNOSIS

Good if Hypoglycemia managed early and Tumor detected early.

EDITORS

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S.No: 16 FETAL VARICELLA SYNDROME

**INDIAN ACADEMY OF PAEDIATRICS
TTT BRANCH**

SOS - Syndromes On Saturdays #S16
23.05.2026

FETAL VARICELLA SYNDROME (CONGENITAL VARICELLA SYNDROME)

Transplacental Varicella-Zoster Virus (VZV) Infection during Pregnancy.

Syndrome caused by transplacental infection with VZV during pregnancy, following maternal varicella, especially in early pregnancy.

HIGH-RISK PERIOD
Highest risk: 8–20 WEEKS GESTATION
MAXIMUM RISK: 13–20 WEEKS

PATHOGENESIS
Maternal Viremia → Placental Transmission → Fetal Infection (Tissue Necrosis, Scarring, Neurovascular Damage)

CLASSICAL CLINICAL FEATURES

SKIN LESIONS (HALLMARK):

- Cicatricial scar lesions
- Dermatomal / zig-zag distribution

CNS ABNORMALITIES:

- Cortical atrophy
- Microcephaly
- Developmental delay
- Seizures

EYE ABNORMALITIES:

- Cataract
- Chorioretinitis
- Microphthalmia

GROWTH: IUGR / low birth weight

OTHER FEATURES:

- GI/GU anomalies possible
- Autonomic dysfunction

DIAGNOSIS

MATERNAL DIAGNOSIS: Clinical varicella during pregnancy

FETAL EVALUATION:

- Targeted Fetal Ultrasound (Limb defects, IUGR, Hydrocephalus)
- PCR for VZV in amniotic fluid (selected cases)

NEONATAL VARICELLA (IMPORTANT DIFFERENTIATION)
Severe disease when Maternal rash develops: 5 DAYS BEFORE to 2 DAYS AFTER DELIVERY (Baby exposed before maternal antibodies form)

MANAGEMENT

MATERNAL INFECTION

- Oral acyclovir
- Supportive care
- VZIG for susceptible high-risk exposed pregnant women

PREVENTION
Varicella vaccination BEFORE pregnancy.
• Avoid live vaccine DURING pregnancy.

NEONATE MANAGEMENT

- VZIG for high-risk exposure
- IV acyclovir if disease develops

PROGNOSIS
May cause:

- Permanent neurological disability
- Limb deformities
- Mortality increased in severe disease.

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S.No: 17 TWIN–TWIN TRANSFUSION SYNDROME

**INDIAN ACADEMY OF PAEDIATRICS
TTT BRANCH**

SOS - Syndromes On Saturdays #S17
30.05.2026

TWIN-TWIN TRANSFUSION SYNDROME (TTTS)

PATHOPHYSIOLOGY
UNBALANCED PLACENTAL VASCULAR ANASTOMOSES

DONOR TWIN
THE DONOR TWIN: BLOOD LOSS
The vascular imbalance causes the donor twin to experience significant blood loss leading to hypovolemia.

RECIPIENT TWIN
THE RECIPIENT TWIN: BLOOD OVERLOAD
Conversely, the recipient twin receives an excess of blood, resulting in systemic blood overload.

USG FINDINGS (ULTRASOUND)

DISCORDANT AMNIOTIC FLUID

Deepest pocket < 2cm (Donor) | Deepest pocket > 8cm (Recipient)

GROWTH AND DOPPLER INDICATORS
Diagnosis is supported by findings of Monozygotic twins, Growth Discordance, and Abnormal Doppler readings.

QUINTERO STAGING

STAGE 1 FLUID DISCORDANCE	STAGE 2 BLADDER VISUALIZATION	STAGE 3 VASCULAR FLOW ISSUES	STAGE 4 CRITICAL FLUID BUILDUP	STAGE 5 TERMINAL OUTCOME
Characterized by oligo + Polyhydramnios	The Donor Bladder is Absent	Evidence of Abnormal Doppler	The presence of Hydropic Fetus	Fetal Demise

MANAGEMENT

DEFINITIVE TREATMENT: FETOSCOPIC LASER ABLATION
A surgical procedure involving the ablation of placental vascular connections.

SUPPORTIVE CARE: SERIAL AMNIORREDUCTION
A supportive management used to manage excess amniotic fluid.

CLINICAL OVERSIGHT
Essential management includes close fetal monitoring and ensuring a Timely Delivery.

COMPLICATIONS

DONOR TWIN RISKS

- Severe Anemia
- IUGR
- Hypoxia

RECIPIENT TWIN RISKS

- Polycythemia
- Cardiac Failure
- Hydrops

EDITORS

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TUESDAY SIP-Sing In Paediatrics – IAP TTT Branch

S.No:8 THUMB SIGN & STEEPLE SIGN



INDIAN ACADEMY OF PAEDIATRICS

TTT BRANCH

TUESDAY SIGN - Signs In Paediatrics

THUMB SIGN & STEEPLE SIGN

#Sign:8
05 Sign:26

EPIGLOTTITIS




Clinical Correlation

- High fever
- Drooling
- Painful, turgent trident position

Pathophysiology

Diffuse, severe upper airway swelling

Severity

Life threatening vs. Mild-Moderate

Location

Epiglottitis vs. Subglottic

Causative Agent

Infectious vs. Viral

Treatment Approach

- Rapid response team
- Prepare for intubation in OT
- Medical waste

Avoid

- 3rd cephalosporin (e.g. ceftriaxone)
- Oxygen

CROUP




Clinical Correlation

- Barking cough
- Stridor
- Hoarseness

Pathophysiology

Diffuse, severe upper airway swelling

Severity

Life threatening vs. Mild-Moderate

Location

Epiglottitis vs. Subglottic

Causative Agent

Infectious vs. Viral

Treatment Approach

- Rapid response team
- Prepare for intubation in OT
- Medical waste

Avoid

- 3rd cephalosporin (e.g. ceftriaxone)
- Oxygen

Nebulized Therapy (Priority)

- Reduces rapid subglottic edema
- Prevents long-term airway inflammatory effect, onset < 1 hour duration with 100

Treatment

- Nebulized Adrenaline, Systemic Steroids, Supportive Care
- Mild-Moderate distress
- Call to 911 (ESSE) call

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Dr. Lalitha

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EDITORS

S.No:9 SINGS IN INTUSSUSCEPTION



INDIAN ACADEMY OF PAEDIATRICS
TTT BRANCH
TUESDAY SIP - Signs In Paediatrics



#Sign-9
12.05.2026

SIGNS IN INTUSSUSCEPTION

INTUSSUSCEPTION: TELESCOPING OF BOWEL

Most Common Type: ILEOCECAL

COMMON AGE: 6 Months – 2 Years

IMPORTANT RADIOLOGICAL SIGNS

1. CLAW SIGN

CONTRAST ENEMA



Importance: Indicates intussusception

2. TARGET SIGN / DOUGHNUT SIGN

ULTRASOUND (Transverse View)



• CONCENTRIC RINGS
• Most Common USS Sign

3. PSEUDOKIDNEY SIGN

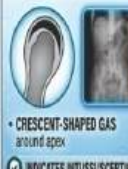
ULTRASOUND (Longitudinal View)



• BOWEL MASS RESEMBLES KIDNEY

4. MENISCUS SIGN / CRESCENT SIGN

CONTRAST ENEMA / RADIOGRAPH



• CRESCENT-SHAPED GAS around apex
• INDICATES INTUSSUSCEPTION

5. COILED SPRING APPEARANCE

CONTRAST ENEMA



CONTRAST TRAPPED BETWEEN MUCCAL FOLDS

INVESTIGATION OF CHOICE: ULTRASOUND ABDOMEN



SENSITIVITY & SPECIFICITY VERY HIGH



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S.No:10 EGG ON SIDE

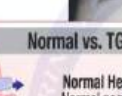


INDIAN ACADEMY OF PAEDIATRICS
TTT BRANCH
TUESDAY SIP - Signs In Paediatrics



#Sign:18
18.05.2022

The "Egg-on-Side / Egg-on-String" CXR Sign



Enlarged Globular Cardiac Silhouette ("Egg")

Narrow Superior Mediastinum ("String")



Normal Heart
Normal normal mediastinum
CROSSED
Great Vessels



Normal vs. TGA Heart and Mediastinum.

PARALLEL Great Vessels

Aorta from RV

Right Ventricular Hypertrophy (RVH)

Aorta from PA from LV

Right Atrium (RA) Enlargement

Pathophysiological Basis

"Egg":

- Cardiomegaly
- Enlarged RA/RV

"String":

- Narrow vascular pedicle
- AP relationship (>)
- Thymic involution

CXR & Clinical Features

<IMAGE>



Clinical Correlation: Severe Central Cyanosis (Newborn), Tachypnoea, Poor feeding

Survival & Diagnosis

Survival depends on:

- ASD/PFO
- VSD
- PDA, mixing

Management

Immediate: PGE1 infusion, Atrial Septostomy

Definitive: Arterial Switch Operation (Jatene)



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S.No:11 LEOPARD SKIN APPEARANCE



INDIAN ACADEMY OF PAEDIATRICS
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TUESDAY SIP - Signs In Paediatrics



#SignsInPaediatrics
25.05.2026

TIGROID / LEOPARD SKIN APPEARANCE (MRI BRAIN)

TIGER SKIN PATTERN



LEOPARD SKIN PATTERN



CLASSICAL ASSOCIATION



Metachromatic leukodystrophy (MLD)

Also seen in:

- Pelizaeus-Merzbacher disease
- Krabbe disease (occasionally)

PATHOPHYSIOLOGY



Diffuse demyelination with scattered preserved periventricular myelin

MRI appearance with patchy preserved myelin islands within abnormal white matter

Produces **striped/spotted** appearance resembling:




Tiger skin Leopard skin

MRI FEATURES

- T2-weighted MRI:
- Symmetrical white matter hyperintensity
- Radiating hypointense stripes/dots within abnormal white matter

Creates tigroid appearance



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Dr. Madhavi Sankar

EDITORS

இந்திய குழந்தைகள் மருத்துவ அகாடமி சார்பில் உலக தலசீமியா தினம்

■ மதுரை

மதுரை டி.ஆர்.அரங்கில், இந்திய குழந்தைகள் மருத்துவ அகாடமி சார்பில் உலக தலசீமியா தின விழா நடைபெற்றது.

குழந்தைகள் நல மற்றும் ஆராய்ச்சி மையம், அரசு ராஜாஜி மருத்துவமனை சார்பில் நடைபெற்ற இந்த நிகழ்ச்சிக்கு, முன்னாள் முதல்வர் எஸ்.சண்முகசுந்தரம் தலைமை விருந்தினராகப் பங்கேற்று, தலசீமியா நோய் குறித்த விழிப்புணர்வு, தடுப்பு நடவடிக்கைகள் மற்றும் குழந்தைகளுக்கான முழுமையான சிகிச்சைப் பராமரிப்பின் முக்கியத்துவத்தை விளக்கி சிறப்புரையாற்றினார். மேலும், தலசீமியாவால் பாதிக்கப்பட்ட



▲ உலக தலசீமியா தின நிகழ்வில் பங்கேற்றோர்.

குழந்தைகளுக்கு பரிகசன் வழங்கி, அவர்களுக்கும், அவர்களது குடும்பத்தினருக்கும் ஊக்கம் அளித்தார்.

குழந்தைகள் நல மற்றும் ஆராய்ச்சி மைய இயக்குநர் டாக்டர் நந்தினி சூப்பாமி சிறப்பு விருந்தினராகப் பங்கேற்று,

தலசீமியா பாதிக்கப்பட்ட குழந்தைகளின் வாழ்க்கைத் தரத்தை மேம்படுத்த பல்துறை மருத்துவப் பராமரிப்பு, பெற்றோருக்கான ஆலோசனை குறித்து வலியுறுத்தினார்.

மருத்துவர் ஷயாம் ஆனந்த் தலசீமியா தினப் பராமரிப்பு

மையத்தின் செயல்பாடுகள் மற்றும் சேவைகள் குறித்து விளக்கமளித்து, தொடர்ந்து வழங்கப்படும் சிகிச்சை, ரத்த மாற்று சிகிச்சை மற்றும் முறையான பின் தொடர்பு பரிசோதனைகளின் முக்கியத் துவத்தை எடுத்துரைத்தார்.

இந்நிகழ்ச்சியில், இந்திய குழந்தைகள் மருத்துவ அகாடமி தலைவர் டாக்டர் மணிவண்ணன், செயலாளர் டாக்டர் எட்வின்ராஜா, பொருளாளர் டாக்டர் பெரியசாமி, பேராசிரியர்கள், உதவிப் பேராசிரியர்கள், முதுநிலை மருத்துவர்கள், சுகாதாரப் பணியாளர்கள், மாணவர்கள் மற்றும் பொதுமக்கள் பலர் பங்கேற்றனர்.

Public Health Education Talk / Lecture at School

IAP Dindigul District branch

IAP Dindigul District branch observed National Dengue Day at Dindigul, Signs, symptoms and prevention were discussed. DrP Velusamy, President discussed in detail. Participants were public, paramedics and medical representatives



IAP Madurai – Free Eye Camp

Date:07.05.2026

Venue: Sivajothi Hospital, Madurai

Participants:More Than 50



Basic Neonatal Resuscitation Program

Basic Newborn Resuscitation Program

Date:10.05.2026

Venue: Cantonment Hospital, Pallavaram.

Participants: 16 Staff nurse & 2 doctors



NATIONWIDE NRP DAY – IAP Virudhunagar Branch
Date:10.05.2026 Venue: Sivakasi Participants: more than 25

