

Újdonságok a gasztroenterológiában

Magyar Gyermek-gasztroenterológiai Társaság XIII. Kongresszusa

Dr Lóth Szendile, Dr Béres Nóra

Gyermekegyógyászati Klinika



SEMMELWEIS
EGYETEM 1769

POSITION STATEMENT

Gastroenterology: Eosinophilic Gastrointestinal Disorders

Diagnosis and management of eosinophilic esophagitis in children: An update from the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN)

Jorge Amil-Dias¹ | Salvatore Oliva² | Alexandra Papadopoulou³ |
Mike Thomson⁴ | Carolina Gutiérrez-Junquera⁵ | Nicolas Kalach⁶ |
Rok Orel⁷ | Marcus Auth⁸ | Danielle Nijenhuis-Hendriks⁹ |
Caterina Strisciuglio¹⁰ | Olivia Bauraind¹¹ | Sonny Chong¹² |
Gloria Dominguez Ortega¹³ | Sonia Fernández Fernández¹⁴ | Mark Furman¹⁵ |
Roger Garcia-Puig¹⁶ | Frederic Gottrand¹⁷ | Matjaz Homan⁷ |
Koen Huysentruyt¹⁸ | Aco Kostovski¹⁹ | Sebastian Otte²⁰ | Francesca Rea²¹ |
Eleftheria Roma²² | Claudio Romano²³ | Christos Tzivinikos^{24,25} |
Vaidotas Urbonas²⁶ | Saskia Vande Velde²⁷ | Tsili Zangen²⁸ | Noam Zevit²⁹

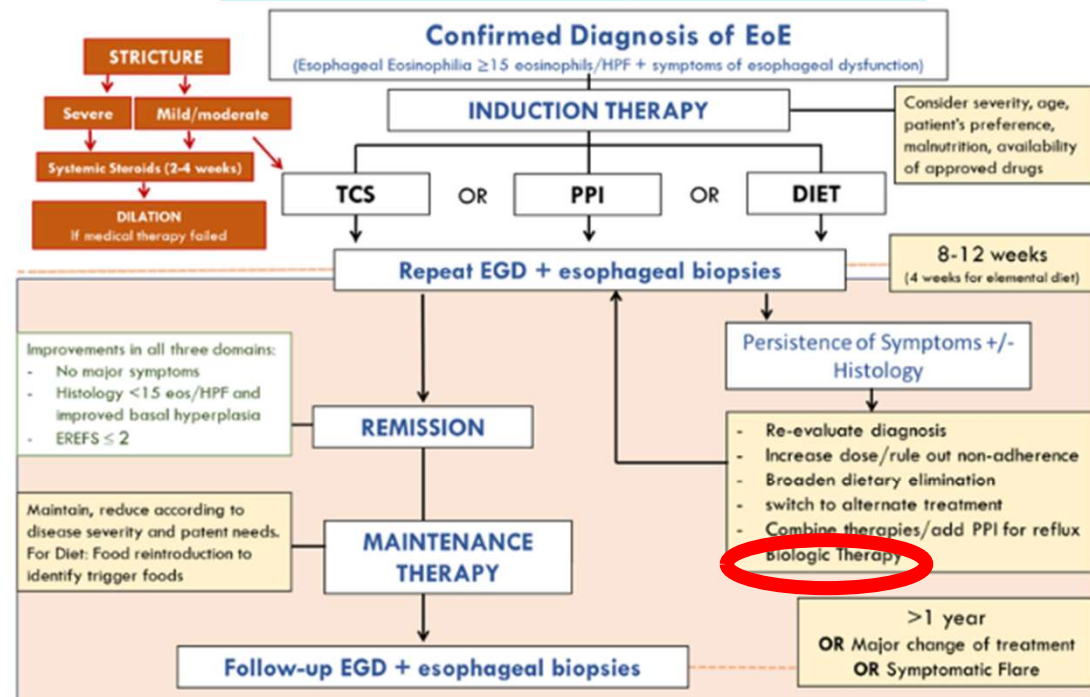
Updated ESPGHAN Guidelines For Diagnosis And Management Of Eosinophilic Esophagitis (EOE) In Paediatrics

● 52 statements ● 44 recommendations

According to the updated Guidelines on

- Simplified protocols for the diagnosis of EoE no longer require failure of a PPI trial.
- Validated tools are available for assessing symptoms and quality of life and should be incorporated in the management of children with EoE.
- The use of endoscopic and histologic scores improves diagnostic efficacy and helps monitor the inflammatory process.
- Systemic steroids may be helpful in the treatment of severe esophageal strictures.
- New biologic agents may be helpful in treating difficult cases that do not respond to or are intolerant of alternative treatments.
- A discrepancy between eosinophil depletion and symptomatic improvement requires reassessment of non-eosinophil-dependent inflammation.
- Quality of life assessment should be part of patient management.
- Implementation of programs for transition to adult care must be considered and started well before patients reach adulthood.

Treatment algorithm



Amil-Dias et al. Diagnosis and management of eosinophilic esophagitis in children: An update from the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN). J Pediatr Gastroenterol Nutr. (2024)

JPGN
Journal of Pediatric Gastroenterology and Nutrition

J. Amil-Dias. Diagnosis and Management of EoE in Pediatrics. JPGN 2024.

TABLE 1 (Continued)

Qn	Statement	Recommendation
Treatment of refractory EoE		
Q23: Are there other treatment for refractory EoE?	<p>Statement 23.1: Anti-IL-13 and anti-IL-4 receptor antibodies have shown benefit for treatment of adults and teenagers with EoE. Agreement: 100%</p> <p>Statement 23.2: There is limited evidence on treatment with anti-IL-5α and anti-IL-5 antibodies in children with EoE. Agreement: 93%</p> <p>Statement 23.3: Neither the CRTH2 antagonist OC000459 nor the mast cell stabilizer cromolyn sodium are effective in inducing clinical and histological remission in patients with EoE. Agreement: 100%</p> <p>Statement 23.4: Montelukast (a leukotriene receptor antagonist) is not effective in maintaining clinical and histological remission in EoE. Agreement: 100%</p> <p>Statement 23.5: There is no evidence of efficacy of thiopurines in children with EoE. Agreement: 90%</p> <p>Statement 23.6: Omalizumab is not effective in the treatment of pediatric EoE. Agreement: 100%</p>	<p>Recommendation 23.1: ESPGHAN EGID WG recommends that dupilumab can be used in selected cases of children over 1 year old weighing >15 kg with EoE refractory to conventional treatment and in those with concomitant atopic burden with approved indications for biologics. Agreement: 100%</p> <p>Recommendation 23.2: ESPGHAN EGID WG suggests against the routine use of other biologics to treat childhood EoE, but they may be considered in clinical trials or specialized centers until such drugs obtain regulatory agency approvals. Agreement: 97%</p> <p>Recommendation 23.3: ESPGHAN EGID WG recommends against the use of CRTH2 antagonist OC000459 for treatment of pediatric EoE. Agreement: 100%</p> <p>Recommendation 23.4: ESPGHAN EGID WG suggests against the use of cromolyn sodium, or leukotriene receptor antagonists for treatment of pediatric EoE. Agreement: 100%</p> <p>Recommendation 23.5: ESPGHAN EGID WG recommends against the routine use of thiopurines for treatment of children with EoE refractory to first line treatment. Agreement 100%</p> <p>Recommendation 23.6: ESPGHAN EGID WG recommends against the use of omalizumab for the treatment of pediatric EoE. Agreement: 97%</p>

Diagnosis and management of eosinophilic esophagitis in children: An update from the ESPGHAN

What is Known

- There is a discrepancy between symptoms and endoscopic and histologic features.
- Allergy testing is of no value in deciding which foods to eliminate.
- Eosinophilic esophagitis (EoE) may cause esophageal stenosis even in pediatric patients.
- Maintenance therapy after induction is necessary.

What is New




- Validated tools are available for assessing symptoms and quality of life and should be incorporated in the management of children with EoE.
- Systemic steroids may be helpful in the treatment of severe esophageal strictures.
- A discrepancy between eosinophil depletion and symptomatic improvement requires reassessment of non-eosinophil-dependent inflammation.
- Implementation of programs for transition to adult care must be considered and started well before patients reach adulthood.

J. Amil-Dias. Diagnosis and Management of EoE in Pediatrics. JPGN 2024.

DUPIXENT 300 mg oldatos injekció előretöltött injekciós tollban 2x

KISZERELÉS: 2x

KIADHATÓSÁG: SZ

 TÁJÉKOZTATÓ ÁR: 532 403 Ft (szabadáras)  

TÖRZSKÖNYVI SZÁM: EU/1/17/1229/018

TTT -KÓD: 210873172

 STÁTUSZ: A NEAK információja szerint forgalomban van.



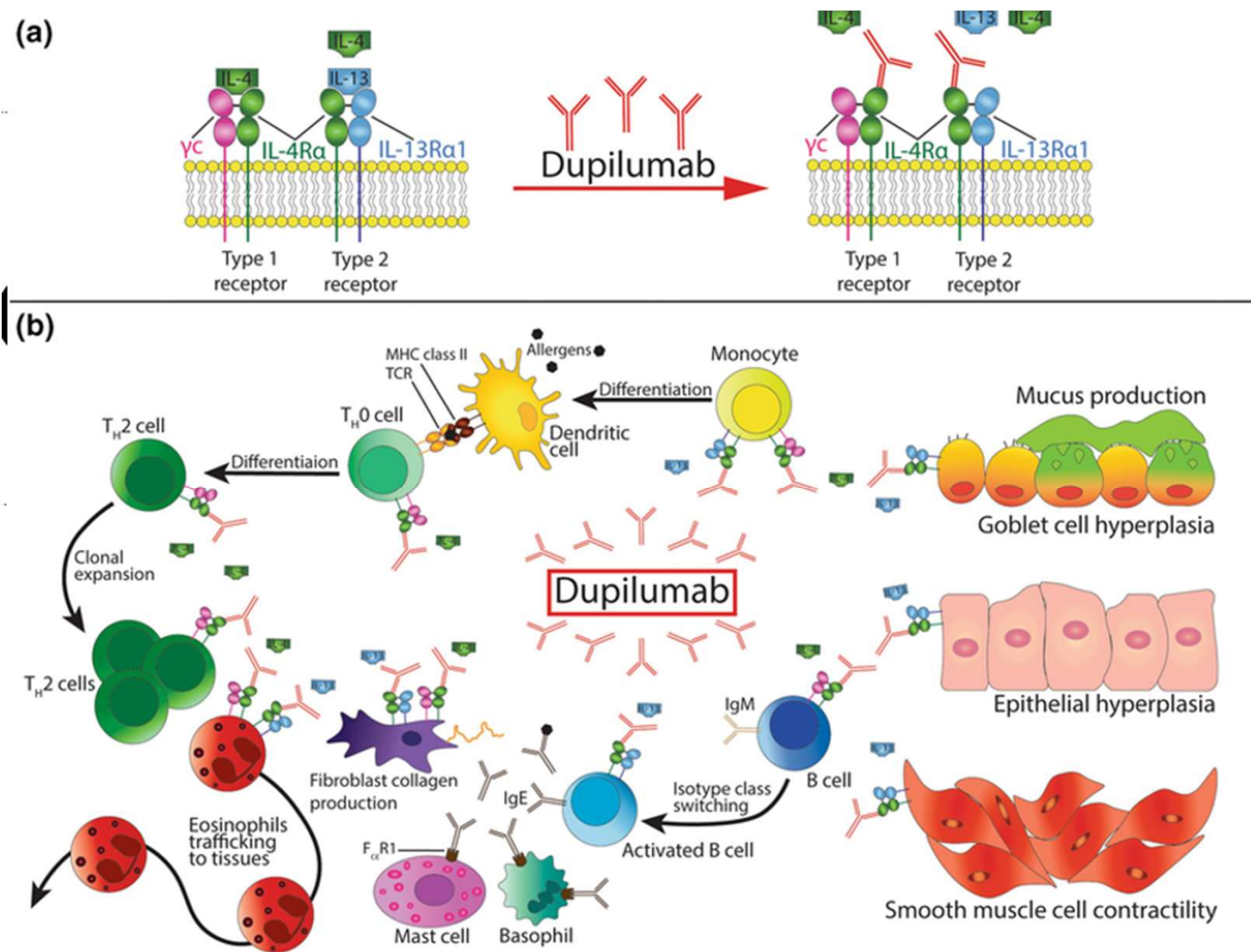
Eosinophil oesophagitis (EoE).

A Dupixent eosinophil oesophagitis kezelésére javallott olyan felnőtteknél és 12 éves vagy idősebb, legalább 40 kg testtömegű gyermekeknél és serdülőknél, akiknél a konvencionális gyógyszeres kezelés nem biztosítja a betegség megfelelő kontrollját, nem tolerálják a konvencionális gyógyszeres kezelést vagy akiket konvencionális gyógyszeres kezelésre nem jelöltek (lásd 5.1 pont).

Pharmindex online

Dupilumab hatásmechanizmusa

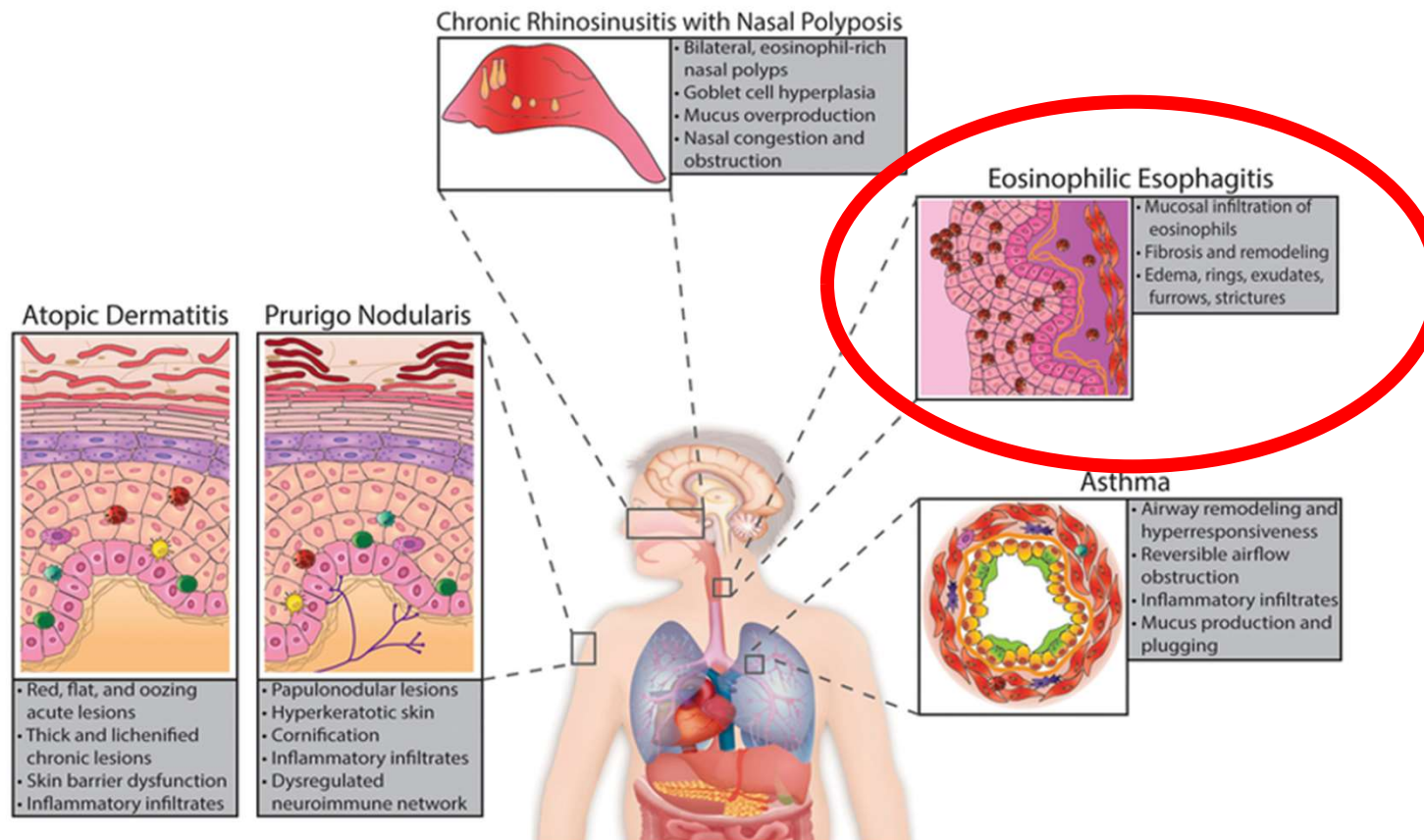
- Teljesen humán monoklonális antitest
- IL-4R alpha alegység gátlásával gátolja az IL-4 és IL-13 citokin indukált válaszokat
 - Proinflammatorikus
 - citokinek
 - chemokinek
 - Immunglobulin E



Marc R McCann et al. Dupilumab: Mechanism of action, clinical, and translational science. Clinical and Translational Science, 2024.

Dupilumab indikációi

(c)



Marc R McCann et al. Dupilumab: Mechanism of action, clinical, and translational science. Clinical and Translational Science, 2024.

Received: 17 July 2023

Accepted: 14 December 2023

DOI: 10.1002/jpn3.12184

JPGN

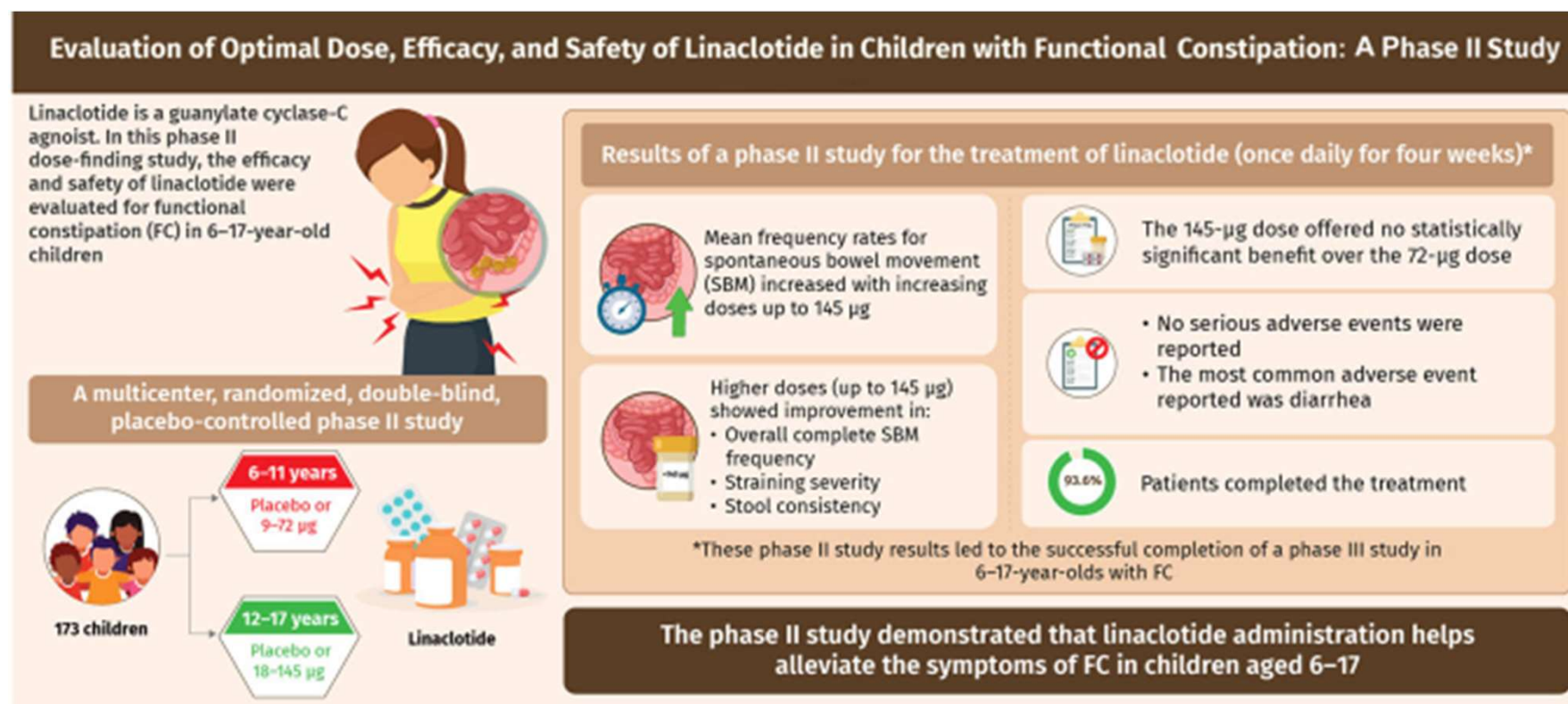
CLINICAL TRIAL

Gastroenterology

Randomized controlled trial of linaclotide in children aged 6–17 years with functional constipation

Carlo Di Lorenzo¹ | Samuel Nurko² | Jeffrey S. Hyams³ |
Gerardo Rodriguez-Araujo⁴ | Cristina Almansa⁵ | Valentina Shakhnovich⁶ |
Miguel Saps⁷ | Michael Simon⁸

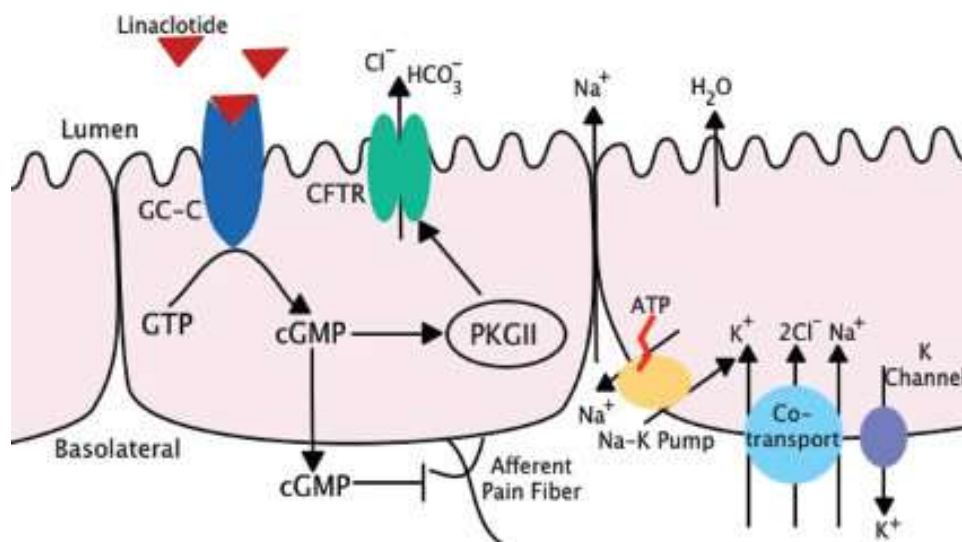
Linacлотide



Di Lorenzo, et al. Clinical trial: Randomized Controlled trial of Linacлотide in Children Aged 6–17 Years With Functional Constipation. J Pediatr Gastroenterol Nutr. (2024)

JPGN
Journal of Pediatric Gastroenterology and Nutrition

Linacotide hatásmechanizmus



- Figure 1. Mechanism of Action of Linacotide.
- Linacotide binds to the guanylate cyclase C (GC-C) receptor on the luminal side of intestinal epithelial cells, causing activation of the intracellular cyclic 3',5'-monophosphate (cGMP) pathway.
- Subsequently, the cGMP-dependent protein kinase II (PKG II) is activated which phosphorylates and activates the cystic fibrosis transmembrane conductance regulator (CFTR).
- This leads to chloride (Cl^-) and bicarbonate (HCO_3^-) secretion from the cell, promoting excretion of sodium (Na^+) from the basolateral cell membrane through tight junctions into the lumen and diffusion of water (H_2O) out of cells.
- Furthermore, the activation of GC-C and production of cGMP appear to modulate the sensitivity of nociceptors to mechanical stimuli. The exact molecular mechanism of this anti-nociceptive effect of linacotide has yet to be elucidated. Initial in vitro studies suggest it is an effect of extracellular cGMP on nociceptors found on colonic afferent pain fibers.
- Abbreviations: ATP, adenosine triphosphate; K^+ , potassium.


THE LANCET

Gastroenterology & Hepatology

[This journal](#)[Journals](#)[Publish](#)[Clinical](#)[Global health](#)[Multimedia](#)[Events](#)[About](#)

ARTICLES · Volume 9, Issue 3, P238-250, March 2024

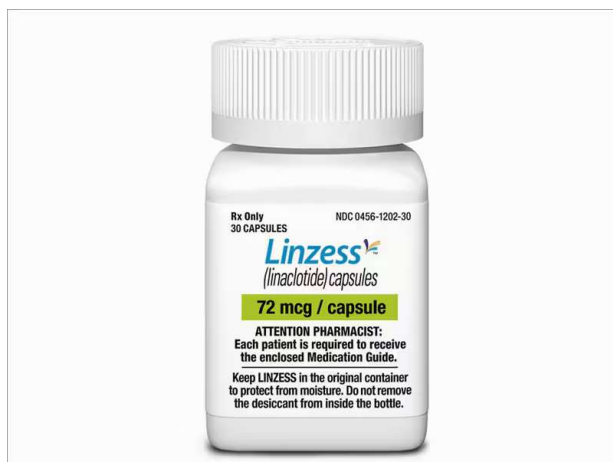
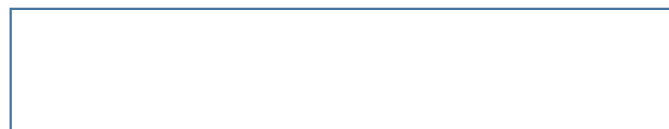
Efficacy and safety of linaclotide in treating functional constipation in paediatric patients: a randomised, double-blind, placebo-controlled, multicentre, phase 3 trial

[Prof Carlo Di Lorenzo, MD^a](#) · [Dr Julie Khlevner, MD^b](#)  · [Gerardo Rodriguez-Araujo, MD PhD^c](#) · [Wangang Xie, PhD^c](#) · [Susanna Y Huh, MD MPH^d](#) · [Masakazu Ando, PhD^d](#) · [Prof Jeffrey S Hyams, MD^e](#) · [Prof Samuel Nurko, MD^f](#) · [Prof Marc A Benninga, MD PhD^g](#) · [Prof Michael Simon, MD PhD^h](#) · [Marcella E Hewson, BA^c](#) · [Prof Miguel Saps, MDⁱ](#) [Show less](#)

Linacotide

- USA-ban felnőttekre engedélyezett volt
 - Predominánsan obstipációval járó IBS-ben
 - krónikus idiopátiás obstipációban
- Módosított Róma III. kritériumok – funkcionális obstipáció
- 7 ország (USA, Kanada, Izrael, Olaszország, Hollandia, Ukrajna, Észtország)
- 64 kórház, 330 beteg
- 6-17 éves (6-11 é, 12-17 é)
- 12 hétig 72 µg linacotide vs placebo
- Végpont- a baselinehoz képest
 - heti spontán székletürítések száma
 - széklet konzisztenciája
 - 2019-2022, 330 beteg bevonása
- Leggyakoribb mellékhatás: hasmenés
- Eredmény: hatásos és jól tolerálható gyermekkori funkcionális obstipációban
- FDA engedélyezte erre az indikációra

FDA approves first treatment for pediatric functional constipation




Action

FDA has approved [Linzess \(linaclotide\) capsules](#) to treat functional constipation in pediatric patients 6 to 17 years of age. Linzess is the first treatment for pediatric functional constipation. The recommended dosage in pediatric patients 6 to 17 years is 72 mcg orally once daily.

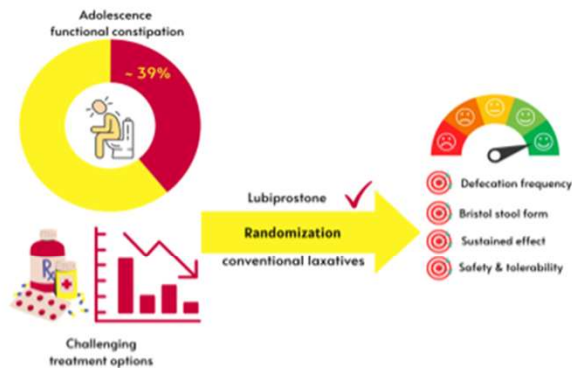
ORIGINAL ARTICLE

Gastroenterology

Efficacy of lubiprostone for functional constipation treatment in adolescents and children: Randomized controlled trial

Engy S. Elkaragy¹ | Mohammed M. Shamseya² | Rasha H. Metwally¹ |
Eman R. Mansour³ | Sameh A. Lashen⁴ 

- Is lubiprostone effective in treatment if adolescent functional constipation ?



What is Known

- Current treatment of childhood functional constipation (FC) is challenging.
- Lubiprostone efficacy for childhood and adolescents' FC is not fully evaluated.

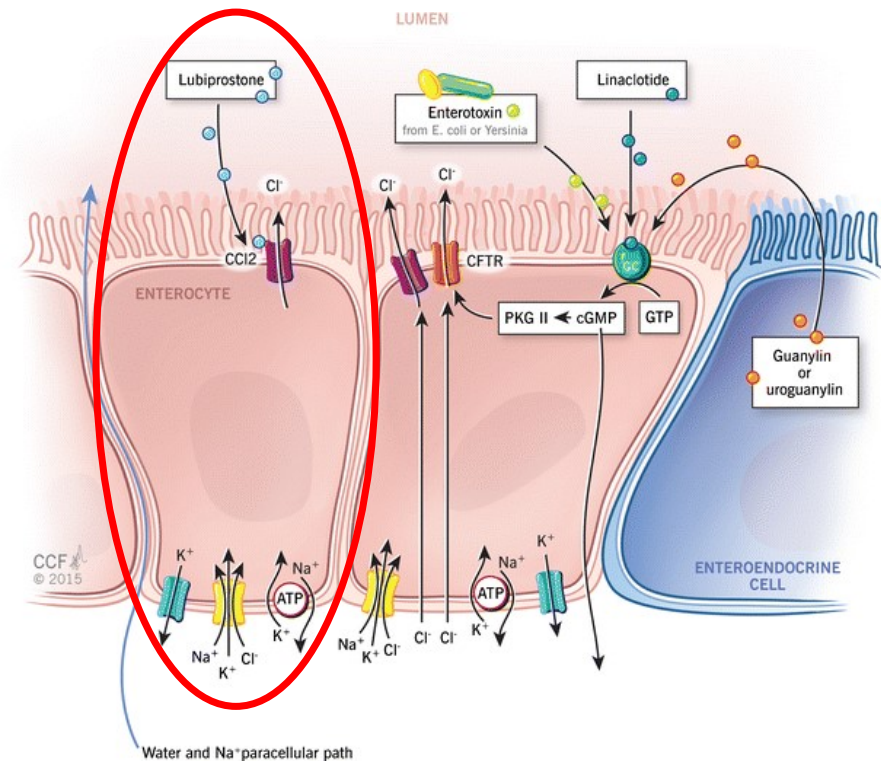
What is New

- Lubiprostone is an effective and safe therapy for childhood and adolescent functional constipation.
- Lubiprostone effect is found to be sustained after treatment discontinuation.

Lubiprostone

- Szelektív 2-s kloridcsatorna aktivátor
- Elősegíti az intestinális folyadékszekréciót
- Stimulálja a bélmotilitást
- Hatására -felnőttekben
 - Nő a székletürítés gyakorisága
 - Javul a hasi diszkomfort az obstipáció predomináns IBS
- Gyermekkori adat kevés

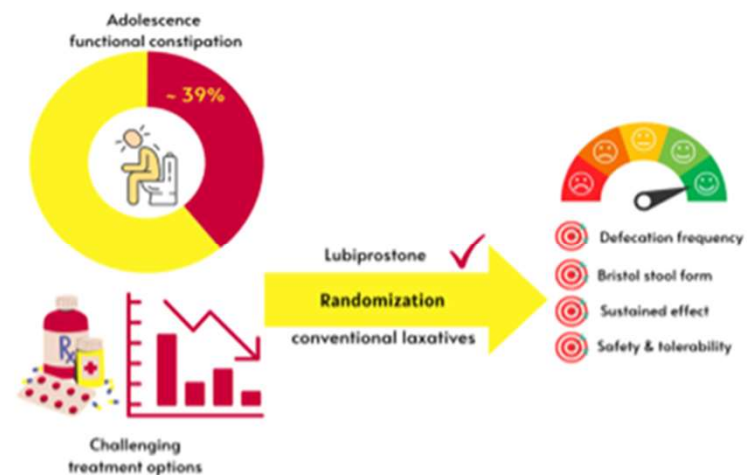
- FDA 2006-ban engedélyezte
 - Amitiza® indikációi:
 - Krónikus idiopátiás obstipáció felnőttekben
 - Irritábilis bél szindróma obstipációval ≥ 18 év feletti nőkben
- EMA 2016 - felnőtt



Lubiprostone

- Prospektív, egyszeresen vak, randomizált kontrollált vizsgálat
- 280 gyermek
- 8-18 éves
- Dg: funkcionális hasfájás
- Lubiprostone vs konvencionális laxatív
- 12 hét + 4 hét követés
- Javulás:
 - lubiprostone 98%
 - Konvenc. Laxatívum 34%
- Hatásos és jól tolerálható

- Is lubiprostone effective in treatment if adolescent functional constipation ?



Elkaragzy ES, et al. Efficacy of Lubiprostone for Functional Constipation Treatment in Adolescents and Children: Randomized Controlled Trial. *J Pediatr Gastroenterol Nutr.* (2024)

JPGN
Journal of Pediatric Gastroenterology and Nutrition

FAP CAMPAIGN

FUNCTIONAL ABDOMINAL PAIN CAMPAIGN

As a society, ESPGHAN calls for action by inviting healthcare professionals, primary caregivers and the public to:

- Spread awareness and follow conversations on social media using the hashtag #FunctionalAP
- Educate families, friends and communities about the signs and symptoms of functional abdominal pain

The European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) in collaboration with the General Paediatric Societies and the National Societies for Paediatric Gastroenterology, Hepatology and Nutrition (PGHAN) in Europe, announces the launch of a new campaign to raise awareness of Functional Abdominal Pain in children.

FAP kampány



ESPGHAN FAP Presentation - Prof Marc Benninga

Important problem?

- 1** High prevalence
- 2** High cost
- 3** School absence
- 4** Low quality of life



FAP campaign. ESPGHAN 2024

FAP kampány

ESPGHAN honlapon angolul
MGyGT honlapon magyarul

Poszter

Funkcionális hasi fájdalom

Tudta, hogy az iskoláskorú gyermekeknél akár **30%** is lehet a funkcionális hasi fájdalom gyakorisága?

Gyermeke akkor tapasztalhatja ezt, ha epizodikus vagy folyamatos hasi fájdalmai vannak, amelyek:

- havonta legalább 4 napon át, legalább 2 hónapon keresztül tartanak
- nem kizárólag evéssel vagy a menstruációval függenek össze

Gyermeke továbbá a következőket is tapasztalhatja:

- Hányinger
- Szédülés
- Fáradtság

A funkcionális hasi fájdalom hátterében álló konkrét kiváltó tényezők azonosítása és kezelése fontos. A funkcionális hasi fájdalom diagnosztikájának megerősítéséért, további információkért, megnyugtató és támogatás céljából keresse fel kezelőorvosát.

Functional Abdominal Pain | ESPGHAN

Diagnózis

Hogyan diagnosztizáljuk a FUNKCIONÁLIS HASI FAJDALMAT a Róma IV. kritériumok alapján

A funkcionális hasi fájdalom elkülöníthető egyéb szervi ok által okozott fájdalomtól.

A Róma IV. kritériumok szerint a diagnózishoz teljesülnie kell:

- Epizodikus vagy folyamatos hasi fájdalom, amely havonta legalább 4 napon át, legalább 2 hónapon keresztül tart
- A fájdalom nem feltétlenül függ össze az étkezéssel vagy a menstruációval
- Egyéb funkcionális gasztrointesztinális rendellenességekre vonatkozó kritériumok nem teljesülnek
- Olyan hasi fájdalom, amelyet nem lehet teljes mértékben más betegséggel magyarázni

Az egyéb gyomor-bélrendszeri problémák kizárására hasznos diagnosztikai eszköz lehet a széklet- és vérmintaelemzés. A beteg szorongás szintjének vizsgálata szintén hasznos lehet a diagnózis felállítás szempontjából, mivel a funkcionális hasi fájdalomban szenvedő gyermekek legalább **50%-ának** magas a szorongás szintje.

Functional Abdominal Pain | ESPGHAN

FAP campaign. ESPGHAN 2024

FAP – képregény gyerekeknek

WHAT IS FUNCTIONAL ABDOMINAL PAIN?

Functional abdominal pain is abdominal pain that:

1. Does not have a clear cause
2. Happens at least 4 days a month for 2 months
3. Is persistent
4. Can be triggered by stress or anxiety

Functional abdominal pain usually occurs in children aged 4-18 years old.

DID YOU KNOW?

Up to **30%** of school-aged children have functional abdominal pain



and **80%** get better within 2 years of seeing a doctor!

For more information
www.espgan.org



Functional Abdominal Pain
ESPGHAN

FUNCTIONAL ABDOMINAL PAIN

ALEX'S STORY

"COULD YOUR CHILD HAVE FUNCTIONAL ABDOMINAL PAIN?"



Functional Abdominal Pain

SIGNS AND SYMPTOMS

Besides abdominal pain, children may also complain of:

- NAUSEA
- HEADACHE
- DIZZINESS
- LIMB PAIN
- TIREDNESS
- DIFFICULTY SLEEPING

HOW TO HELP

Although there is no known cause, there are several areas where you can help:

DIET

SLEEP

ACTIVITY

MENTAL HEALTH

STRESS/ ANXIETY



FAP - támogatóknak szóló tájékoztató

What is functional abdominal pain?

Functional abdominal pain usually occurs in children 4-18 years old.

Functional abdominal pain...

- ✓ Does not have a clear cause
- ✓ Involves abdominal pain that lasts at least 4 days a month for 2 months
- ✓ Is not solely affected by eating, activity, or bowel movements
- ✓ Can be triggered by stress or anxiety



Signs and Symptoms

Your child may complain of frequent abdominal pain, usually around the umbilicus. They may also complain of headaches, limb pain, and difficulty sleeping. Children with functional abdominal pain usually have no other signs of serious illness.

Functional abdominal pain can significantly impact your child's daily life and is often accompanied or made worse by stress, anxiety or low mood.

Call the doctor if your child is diagnosed with functional abdominal pain and develops:

- Worsening belly pain
- A fever
- Loss of appetite
- Pain while peeing



For more information, visit:

www.espghan.org



Contacts and Resources

- <https://kidshealth.org/en/parents/functional-abdominal-pain.html>
- <https://thesleepcharity.org.uk/information-support/children>
- <https://hypnosis4abdominalpain.com/>

Functional Abdominal Pain



What can you do to help?

Functional abdominal pain usually resolves over time, so the goal of treatment is to ease symptoms and help children to return to their daily life. A few things you can do to help manage their symptoms at home are:

Activity

Encourage them to continue normal activities like going to school, playing sports, and spending time with family and friends. Activities can distract them from their pain and ease their symptoms, whilst physical exercise can improve bowel function and stress levels.

Sleep

Poor sleep can worsen symptoms. If sleep is an issue for your child, try to help them improve their sleep patterns. Some tips can be found in the resources section.



Diet

A balanced diet and staying hydrated will promote a healthier gut and improve wellbeing. It is important to discuss any diet related changes with a dietician.

Mental Health

If your child suffers from any mental health conditions, such as anxiety or depression, getting help to overcome these will be important. Consider a counsellor for support and to help manage their condition.

Stress and Anxiety

Functional abdominal pain can trigger, and be triggered by, stress and other mental health symptoms. Talking to your child about their stressors and developing strategies to manage them could be beneficial, as well as reassuring them the pain does not have a serious cause and is temporary.

Key Points to Remember



Although there is no known cause, functional abdominal pain is real and dismissing symptoms may make things worse.

These symptoms can be distressing and cause considerable pain, but they are not dangerous and will not lead to long-term damage to your child.



Children with functional abdominal pain may feel sad and disappointed about missing activities, school, and time with their friends which could lead to negativity about dealing with their pain. Helping children to keep a positive outlook can make a huge difference.

FAP campaign. ESPGHAN 2024

FAP - Képregény

MGyGT honlapon





[Volume 18, Issue 1](#)

[January 2024](#)

JOURNAL ARTICLE

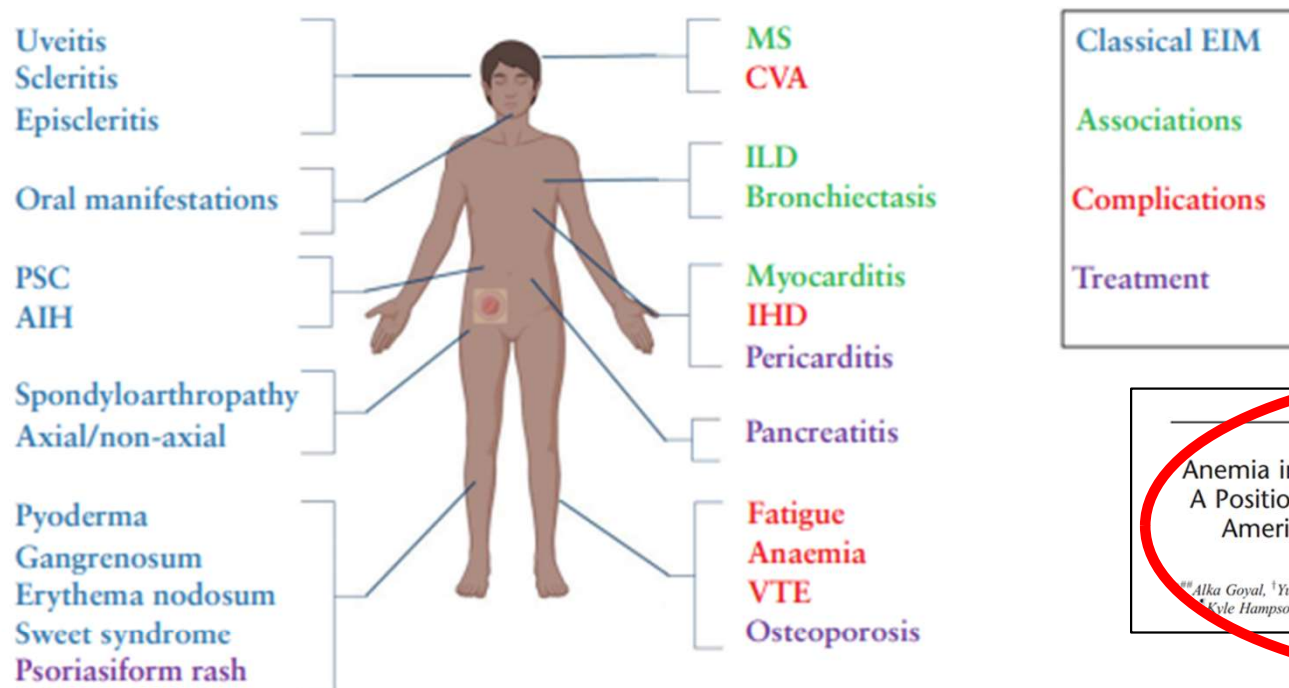
ECCO Guidelines on Extraintestinal Manifestations in Inflammatory Bowel Disease FREE

Hannah Gordon ✉, Johan Burisch, Pierre Ellul, Konstantinos Karmiris, Konstantinos Katsanos, Mariangela Allocca, Giorgos Bamias, Manuel Barreiro-de Acosta, Tasanee Braithwaite, Thomas Greuter ... [Show more](#)

Journal of Crohn's and Colitis, Volume 18, Issue 1, January 2024, Pages 1–37, <https://doi.org/10.1093/ecco-jcc/jjad108>

Published: 23 June 2023 [Article history ▼](#)

ECCO Guidelines on Extraintestinal Manifestations in Inflammatory Bowel Disease



Anemia in Children With Inflammatory Bowel Disease:
A Position Paper by the IBD Committee of the North
American Society of Pediatric Gastroenterology,
Hepatology and Nutrition

^{##}Alka Goyal, [†]Yuhua Zheng, [‡]Lindsey G. Albenberg, [§]Natalie L. Stoner, [¶]Lara Hart, ^{||}Razan Alkhouri,
^{**}Kyle Hampson, ^{***}Sabina Ali, ^{††}Michele Cho-Dorado, ^{†††}Rakesh K. Goyal, and ^{§§}Andrew Gross

Figure 1. Extraintestinal manifestations in IBD [adapted from Hedin *et al* 2019, figure created with BioRender®]. Extraintestinal manifestations (EIMs) may occur in every system of the body and can broadly be classified as Classical: inflammatory process occurring at distant sites, Associations: associations with other immune-mediated disorders, and Complications: complications of systemic inflammation, Treatment: side effects of IBD therapy. PSC—primary sclerosing cholangitis, AIH—autoimmune hepatitis, MS—multiple sclerosis, CVA—cerebrovascular accident, ILD—interstitial lung disease, VTE—thromboembolic event.

NASPGHAN Nutrition Committee Food as Medicine working group

created summaries of several frequently used nutritional products for therapeutic intent (i.e., fermented foods, fiber, and long-chain omega-3 fatty acids) that includes indications, doses, and caveats. Gaps in their use in pediatric patients are discussed


Received: 21 November 2023 | Accepted: 5 June 2024

DOI: 10.1002/jpn3.12296

JPGN

INVITED REVIEW

From the kitchen to the medicine cabinet: Examples of food products and supplements used for therapeutic intent

Kathleen M. Gura^{1,2}  | Alvin Chan^{3,4} | Wenjing Zong⁵ | Nikhil Pai^{6,7} | Debora Duro^{8,9,10}

¹Department of Pharmacy/Division of Gastroenterology, Hepatology, and Nutrition, Boston Children's Hospital, Boston, Massachusetts, USA

²Department of Pediatrics, Harvard Medical School, Boston, Massachusetts, USA

³UCLA Mattel Children's Hospital, Los Angeles, California, USA

⁴David Geffen School of Medicine, University of California, Los Angeles, California, USA

⁵UTSW/Children's Dallas, Dallas, Texas, USA

From the kitchen to the medicine cabinet

- Fermentált ételek
 - Kefír
 - Kimchi
 - Kombucha
 - Tempeh
- Hosszú szénláncú omega3 – zsírsavakban gazdag ételek
- Rostok - típusai
- Összetevők
- Hatásmechanizmus
- Jótékony hatása az egészségre
- Adverz hatás
- Dózis
- Interakció gyógyszerekkel

K. M. Gura. From the kitchen to the medicine cabinet. JPGN 2024.

From the kitchen to the medicine cabinet

What is Known

- “Food as medicine” is a practice built on the knowledge that food and diet play important roles in disease prevention and management.
- Foods that claim to have therapeutic properties are often referred to as functional foods; this includes foods that naturally contain or have been enhanced with nutrients.
- Supplements are substances that are intended to supplement the diet. It includes processed food with concentrated sources of nutrients (i.e., vitamins, protein, minerals).

What is New

- Fermented foods have been shown to have an important role in reducing fermentable oligosaccharides, disaccharides, monosaccharides, and polyols of foods. It may benefit patients suffering from irritable bowel syndrome through changes in microbiota composition.
- Fiber is no longer restricted in patients with inflammatory bowel disease. Patients may continue their regular diet even during mildly to moderately active disease. Only in select circumstances should fiber be avoided, such as severe disease flare-ups and strictures due to the risk of bowel obstruction.
- Long-chain omega-3 fatty acids, such as fish oil, do not increase the risk of bleeding and doses do not need to be held before surgery.

K. M. Gura. From the kitchen to the medicine cabinet. JPGN 2024.

From the kitchen to the medicine cabinet

TABLE 5 Safety considerations with supplements.

Product selection	<ul style="list-style-type: none">• The FDA does not evaluate the effectiveness, safety, or quality of dietary supplements—or the ingredients in them—that are sold in the marketplace• FDA requires supplement manufacturers to adhere to CGMP that are intended to ensure the quality and safety of these products<ul style="list-style-type: none">◦ The FDA inspects manufacturing facilities on a periodic basis• Because compliance with CGMP varies, to ensure the quality of a product select one that has been certified by an independent third-party company• Choose brands containing the USP, UL, or Consumer Laboratories or NSF International (NSF) seal<ul style="list-style-type: none">◦ These verify that the product actually contains the ingredients stated on the label and is devoid of potentially harmful ingredients◦ Products are standardized from batch to batch◦ The product doesn't contain any undeclared ingredients• NSF Certified for Sport certified products ensure that the product is free of more than 270 substances that are banned or prohibited by most major sports organizations
Additional considerations	<ul style="list-style-type: none">• Supplements may increase the risk for <u>drug-interactions</u>; herbals may increase risk of <u>allergic reactions</u>• Use may interfere with <u>laboratory tests</u>• High intakes may be <u>toxic</u>; many vitamins and minerals have a Tolerable Upper Intake Level (UL). The UL is the highest average daily intake of a nutrient considered unlikely to pose a risk of adverse health effects in a given gender and age<ul style="list-style-type: none">◦ <u>UL for children tends to be much lower than for adults</u>• Be wary of product claims. Due to FDA rules, manufacturers cannot make claims that a product cures, treats, or reduces the risk of a specific disease or condition

Abbreviations: CGMP, Current Good Manufacturing Practices; FDA, Food and Drug Administration; NSF, National Sanitation Foundation; UL, Underwriters Laboratory; USP, US Pharmacopeia.

K. M. Gura. From the kitchen to the medicine cabinet. JPGN 2024.

Conflict between parents, physicians, and healthcare professionals in medical decision-making: How to address it—A systematic review from the ESPGHAN Ethics Committee

Paola Roggero¹ | Anne-Marie Grima^{2,3} | Paula Crespo-Escobar^{4,5}
Dimitrios Tapsas⁶ | Jacob Yahav⁷

MEDICAL DECISIONS ABOUT PEDIATRIC GASTROENTEROLOGY PATHOLOGIES INVOLVE COLLABORATION BETWEEN THE MEDICAL TEAM AND THE FAMILY

Risk family's characteristics



- Poor socio-economic background
- Family dynamics concerns
- Strong emotions
- Poor financial situation
- Poor access to information

INSTITUTIONS



- Revise staff training programs
- Update physicians and HCPs on Ethics Committee information
- Provide information to parents about their rights and responsibilities

Methods of facilitating parental decision making

Physicians and healthcare professionals (HCPs) need



to identify:

- At-risk families and parents needs
- Barriers that may result in conflict
- Facilitators that will promote resolution of conflict
- Method of communication
- Key persons close to the family

to facilitate:

- Parent empowerment
- Collaborative approach

Conflict between parents, physicians and healthcare professionals in decision-making: how to address it. A systematic review from the ESPGHAN Ethics Committee. P. Roggero et al. JPGN 2024

What is Known

- Lack of collaboration between parents and medical professionals in medical decisions has detrimental impact on the health of children.

What is New

- A practical approach for healthcare professionals on managing team–family conflict with a useful checklist that summarizes current literature.

TABLE 1 A checklist for healthcare professionals. A guide to resolve team–family conflict.

Reflect on the following and highlight where appropriate:

Does the medical condition of the child put him/her in the at-risk group?

- Chronic illness
- Acute life-threatening condition
- Trauma
- Oncology patient
- Neonatology patient
- Life sustaining treatment

Are there family characteristics that can put the child in the at-risk group?

- Poor socioeconomic background
- Concerns regarding current family dynamics
- Strong emotions
- Poor financial situation
- Poor access to information
- Others (e.g., spiritual convictions)

Can you identify any barriers to resolving conflict?

- Does the environment pose a barrier?
- Misinterpretation of information
- Limited health literacy
- Language barrier
- Diagnosis is uncertain
- Treatment suggested is not well known
- Prognosis is uncertain
- Concerns about morality

Can you identify any facilitators to resolve conflict?

- Do you have a member of the team who can act as a mediator?
- Do you need a medical translator to confirm the information received is correct?
- Can you assess what role the parents want to take in their child's care?

What strategies can you use to resolve conflict?

- Consider moving to a quiet environment
- Empower the parents with knowledge
- Be vigilant of the parents/patients' needs as these can change in time
- Use a collaborative approach between healthcare professionals and families
- Use an emphatic approach when discussing with patients, parents and caregivers
- Avoid using morality to back up your arguments

If these fail, seek help from the Ethics Committee in your institution.

7.1 | Recommendations from the ESPGHAN ethics committee

Advice to physicians and Health Care Professionals

1. Be aware of at-risk families: parents of children suffering from chronic illness, oncology, prematurity, trauma, and acute life-threatening conditions.
2. Identify parent's needs: psychological, financial, and family dynamics.
3. Identify barriers and facilitators to try and avoid team–family conflict and manage it effectively
4. Choose your method of communication-empathic approach gives better results.
5. Collaborate as a team: identify key persons close to the family and ensure that the information given to families from different HCPs in the team is the same through communication within the team.
6. Seek advice from ethics committee if team–family conflict remains unresolved.
7. Allow time for decision making if agreement cannot be reached and the child's condition allows it.

Advice to Institutions

1. Revise staff training programs to include team-based training on effective communication and conflict management.
2. Update doctors and HCPs on ethics committee information in the institution with contact details.
3. Provide information to parents and caregivers about their rights and responsibilities

Roggero P, et al. Conflict between parents, physicians, and healthcare professionals in medical decision-making: JPGN. 2024;1-10

ORIGINAL ARTICLE

Endoscopy and Procedures

Esophageal food bolus impaction in pediatric age

Paolo Quitadamo¹ | Antonia Pascarella² | Piergiorgio Gragnaniello³ |
Sara Isoldi¹ | Cristina Bucci¹ | Rossella Turco¹ | Maria Giovanna Puoti¹ |
Silvia Furio⁴ | Mariano Caldore¹ | Giovanni Di Nardo⁴

- 41 gyermek
- Első epizód
- Nyeletéses rtg -> OGD -> szövettan
- Ok:
 - ~50% EoE
 - 25 % Oesophagus anastomosis, peptikus vagy kongenitális szűkület, striktúrát okozó esophagitis, esophagus duplikáció, achalasia
 - 25% ismeretlen
- Falatelakadáskor **biopszia!**

Received: 16 October 2023

Accepted: 8 February 2024


DOI: 10.1002/jpn3.12165

JPGN

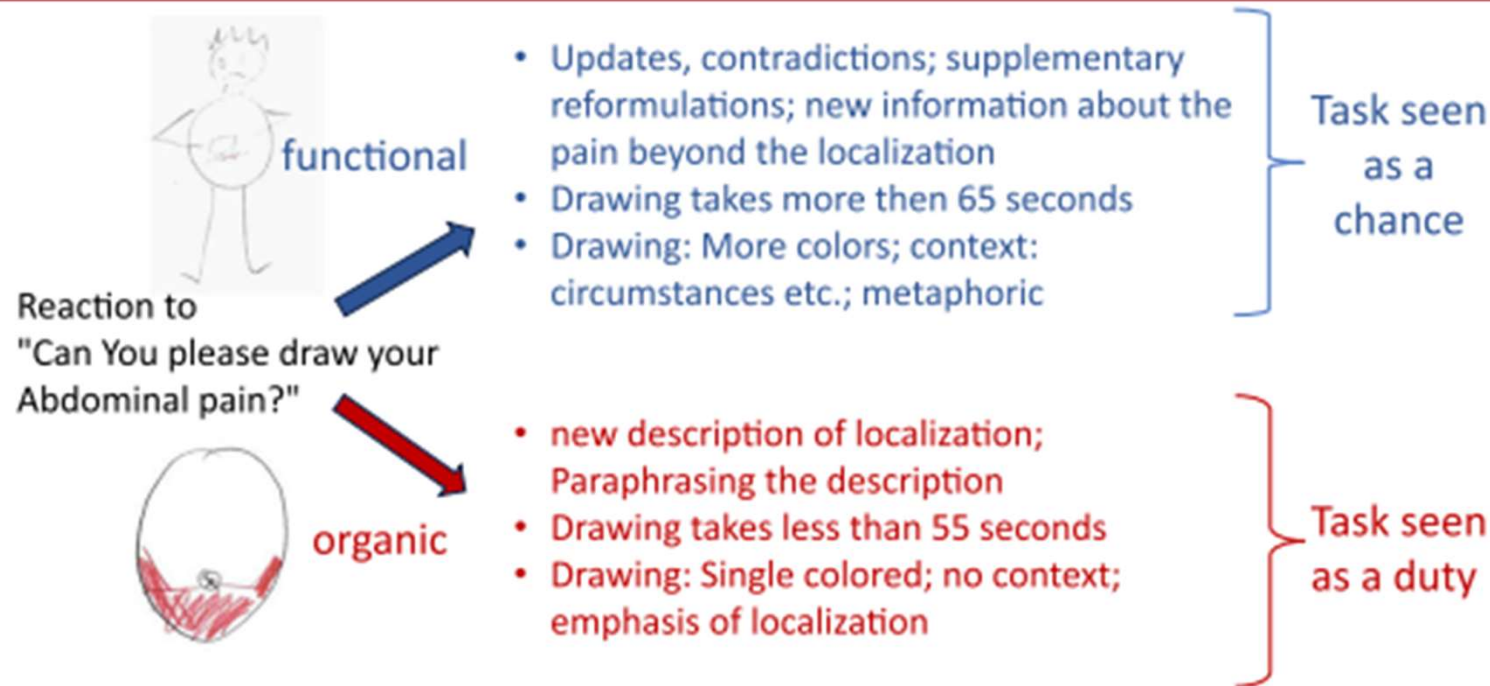
ORIGINAL ARTICLE

Gastroenterology

Drawing the abdominal pain: A powerful tool to distinguish between organic and functional abdominal pain

Joachim Opp¹  | Mia Schürmann² | Andreas Jenke³ | Barbara Job⁴

Drawing helps to distinguish between organic and functional abdominal pain



Opp J, et al. Drawing the Abdominal Pain: A Powerful Tool to Distinguish Between Organic and Functional Abdominal Pain. J Pediatr Gastroenterol Nutr. (2024)

JPGN
Journal of Pediatric Gastroenterology and Nutrition



Köszönöm a figyelmet



SEMMELWEIS
EGYETEM 1769