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## Editorial

# Identifying Relevant Research Questions Through Clinical Review and Study

First, I would like to pay my tribute to one of the most eminent paediatricians in Asia, Dr. Chan Chok Wan. Dr. Chan passed away recently and we all treasured his contribution on childhealth education and service. He was also the prime mover of our paediatric subspecialty development. We can have a glimpse of his achievements synopsis from the obituary. He is our role model and his energetic and passionate working spirit will stay with us always.

In this issue, our clinical papers focus on different aspects of paediatrics and childhealth issues. They may have different perspectives but all intend to answer relevant clinical questions through review of their experience. They discovered interesting observation for further exploration.

During pandemic such as COVID-19, the focus of attention is often on those who are infected and also how to control the spreading of the infection within a population. But in fact, healthcare workers engaged in the care of infected patients are under tremendous stress, especially when the nature and treatment of the infectious agents remains unidentified. Such stress does not confine to the healthcare workers themselves but also to their families as illustrated by the survey of Dunder AM et al. The quarantine policy often means a prolonged period of isolation of the healthcare workers from their families. Therefore, it is not surprising to find that children of healthcare workers are more affected physically and psychosocially than other children during the pandemic. A more proactive humane approach to minimize the stress and isolation by providing timely support to the affected families has to be looked into.

With the advancement of medical technology, premature baby even with extreme low birth weight may survive. However, the improvement in survival is associated with the emergence of new clinical problems. Lee JY, et al found that extreme low birth weight neonates (birth weight <1 kg) with delayed passage of first meconium (>72 hours after birth) have adverse outcome. They are more likely to be male and have lower gestational age. Multiple logistic regression analysis indicated that they are associated with severe sepsis and intracranial haemorrhage. This is expected because the motility of the bowel is related to the maturity of the nervous plexus in the gut. Stasis of bowel content may enhance bacterial overgrowth and the chance of sepsis. The symbiosis of non-pathogenic bacteria in the bowel is the key to normal vitamin K production and hence importance for bleeding control. However, it is interesting to find that the delayed passage of first meconium has no correlation with necrotising enterocolitis or other gastrointestinal complications.

It appears that not all causal relationship can be deduced by conventional

thinking, Küçükali B et al. noted that preterm neonates without prolonged premature rupture of membranes (PPROM) have a higher chance of requiring invasive ventilation; higher oxygen requirement; and need higher end-expiratory positive pressure while on non-invasive ventilation. That means in contrary, preterm infants with PPRM have a lesser need for respiratory support after birth. This is different from our usual thinking that premature rupture of membrane is associated with a poorer outcome. This paradoxical finding may be explained by the hypothesis that intrauterine stress may directly or indirectly enhance alveolar maturity. This interesting observation must be proven by future prospective study. This also emphasizes the importance of clinical study for the reality does not necessary conform to our conventional logic.

Finally, Li TY, et al reported a case series of prolactinoma in a regional hospital. Prolactinoma is rare in

paediatric population and the warning signs are adolescent girl with delayed pubertal development and galactorrhoea. It can also happen in boy but is often more severe. It is a clinical diagnosis and biopsy is not needed if patients have good response to dopamine agonist. The response rate is high, but compliance has to be monitored if suboptimal response is noted. The findings are in concur with the adult and published data except for a slightly higher incidence rate. With the availability of the clinical data from the local Hospital Authority IT system, effort should be made to explore the data of other hospitals in the territory. This can give us a more holistic view as of the prevalence of this clinical problem, especially it tends to persist over a long period of time.

**GCF CHAN**  
**Chief Editor**