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Editorial

From Promoting Breast Feeding Practice to Diagnosis and Management of Rapunzel Syndrome, Exchanging Ideas Through a Peer-review Platform

In this issue, we have a good mixture of original articles covering a wide spectrum of paediatric medical, surgical and also child health related studies. That is in line with our mission to promote child health and general paediatric knowledge. We hope that no matter our readers are general paediatricians or subspecialists, they should find our contents useful in their daily clinical practice.

For paediatricians, most if not all of us agree that breast feeding is beneficial and should be the first choice for the baby. But how to promote and implement this practice is another issue, especially when the baby is a premature baby. Providing proper training and education to the nursing mother is essential. The study of Korğalı et al supports this view and it showed that with proper training and support, to either mother alone or the whole family, could lead to a more sustained period of breast feeding and better parent-infant interaction. While it appears that it is a simple logic but when we look at the training program stated in this report, it is comprehensive and requiring a strong commitment from both the paediatricians and the nursing staff involved. The same doctor and nurse actually have to conduct multiple home visits (at 1 week, 1, 2, 4 months after discharge) and spent 2 hours each time for the education. I wonder whether such intensive effort can be sustained after the study is concluded. The other alternative is to train a breast-feeding educational team with hot line that can facilitate consultation and follow-up. No single method is perfect, but the key is that it should be a continuous process with feasible accessibility for advice.

In recent years, the term "acute renal injury" (AKI) has replaced "acute renal failure" to describe the impairment of renal function due to short term adverse events. One of such adversities is caused by severe infection leading to the admission to ICU. Multi-organs dysfunction is predictive of fatality in the ICU setting and whether the severity of acute renal injury can also provide some insight on the mortality prediction has been assessed by 3 critical illness scoring systems. The severity of AKI was defined by the Kidney Disease Improving Global Outcomes (KDIGO) guidelines based on the serum creatinine level and urine output. It was shown that Pediatric Critical Illness Score (PCIS) was better in predicting the mortality risk of paediatric patients with early-stage AKI, whereas Pediatric Risk of Mortality III (PRISM III) was better for paediatric patients with more advanced stage AKI. The result suggested that using multiple assessment tools may be more

accurate in predicting the outcome of patients with AKI in the ICU under different settings.

Though uncommon, deep neck space abscesses can be fatal if diagnosis is delayed. This group of abscesses can be further classified by their anatomical location into retropharyngeal, parapharyngeal, peritonsillar, submandibular, and mixed type. They have different presenting patterns and causes. For example, retropharyngeal and parapharyngeal abscesses are more common in early childhood (<5 years), and peritonsillar abscesses usually occur in older children and adolescent as a complication of tonsillitis. The presenting signs and symptoms are quite non-specific including fever, sore throat, dysphagia, limitations of neck movement and neck swelling. Since young children may not express themselves accurately, therefore high index of suspicion is needed. The main controversial point in deep neck space abscesses is whether to treat conservatively with antibiotics alone or performing surgery early. The report of Duman et al suggested that almost 50% of the patients can be treated conservatively with antibiotics such as Augmentin alone. It was suggested that indication of surgery can be guided by the size of the abscess (surgery if >2.2 cm) and age of patients (surgery if <5 years).

Rapunzel syndrome is a psychiatric disorder and patients with this syndrome tend to swallow their own hair.

Therefore, trichobezoar is formed in the stomach and some may have a long hairy tail that can extend into the upper part of small bowel. Prof. Wu's team from a large regional hospital in Shanghai reported 7 cases of this interesting complication within a 10-year period. This condition is mainly found in girls with the habit of trichophagia. Most complained of abdominal pain and chronic gastrointestinal symptoms. While endoscopic examination is the best diagnostic method, the removal of the trichobezoar usually requires opened laparotomy. The chance of recurrence of this condition is expected to be high if psychiatric assistance in the form of behavioural therapy is not provided.

Even for experienced paediatricians, to catch-up with the changing practice in subspecialty fields can be difficult, such as AKI assessment and approach to deep neck space abscesses. The exposure can be expanded by sharing under different exchange platforms. Our journal can serve as one of these sharing platforms among experts working in the paediatric fields. Then we can minimise the chances of delayed diagnosis and inappropriate management of our patients.

GCF CHAN
Chief Editor