

Paediatric Interest Group Meeting

27 August 2016, Vineyard Hotel, Cape Town

The Paediatric Interest Group Meeting of the Gastroenterology Foundation of South Africa was held at the Vineyard Hotel in Cape Town on 27 August this year. Topics addressed at the meeting included inflammatory bowel disease in children, transitioning care of adolescent patients, and emerging intestinal diseases (eosinophilic oesophagitis and congenital diarrhoea). Prof Sanja Kolacek was the international speaker while Prof Levin, Sr K Davidson and Dr's Strobele and Nel were the local speakers.

Professor Kolacek is head of Paediatrics at the Children's Hospital Zagreb, Croatia and chief of the Referral Center for Paediatric Gastroenterology and Nutrition in the same hospital. She has published widely on paediatric IBD and nutrition and is a member of ESPGHAN working groups for IBD, Acute Diarrhoea and Probiotics. She also serves on the editorial boards of a number of journals including the Journal of Pediatric Gastroenterology, Hepatology and Nutrition, the Journal of Crohn's and Colitis and Paediatrica Croatica. She presented an overview of new developments in inflammatory bowel disease in children.

The incidence of paediatric IBD is increasing in developed countries with Crohn's Disease accounting for two thirds of cases. Environmental and nutritional factors may contribute to this increase. Recent data suggests that breast feeding protects against CD (in particular early onset IBD). As far as genetic risk is concerned, the risk for children to CD is greater if the mother rather than the father has CD and the most common association is between a mother and daughter.

The phenotype of paediatric IBD differs from that found in adults. Children are more likely to have extensive intestinal involvement than in adults. Malnutrition, poor growth, and decreased bone density are important complications in children and adolescents. Early treatment to decrease inflammation, nutritional support and avoidance of steroids are important components of management. The appropriate use of exclusive enteral nutrition and biologic therapy was discussed.

One of the challenges in managing children with IBD is the transitioning of care from the paediatric gastroenterology service to the adult gastroenterology service and many adolescents will experience a deterioration in their disease during transfer of care. Prof Kolacek discussed strategies to improve the management of patients during this period.

Karin Davidson is an expert in the care of adolescents with IBD and she discussed practical issues in the transitioning of their care. These patients face many challenges as they enter adulthood: the majority complain of fatigue while chronic pain and diarrhoea are frequent complaints. When adolescents transition from the paediatric to adult care environment, they need to develop important skills such as communication, decision making, assertiveness, self-care, determination and advocacy. Health care professionals need to teach patients the necessary skills and coping strategies and encourage them to speak about their future and rights as a patient. While we tend to focus on the patient at this time, care should also be taken

to address the concerns of parents who have to adapt to a new environment and role in the support of their child.

Professor M Levin gave an allergologists perspective on eosinophilic oesophagitis. An increasing number of children are presenting with this entity. Diagnosis is often delayed and treatment challenging. He discussed the use of new technologies in the diagnosis of eosinophilic oesophagitis such as gene expression profiling, exhaled nitric oxide and the use of biomarkers. Oral steroid therapy is very effective, however, side-effects preclude its long term use. Topical steroids avoid most of the systemic side effects but may be difficult to administer. Allergen avoidance provides relief for many children. Targeted dietary therapy using the skin prick or patch test combined with the exclusion of milk leads to resolution in approximately 80% of children with EoE. Empiric 6 or 4 food elimination diets may achieve similar results.

Dr Silvia Strobele, a paediatric gastroenterologist in private practice, presented a number of problem cases that emphasised some of the difficulties encountered in the diagnosis and management of children with IBD.

Finally, Dr Nel from Stellenbosch University, gave a brief overview of the congenital causes of diarrhoea and the importance of genetic diagnosis in these children. This group of conditions has a high mortality and early correct diagnosis is essential to allow effective treatment. Recent advances in molecular biology and genetics enable accurate diagnosis in many previously undiagnosed children.

Etienne Nel

Stellenbosch University



IBD Paediatric faculty



Etienne Nel, Chris Kassianides and Sanja Kolacek