



PEDIATRIC

# UPDATE

THE LATEST NEWS FOR PEDIATRICIANS FROM CLEVELAND CLINIC CHILDREN'S | WINTER 2018



## Feed Peanut Butter to a Baby with Eczema?

Food allergies affect 8 percent of U.S. children, says the CDC. That's up more than 50 percent from 1997. Why?

Brian Schroer, MD, of Cleveland Clinic's Center for Pediatric Allergy, proposes one theory: "Few babies die of meningitis due to *E. coli* or *Listeria* anymore. The absence of such pathogens to fight may divert the immune system toward attacking innocent proteins instead."

Dr. Schroer summarizes the latest research on food allergies in *Current Opinion in Pediatrics*. He says that today's best evidence-based recommendations for managing food allergies include:

**Exposing high-risk babies to peanuts.** Several studies, particularly the LEAP (Learning Early About Peanut allergy) trial, found that exposing high-risk babies to peanut-containing foods — rather than avoiding them — significantly lowers the risk of peanut allergy. In babies deemed high risk because of eczema or egg allergy, the National Institute of Allergy and Infectious Diseases (NIAID) recommends introducing peanuts between 4 and 11 months of age.

**Not ordering testing just because siblings or parents have allergies.** Siblings are not much more likely to have food allergies than the general public. However, do test children who have another known food allergy or moderate-to-severe eczema requiring prescription topical steroids.

**Not automatically advising patients to avoid allergens for which they have positive test results.** If the child has no known clinical reaction to the allergen, Dr. Schroer advocates conducting food challenges in a controlled

medical setting. Avoiding a certain food may not be necessary, he says. And doing so can provoke lifelong anxiety about the possibility of a severe reaction.

**Considering psychological aspects.** Sitting at a separate "peanut-free table" at school and avoiding play dates are unnecessary for many with food allergies, and the psychosocial risks are high. Studies suggest that physicians should ask patients with food allergies about fear, stress and bullying.

**Prescribing fewer oral steroids.** New studies have found that oral steroids are not effective for treating anaphylaxis or less serious reactions. They suggest that while one dose may be used, steroids are often prescribed for too long following anaphylaxis.

**Being cautious with immunotherapy.** While often effective in desensitizing patients, immunotherapy isn't foolproof. "We just don't know the full long-term benefits and risks," says Dr. Schroer. Risks include anaphylaxis to the therapy, chronic nausea and stomach pain, and eosinophilic esophagitis.

**Referring to counseling as needed.** A child with food allergies who feels particularly vulnerable, fearful or singled out for concern and special treatment is susceptible to anxiety and low self-confidence. "The toll on mental health can be severe and lifelong," says Dr. Schroer. "Kids may need coaching to feel confident safely going out into the world and eating food."



Refer: 855.REFER.123

## DEAR COLLEAGUES



In this issue of *Pediatric Update*, we look at a handful of noteworthy examples of how we continued striving to improve care for our young patients in 2017.

In our cover story, you'll read about what's new in managing children with food allergies — which is just about everything. There's also the latest on treating children with glycogen storage disease, sleep disorders, atrial septal defects and complex regional pain syndrome, as well as an overview of our Healthy Living Programs.

We also introduce you to 12 new staff, including newly appointed chairs Hany Z. Aly, MD (Neonatology), and Samir Q. Latifi (Pediatric Critical Care). I hope you will get the chance to know them and consult with them whenever needed.

I also hope to get to know you better in my role as interim chair of Cleveland Clinic Children's. We are conducting a national search for a permanent chair, but I welcome your ideas and input on any concerns you might have throughout this transition.

I hope you find this issue of interest. We look forward to hearing comments or questions from you related to pediatric care at any of Cleveland Clinic Children's 40+ locations.

Sincerely,

**Rita Pappas, MD, FAAP, FHM Chair**

Interim Chair, Pediatric Institute  
Interim Physician-in-Chief, Cleveland Clinic Children's  
Interim President, Cleveland Clinic Children's Hospital for Rehabilitation

## DIAGNOSIS

### Glycogen Storage Disease

*A conversation with pediatric gastroenterologist  
Kadakkal Radhakrishnan, MD  
Glycogen Storage Disease Program,  
Center for Pediatric and Adolescent Endocrinology*



*Kadakkal Radhakrishnan, MD*

#### What is glycogen storage disease?

Glycogen storage disease (GSD) is a rare metabolic disorder that affects 1 in 25,000 births per year, with GSD 1, the most severe form, affecting 1 in 50,000 to 100,000 births. This disorder can lead to extreme failure to thrive, developmental delay, severe fasting hypoglycemia and metabolic acidosis. It is caused by an inherited deficiency in a series of enzymes involved in the degradation or synthesis of glycogen, and affects the liver, striatal muscle or both. There are over 10 subtypes of GSD.

#### What are the symptoms of GSD?

The symptoms vary based on the type of GSD a child has, but all forms that affect the liver (types I, III, VI and IX) can produce symptoms of hypoglycemia such as sweating, tremor, drowsiness, confusion and sometimes seizures. Suspect GSD if a child has:

- › A low glucose level
- › An enlarged liver

- › Lagging growth
- › Abnormal laboratory tests

#### What should the pediatrician do if GSD is suspected?

Until the early 1970s, the disease was almost always fatal, due to a lack of effective treatment options. In 1971, however, it was recognized that the ingestion of uncooked cornstarch by mouth several times a day could treat hepatic forms of GSD by regulating blood sugar levels for extended periods.

Today, the prognosis is very good for a normal life if a child is appropriately treated for his or her subtype. Cleveland Clinic is one of the few centers in the United States with expertise in GSD and has both outpatient and inpatient programs for diagnosis, including genetic testing, and treatment.

 [Read more: consultqd.clevelandclinic.org/GSD](https://consultqd.clevelandclinic.org/GSD)

 **Refer: Kadakkal Radhakrishnan, MD,**  
216.444.9322.

NEUROLOGY

# What Should Pediatricians Do When Their Patients Can't Sleep?

For the 30 to 40 percent of children with sleep disorders, sleep time is more stressful than restful.

To accommodate a growing number of pediatric patients needing care, Cleveland Clinic's Sleep Disorders Center recently welcomed Vaisal Shah, MBBS, MPH, who completed his pediatric training and a sleep medicine fellowship at Cleveland Clinic. *Update* asked his advice for detecting and treating sleep disorders.

**Q:** What sleep disorders are most common in the pediatric population?

**A:** Obstructive sleep apnea (OSA), parasomnias and insomnia are what we see most often.

**Q:** What increases a child's risk?

**A:** Typically, large adenoids and tonsils are the most common reason for OSA in children. However, we're seeing more patients with OSA due to rising childhood obesity. Insomnia is commonly associated with behavioral problems and poor sleep habits. Smartphone use before bedtime is a major problem among teenagers who go to sleep later but still have to get up early.

**Q:** What guidance can you provide on detecting sleep disorders?

**A:** Sleep disorders in children are underdiagnosed, so it's helpful for pediatricians to conduct a brief sleep screening at well-child visits, asking a simple question such as "Do



you have trouble falling asleep or staying asleep?" Or use the BEARS questionnaire.

**Q:** When should pediatricians refer to a sleep specialist?

**A:** If the patient has sleep issues that can't be differentiated by screening and focused evaluation, if pediatricians don't feel comfortable conducting an initial evaluation or prescribing treatment for sleep problems, or if the treatment isn't working, referral is beneficial.



Read the entire interview: [consultqd.clevelandclinic.org/pediatricsleep](https://consultqd.clevelandclinic.org/pediatricsleep)



CARDIOLOGY

# New Transcatheter ASD Closure Device Being Tested

Cleveland Clinic Children's is one of a few selected centers in the U.S. participating in clinical trials of a novel device for transcatheter closure of secundum atrial septal defects (ASD). It is hoped the new device, known as the GORE® CARDIOFORM Septal Occluder, will overcome the rare, yet significant, complication that can occur with the only device currently available to close large defects.

"The investigative device is more flexible and conforms better to intracardiac structures. It is, therefore, less likely to cause injury to the heart," says Lourdes Prieto, MD, Director of the Pediatric Catheterization Laboratory at Cleveland Clinic.



Read more: [consultqd.clevelandclinic.org/ASD](https://consultqd.clevelandclinic.org/ASD)

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VISIT our physician blog today.  
[consultqd.clevelandclinic.org/pediatrics](https://consultqd.clevelandclinic.org/pediatrics)



PAIN MANAGEMENT

Intensive Intervention for Pediatric CRPS

Complex regional pain syndrome (CRPS) is a neurological disorder causing pain in combination with sensory, vasomotor, sudomotor, motor and trophic abnormalities. Many doctors are unfamiliar with the condition, and it is often misdiagnosed. “A precipitating injury may be identified, such as a twisted ankle, broken arm or traumatized nerve, in which case the pain continues beyond the normal healing time and is out of proportion to the injury,” says Ellen Rosenquist, MD, who specializes in pain medicine. “But there also may be no precipitating event.”

Hallmarks of the syndrome are varying degrees of pain and autonomic disturbances in the affected area (usually a limb). The condition affects about 7 percent of children, and the pain typically worsens over time if it is not treated.

Interventions include physical therapy, mindfulness and pain psychological therapies, and lumbar sympathetic nerve blocks or spinal cord stimulators for severe cases. The Pediatric Pain Rehabilitation Program at Cleveland Clinic Children's Hospital for Rehabilitation offers an intensive three-week intervention for children and adolescents with CRPS. Children stay in the hospital for two weeks and then continue as outpatients for a third week.

The prognosis for remission in children and adolescents who receive early diagnosis and appropriate treatment is better than for adults, and many are able to lead active, normal lives after treatment, Dr. Rosenquist says.

 Read more: [consultqd.clevelandclinic.org/CRPS](https://consultqd.clevelandclinic.org/CRPS)

 Refer: Ellen Rosenquist, MD, 330.888.4000

SPECIALTY SERVICES

SIMPLE WAYS to Keep Kids Healthy

Cleveland Clinic Children’s offers the following Healthy Living Programs to help your patients eat healthy and stay active for a lifetime:

**Fit Youth.** For children ages 7-16 whose BMIs are above the 85th percentile for their age. Families meet over a 12-week period for 90 minutes in group sessions with a behavioral specialist, dietitian and exercise specialist to learn about healthy lifestyle choices.

**Be Well Kids Clinic.** For kids ages 2-18 whose BMIs are above the 95th percentile for their age or who have other obesity-related health issues. Families meet on an individual basis with a comprehensive team of physicians and healthcare providers to make healthy lifestyle changes.

**Healthy Living Shared Medical Appointments (SMAs).** SMAs are an innovative approach to healthcare, bringing together patients with common health needs. Our Healthy Living SMA helps patients learn from our experts — and each other — and develop strategies for weight management.

**Healthy Strides for Kids.** For children ages 9-14, this program combines exercise and learning in a fun environment. These free events, at either a park or fitness club, cover better nutrition, increased exercise and respecting your body.

 Refer: 216.444.KIDS

Proud to Be a National Leader



The only pediatric interdisciplinary pain rehabilitation program in the world accredited by CARF



# NEW STAFF



Jaclyn Bjelac, MD

**SPECIALTY:** Allergy and Clinical Immunology  
**EDUCATION:** Medical degree, Wright State University School of Medicine; pediatric residency, University Hospitals Rainbow Babies & Children's Hospital; allergy/immunology fellowship, Cleveland Clinic  
**SPECIALTY INTERESTS:** General pediatric and adult allergy and immunology, food allergy, drug allergy, asthma, eczema, frequent infections, immune deficiency



Julia Cartaya, MD

**SPECIALTY:** Pediatric Endocrinology  
**EDUCATION:** Medical degree, Case Western Reserve University School of Medicine; residency, St. Louis Children's Hospital; fellowship, Massachusetts General Hospital for Children  
**SPECIALTY INTERESTS:** Diabetes care and treatment, transgender care



Geetha Challapudi, MD

**SPECIALTY:** Pediatric Cardiology  
**EDUCATION:** Medical degree, Osmania Medical College, University of Health Sciences, Hyderabad, India; pediatric residency, Children's Hospital of Michigan; pediatric cardiology fellowship, Long Island Jewish Medical Center  
**SPECIALTY INTERESTS:** General pediatric cardiology; preventive cardiology, including sports screening for cardiac disorders, hypertension, obesity, lipid disorders and family history of cardiac disorders



Kimberly Churbock, MD

**SPECIALTY:** General Pediatrics  
**EDUCATION:** Medical degree, Case Western Reserve University School of Medicine; residency, Children's Hospital of Pittsburgh  
**SPECIALTY INTERESTS:** Preventive and well-child care, primary care pediatrics



Chadi Eltahan, MD

**SPECIALTY:** Neonatology  
**EDUCATION:** Medical degree, National Medical University, Kyiv, Ukraine; internship, National Medical University; residencies, Islamic Hospital, Amman, Jordan, and University of South Alabama Medical Center; fellowship, Vanderbilt University Medical Center



Frank Esper, MD

**SPECIALTY:** Center for Pediatric Infectious Disease  
**EDUCATION:** Medical degree, Case Western Reserve University School of Medicine; pediatric residency, Riley Hospital for Children at Indiana University; pediatric infectious diseases fellowship, Yale-New Haven Hospital  
**SPECIALTY INTERESTS:** General pediatric infectious diseases, emerging infectious diseases, post-transplant infectious diseases, respiratory viral infections, congenital infections (including CMV, HSV and hepatitis C), vector-borne infections (including Lyme disease and West Nile disease)



Meeghan Hart, MD

**SPECIALTY:** Pediatric Pulmonary Medicine  
**EDUCATION:** Medical degree, University of Buffalo Jacobs School of Medicine; residency, Women & Children's Hospital of Buffalo; fellowship, University Hospitals Case Medical Center  
**SPECIALTY INTERESTS:** Bronchopulmonary dysplasia, asthma, cystic fibrosis



Andrea Mucci, MD

**SPECIALTY:** Pediatric Endocrinology  
**EDUCATION:** Medical degree, University College Dublin; residency, McMaster Children's Hospital, Hamilton, Ontario, Canada; fellowship, Rainbow Babies & Children's Hospital



Seth Rotz, MD

**SPECIALTY:** Pediatric Hematology Oncology and Blood Marrow Transplantation  
**EDUCATION:** Medical degree, The Ohio State University College of Medicine; internal medicine/pediatrics residency, University Hospitals Case Medical Center/ Rainbow Babies & Children's Hospital; pediatric hematology/oncology fellowship, Cincinnati Children's Hospital  
**SPECIALTY INTERESTS:** Cancer survivorship, bone marrow transplantation, leukemia and lymphoma, bone marrow failure syndromes



Praveen Selvakumar, MD

**SPECIALTY:** Pediatric Gastroenterology  
**EDUCATION:** Medical degree, Thanjavur Medical College, Thanjavur, Tamil Nadu, India; residency, St. John Hospital & Medical Center; fellowship, Cleveland Clinic  
**SPECIALTY INTERESTS:** Pediatric gastroenterology

# INTRODUCING OUR NEW CHAIRS



Hany Z. Aly, MD

*Chair, Department of Neonatology*

**BACKGROUND:** Dr. Aly graduated from Ain Shams University Faculty of Science in Cairo, Egypt. He earned a Bachelor of Medicine and a Bachelor of Surgery from Ain Shams University

School of Medicine. He then completed his residency at Hahnemann University Hospital in Philadelphia and postdoctoral clinical fellowship in neonatal-perinatal medicine at Columbia University College of Physicians and Surgeons. Dr. Aly served as founder and director of the Neonatal Neurology and Brain Development Fellowship Program at The George Washington University. He is the founder and editor-in-chief of the *Journal of Neonatal-Perinatal Medicine*. In 2016, he completed a Master of Science in health science with a concentration on healthcare quality from The George Washington University School of Medicine and Health Sciences.

**IN HIS OWN WORDS:** "We now know that the least invasive approach to babies offers the best outcomes. It's not about how many procedures you can do or medications you can give. The more natural, the better. For example, the water-sealed CPAP, for which I have expertise and have published on, is a way to support tiny premature babies without causing lung injury or chronic lung disease. Another area on the horizon is the promise of stem cells to treat certain neonatal diseases."

 [Read more: consultqd.clevelandclinic.org/Aly](https://consultqd.clevelandclinic.org/Aly)



Samir Q. Latifi, MD

*Chair, Department of Pediatric Critical Care*

**BACKGROUND:** Just 10 months after joining Cleveland Clinic's Pediatric Critical Care Department as an attending, Dr. Latifi stepped up as chief. He completed his fellowship training in pediatric intensive care at Rainbow Babies & Children's Hospital in Cleveland. After that, he returned to his native England to work at Addenbrooke's Hospital in Cambridge, where he was medical director for the PICU for about three years. He spent an additional year at the Royal Brompton Hospital in London, an internationally renowned cardiothoracic center, acquiring experience in pediatric cardiothoracic care.

**IN HIS OWN WORDS:** "An initial early goal is to develop a new intensive care unit for pediatric cardiac surgery patients, as well as to continue to support those with neurosurgical and other complex pediatric surgical cases. We're aiming to launch the new cardiac service sometime in 2018. I'm also hoping to establish an intermediate care unit for patients who are too sick to be placed on the regular floors but not sick enough for the pediatric ICU."

 [Read more: consultqd.clevelandclinic.org/Latifi](https://consultqd.clevelandclinic.org/Latifi)

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# Cleveland Clinic Children's

The Cleveland Clinic Foundation  
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# UPDATE

NEWS FOR PEDIATRICIANS

## WHEN DREAMS BECOME REALITY

In 2018, we will move to a newly remodeled building on Cleveland Clinic's main campus. Visit: [clevelandclinicchildrens.org/newhome](http://clevelandclinicchildrens.org/newhome)