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31th



**INTERNATIONAL CONGRESS
OF PEDIATRIC HEPATOLOGY
GASTROENTEROLOGY & NUTRITION**



Prof . Mortada El-Shabrawi
CONFERENCE PRESIDENT



Prof . Talal Abdel Aziz
PRESIDENT OF ISMS

27-30
AUGUST 2025
Hurghada



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INTERNATIONAL CONGRESS
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DAY 1



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INTERNATIONAL CONGRESS
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TIME

03:00 PM – 09:00 PM

Registration

TIME

04:00 pm – 05:00 pm

Opening of the Exhibition

TIME

05:00 PM – 06:00 PM

Opening of the Congress and Session 1

Chairpersons:

(In Alphabetic Order)

Prof. Bahaa Hassasnin



Prof. Mortada El-Shabrawi



Prof. Mourad Al Alfy



Prof. Nehal El Koofy



Prof. Talal Abd El-Aziz



TIME

05:00 PM – 05:35PM

Prof. Yong Poovorawan



Towards Zero Mother-to-Child Transmission of Hepatitis B:
Thailand's Success Model for 2030 Elimination Goals



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TIME

06:00 PM – 07:30 PM

Session 2

Chairpersons:

(In Alphabetic Order)

Prof. Amel Mahfouz



Prof. Dalia A. Abdelrahman



Prof. Mohamed Hussein Metwally



TIME

06:00 PM – 06:30 PM

Prof. Mohamed Hussein Metwally



Nerhadou Symposium

The Calm After the Storm: Management
of Childhood Vomiting with Ondansetron



TIME

06:30 PM – 07:00 PM

Prof. Amira Abdelfattah



Complementary Feeding Practices

TIME

07:00 PM – 07:30 PM

Prof. Dalia A. Abdelrahman



New Modalities of Enteral Nutrition
in Developing Countries: An Overview



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TIME

07:30 PM – 09:00 PM

Session 3

Chairpersons:

(In Alphabetical Order)

Prof. Amira Abd El-Fattah

Prof. Gamal Gharib

Prof. Ranya Hegazy



TIME

07:30 PM – 8:00 PM

Prof. Dalia A. Abdelrahman



Anorexia nervosa to critical illness in pediatrics

TIME

08:00 PM – 08:30 PM

Prof. Ranya Hegazy



Sports Screening for Children: Cases from the Clinic

TIME

08:30 PM – 09:00 PM

Prof. Nehal El Koofy



Gastroenteritis Mimics



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DAY 2





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TIME

09:00 AM – 09:00 PM

Registration

TIME

10:00am – 10:30am

Session 4

Chairpersons:

(In Alphabetic Order)

Prof Amel Mahfouz

Prof. Gamal Tawfik

Prof. Mohamed Eissa



TIME

10:00 am – 10:30 am

Prof. Mostafa Yakoot 

Updates on Eosinophilic Gastro-entero-colitis



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TIME

11:00 AM – 12:00 PM

Session 5

Chairpersons:

(In Alphabetic Order)

Prof. Abdullah Shamsah

Prof. Essam Gad El Rab

Prof. Mostafa Yakoot



TIME

11:00 AM – 11:30 AM

Prof. Sahar Shaker



Syncope on Our Clinical Practice: How to Deal?

TIME

11:30 AM – 12:00 PM

ADWIA Symposium



Prof. Mortada El-Shabrawi

Update on: Vomiting in Infants and Children



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TIME

12:00 PM – 12:30 PM

Session 6

Chairpersons:

(In Alphabetic Order)

Prof. Doaa Khater

Prof. Gehan Bebars

Prof. Hossam El-Gharraz



TIME

12:00 PM – 12:15 PM

Bio Med (Neuro Pedia) Symposium

Prof. Doaa Khatter



TIME

12:15 PM – 12:45 PM

Utopia Symposium: Immunity Kids

Prof. Mortada El-Shabrawi



TIME

12:45 pm – 01:00 pm

Discussion

TIME

01:00 pm – 05:00 pm

Lunch Break



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TIME

05:00 pm – 06:15 pm

Session 7

Chairpersons:

(In Alphabetic Order)

Prof. Ahmed Farouk Morad

Prof. Ashraf Radwan

Prof. Sameh Abdellatif



TIME

05:00 pm – 05:30 pm

Prof. Khalid Sharif



Surgical Treatment of Pediatric
Cholestatic Disorders

TIME

05:30 pm – 06:00 pm

Prof. Khalid Sharif



Long-term Complications of Pediatric
Liver Transplantation



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TIME

06:00 pm – 07:00 PM

Session 8

Chairpersons:

(In Alphabetical Order)

Prof. Ahmed Al Sayed Quenawy



Prof. Laila Sherief



Prof. Wagdy Hashem



TIME

06:00 pm – 06:30 pm

Prof. Ibrahim Adib



Global Burden of Morbidity and
Mortality of Diarrheal Diseases

TIME

06:30 PM – 07:00 PM

Prof. Ibrahim Adib



Measuring the Full Value of Enteric Vaccines

TIME

07:00 PM – 07:15 PM

Prof. Ameer Elfeky



Screen Time, Social Media and Pediatric
Mental Health

TIME

07:15 PM – 07:30 PM

Open Discussion

Gala Dinner



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DAY 3



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TIME

09:00 am – 10:00 am

Session 9

Chairpersons:

(In Alphabetical Order)

Prof. Khaled Elkhatab



Prof. Mohamed Rewisha



Prof. Osama Heneigel



TIME

09:00 Am – 09:30 Am

Prof. Laila M Sherief



Immune Thrombocytopenia:

A Gateway for More Serious Conditions

TIME

09:30 Am – 10:00 Am

Prof. Naglaa M. Kamal,



MD (Professor of Pediatrics

& Pediatric Hepatology, Kasr Alainy Faculty of
Medicine, Cairo University, Egypt)

Salma Abosabie, MD Student

(Faculty of Medicine,

Julius Maximilians University of Würzburg,
Bavaria, Germany)

**A Challenging Case of Refractory Abdominal and
Chest Pain in an Allergic Adolescent**



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TIME

10:00 am – 12:00 pm

Session 10

Chairpersons:

(In Alphabetic Order)

Prof. Mohamed Abd Elfattah



Prof. Mortada El-Shabrawi



Prof. Mostafa Hodhod



TIME

10:00 AM – 10:30 AM

Prof. Carlos Lifschitz



Disorders of Gut-Brain Interaction (DGBI)

TIME

10:30 AM – 11:00 AM

Prof. Carlos Lifschitz



Update on cow's milk allergy and prevention

TIME

11:00 AM – 11:30 AM

Prof. Mostafa El-Hodhod



Are Current Allergy Diagnostic Algorithms Practical?

TIME

11:30 AM – 12:00 PM

Online Discussion

TIME

12:00 pm – 04:00 pm

Friday Prayer and Lunch



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TIME

04:00 pm – 05:00 pm

Session 11: Friday Morning International Session

Chairpersons:

(In Alphabetic Order)

Prof. Ahmed Rabie

Prof. Mohamed Meabed

Prof. Sayed Soliman



TIME

04:00 pm – 4:30 pm

Prof. Khaled Elkhatab



GH is still the key in many growth disorders

TIME

04:30 pm – 05:00 pm

Prof. Ahmed El Wakil



Shock liver after Cardio thoracic surgery



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TIME

05:00 pm – 06:30 pm

Session 12

Chairpersons:

(In Alphabetic Order)

Prof. Ahmed El Wakil 

Prof. Mortada El-Shabrawi 

Prof. Sahar Shaker 

TIME

05:00 pm – 05:30 pm

Prof. Ahmed El Wakil 

Tricuspid Surgery and protein losing enteropathy

TIME

05:30 pm – 06:00 pm

Prof. Elizabeth Tayler 



Why we need to be more AWARe of antibiotics

TIME

06:00pm – 06:30 pm

Prof. Elizabeth Tayler 



Antibiotics in 2025: The risks are rising

TIME

06:30 pm – 07:00 pm

Online Discussion



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TIME

07:00 pm – 07:30 pm

Session 13

Chairpersons:

(In Alphabetical Order)

Prof. Ahmed Mahmoud

Prof. Ashraf Mouris

Prof. Doaa Heba



TIME

07:00 pm – 07:30 pm

Prof. Khaled Elkhatab



Hidden enemies for Pediatricians
in DKA Management



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TIME

07:30 pm – 08:00 pm

Session 14

Chairpersons:

(In Alphabetic Order)

Prof. Ahmed Harb

Prof. Mohamed Hassan Thabet

Prof. Tarek Sobhy



TIME

07:30 pm – 08:00 pm

Prof. Abdullah Shamsah



Proper weaning & long term
consequences: A Guide to Healthy
Transition from Breastfeeding or Formula

TIME

08:00pm – 08:30pm

Dr. Mohamed Abd Elfattah



Cow's Milk Versus Grown
Up Milk (GUM) Formula

TIME

08:30pm – 09:00 pm

**Congress Closing & Recommendations
Chairpersons:**

Prof. Bahaa Hassasnin

Prof. Mortada El-Shabrawi

Prof. Mostafa Hodhod

Prof. Mourad Al Alfy

Prof. Nehal El Koofy

Prof. Talal Abd El-Aziz

Closing & Group Photos



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Abstracts

1- Complementary Feeding Practices by Prof. Amira Abdelfattah

The nutritional status of children is a fundamental determinant of their overall health and developmental outcome. Optimal infant and young child feeding (IYCF) has the best significant impact on child growth and survival. The high prevalence of various forms of pediatric malnutrition underscores the urgent need for a transformative approach to address poor-quality diets during early childhood. Between birth and the age of two, children undergo significant physiological and neurological development. The brain reaches approximately 75% of its adult volume, with more than 1 million new synaptic connections being formed per second. In addition, total body weight increases fourfold and linear growth expands by approximately 75%. These rapid changes result in extremely high nutrient requirements. Children between 6 months and 2 years of age have the highest nutrient needs per unit of body weight compared to any other period of life. Knowledge of factors related to complementary feeding practices is needed to design strategies that improve optimal complementary feeding and avoid malnutrition in children. The majority of mothers believe that CF are good for their kids in a variety of ways, but the salient beliefs that mothers have regarding the benefits and drawbacks of introducing complementary feeding, as well as the importance of what others have to say, are the factors that most strongly influence mothers' decisions regarding complementary feeding.



Abstracts

2- New Modalities of Enteral Nutrition in Developing Countries: An Overview

by Prof. Dalia A. Abdelrahman

Enteral nutrition (EN) is a cornerstone of managing malnutrition and various medical conditions when oral intake is insufficient. In developing countries, where malnutrition rates remain high and healthcare resources are limited, innovative and context-specific approaches to enteral nutrition are emerging to improve outcomes, affordability, and accessibility.

Key New Modalities and Innovations

1. Locally Produced, Culturally Adapted Enteral Formulas
2. Home-Prepared Blenderized Tube Feeding (BTF)
3. Modular Feeding Systems.
4. Use of Ready-to-Use Therapeutic Foods (RUTF) via Enteral Route
5. Low-Cost Commercial Enteral Formulas
6. Innovative Delivery Systems
7. Community-Based Enteral Nutrition Programs
8. Use of Mobile Health (mHealth) and Telemedicine

Challenges and Considerations

- Food safety and risk of contamination, especially with home-prepared feeds.
- Supply chain issues for both commercial formulas and modular components.
- Training gaps among healthcare providers and caregivers.
- Cultural beliefs and feeding practices that may influence acceptance.

Future Directions

- Research to develop evidence-based, locally adaptable feeding protocols.
- Partnerships with local industries to scale up low-cost formula production.



Abstracts

3- Anorexia nervosa to critical illness in pediatrics by Prof. Dalia A. Abdelrahman

Anorexia nervosa is a serious eating disorder characterized by restricted food intake, an intense fear of gaining weight, and a distorted body image. While more commonly recognized in adolescents and young adults, anorexia nervosa can also present in children, often with distinct features compared to adults.

Key Features in Children:

- Significant weight loss or failure to achieve expected weight gain during growth.
- Intense fear of weight gain, even if underweight.
- Distorted body image or denial of the seriousness of low body weight.
- Preoccupation with food, weight, calories, and dieting.
- Developmental delays: Pubertal delay or regression may occur.
- Excessive exercise or other compensatory behaviours.
- In younger children, body image concerns may be less clearly articulated but can present as food refusal, anxiety, or somatic complaints.

Unique Aspects in Children:

- More insidious onset compared to adolescents.
- May present initially as picky eating, gastrointestinal complaints, or food phobias.
- May not explicitly verbalize body dissatisfaction.
- Growth retardation or delayed puberty may be early signs.
- Higher risk of long-term growth and developmental complications if not promptly treated.

Diagnostic Criteria (DSM-5 Highlights):

1. Restriction of energy intake leading to significantly low body weight.
2. Intense fear of gaining weight or persistent behavior that interferes with weight gain.
3. Disturbance in self-perceived weight or shape.



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Abstracts

4 - Sports Screening for Children: Cases from the Clinic by Prof. Ranya Hegazy

The positive effects of sports in children are well established. Yet, the risk of sudden cardiac death unmasked by regularly practicing sports has been repeatedly proven. Pre-participation screening maybe the most effective method to decrease such risk. Pediatricians need to understand about the established screening methods through history taking, clinical examination and ECG. Obstacles of screening programs will be discussed and the importance of availability proper resuscitation methods will be highlighted. We will discuss practical cases from our everyday practice



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Abstracts

5 - Updates on Eosinophilic Gastro-entero-colitis by Prof. Moustafa Yakoot

Eosinophilic gastroenterocolitis (EGEC) is a disorder characterized by eosinophilic infiltration of the gastrointestinal (GI) tract, leading to symptoms such as abdominal pain, diarrhea, nausea, vomiting, and malabsorption. The exact pathophysiology remains unclear, but it is thought to involve a combination of immune dysregulation, allergic responses, and genetic predisposition.

Recent advances in diagnostic modalities, including histopathology, endoscopic ultrasound, molecular biomarkers, and non-invasive blood tests, have improved the detection of EGEC.

New treatment strategies, such as biologics are being developed for such indication.

New biological drugs targeting interleukin-5 (Fasenra) and IL-4/IL-13 (Dupilumab) pathways have just recently been approved and showed efficacy in managing cases of EGEC not responding to conventional corticosteroids and dietary management.



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Abstracts

6 - Syncope in our clinical practice: How to deal ? by Prof. Sahar Shaker

Syncope in children is most often neurally mediated and usually has a natural history of spontaneous resolution or improvement. Syncope is defined as the temporary loss of consciousness resulting from a reversible disturbance of cerebral function.

adolescence. Before the age of six years, syncope is unusual except in patients with seizure disorders, breath-holding episodes and primary cardiac dysrhythmias

The main purpose of the talk is to propose an evaluation scheme that will allow the physician involved in the care of children to differentiate the life-threatening causes of syncope with potential for injury or sudden death from the common, more benign neurally mediated syncope.

Secondarily, facilitate the identification of the patient with neurally mediated syncope who may benefit from medical therapy and distinguishes syncope from the more frequent noncardiac 'spells' of childhood.



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Abstracts

7 - Update on: Vomiting in Infants and Children by Prof. Mortada El- Shabrawi

By Mortada El-Shabrawi MD, FAASLD Professor of Pediatrics and
Pediatric Hepatology at Cairo University, Cairo, Egypt
Immediate Past President of the International Society of Tropical Pediatrics (ISTP)

Vomiting is the forceful expulsion of the gastric (and occasionally intestinal) contents back up the esophagus, then outside the mouth (and nose).

It may be voluntary or non-voluntary. Vomiting may or may not be preceded by nausea and abdominal pain. An unpleasant, subjective sensation of impending or imminent vomiting, often with epigastric sensation that may be painless. Nausea and vomiting are 2 of the most common presenting complaints seen by emergency department physicians and primary care physicians on a daily basis. Vomiting in infants & children may be due to both acute illnesses and chronic disorders originating within and outside the GI tract. The causes are very numerous and unusually diverse, but in most cases, vomiting is of organic origin. It is important for the clinician to determine whether vomiting occurs as part of a self-limiting, benign process (such as viral acute gastroenteritis), or is a symptom of a major illness.

Acute vomiting in infants and children all over the world is mainly due to viral gastroenteritis which usually resolves within a few days.

Rotavirus and the noroviruses (small round viruses such as Norwalk-like virus and caliciviruses) are the most common causes of acute gastroenteritis.

Although the therapy should be directed toward the “cause”, empiric therapy of the vomiting symptom may be indicated when its severity places the child at risk of dehydration and other complications.

The 8 pharmacological classes of available antiemetics are:

Phenothiazines, H₁-receptor antagonists, Anticholinergics, Corticosteroids, Dopamine receptor blockers, Serotonin (5-hydroxytryptamine)-3 receptor blockers, Neurokinin (NK)-1 receptor blockers and most recently second-generation anti-psychotics.

Ondansetron is a serotonin (or 5-HT) 3 receptor antagonist.

It does not have any effect on dopamine receptors or muscarinic receptors.

Ondansetron was patented in 1984 and approved for medical use in 1990.

It is one of the medications most commonly used for empiric treatment of vomiting. It is present on the WHO Model List of Essential Medicines, which is a list of medications that are considered to be the most effective and safe with regards to meeting the most important needs in a health system. Ondansetron is widely prescribed, relatively safe medication [Griddine & Bush, StatPearls: Last Update February 15th, 2023].



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Abstracts

8- Screen Time, Social Media and Pediatric Mental Health by Prof. Ameer Elfeky

In today's hyperconnected world, children are growing up immersed in screens and social media platforms—often before they are developmentally prepared. There is a complex relationship between screen time, digital exposure, and pediatric mental health.

We will review the latest research on how excessive screen time impacts cognitive development, emotional regulation, sleep quality, and social behavior in children and adolescents. Special attention will be given to the psychological effects of popular platforms like TikTok, YouTube, and Instagram, including cyberbullying, anxiety, and self-esteem issues.

By the end of this lecture pediatricians will be better equipped to address one of the most pressing modern challenges facing children today.



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Abstracts

9- Immune Thrombocytopenia: A Gateway for More Serious Conditions
by Prof. Laila M Sherief

10- Are Current Allergy Diagnostic Algorithms Practical?
by Prof. Mostafa El-Hodhod



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Abstracts

II- GH is still the key in many growth disorders by Prof. Khaled Elkhatab

Growth is the most important indicator of child's well-being. The growth pattern reflects the complex interaction between genetic and environment factors. Accurate assessment is essential for differentiating between normal and abnormal growth.

Increased accessibility to growth hormone has equipped the pediatrician and pediatric endocrinologist to treat and improve growth in many clinical scenarios. At the same time, there is added responsibility to use this tool judiciously.

Growth hormone (GH) is an important driver for somatic growth and increase in height in children. The development of recombinant human GH has greatly increased its availability, and hence the potential for its use and abuse.

GH therapy should only be offered to patients with established and approved indications.

Common pediatric indications for treatment include growth hormone deficiency, Turner syndrome, Prader-Willi syndrome, small for gestational age, chronic renal insufficiency, and idiopathic short stature.

ISS is the commonest cause of short stature and poor growth and is arbitrarily defined as a height < -2 SDS without an identified cause. ISS consists largely of normal children with the remainder unrecognized conditions, mainly syndromes and genetic (monogenic and polygenic) causes. Before initiating treatment, the family should be counseled about the treatment goals, costs, and possible adverse effects from the treatment.

It is important for patients to have realistic expectations from the treatment. The dose of GH should be individualized for the indication and will require titration in each patient based on response to the treatment and the adverse effects. Overall, GH has a good safety record. However, GH treatment has many potential and real adverse effects that need to be considered and monitored during treatment.



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Abstracts

12-Shock liver after Cardio thoracic surgery by Prof. Ahmed El Wakil

13- Tricuspid Surgery and protein losing enteropathy by Prof. Ahmed El Wakil



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Abstracts

14- Hidden enemies for Pediatricians in DKA Management by Prof. Khaled Elkhatab

Diabetic ketoacidosis (DKA) is a form of a hyperglycemic emergency mainly characterized by the triad of hyperglycemia, ketosis, and anion gap metabolic acidosis.

DKA may be the initial presentation in approximately 40-25 % of patients with type 1 diabetes. DKA is a serious complication of relative insulin deficiency affecting primarily type-1 diabetes mellitus (DM). Clinical symptoms include dehydration, tachypnoea, gastrointestinal symptoms, and reduced level of consciousness, precipitated by a variably long period of polyuria, polydipsia, and weight loss. Diabetic ketoacidosis is a serious condition that warrants immediate and aggressive intervention. Even with appropriate intervention, DKA is associated with significant morbidity and possible mortality in diabetic patients in the pediatric age group. Treatment of pediatric diabetic ketoacidosis (DKA) includes careful attention to fluids and electrolytes to minimize the risk of complications such as cerebral injury (CI), which is associated with high morbidity and mortality.

The incidence of cerebral edema in pediatric DKA has not decreased despite the use of fluid-limiting protocols based on restricting early fluid resuscitation. Diagnosis and treatment still debatable despite many updated protocols. Lack of awareness of general pediatricians to manage pediatric DKA in a proper way following international and national protocols is still the main reason for morbidities and mortalities. DKA management is not exclusively managed by pediatric endocrinologists but is a critical condition in need to be managed primarily by the general pediatricians



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Abstracts

15- Proper weaning & long-term consequences:

A Guide to Healthy Transition from Breastfeeding or Formula by Prof. Abdullah Shamsah

Weaning is an important milestone in a baby's development, as it marks the transition from a milk-based diet to the introduction of solid foods.

- Proper weaning is crucial for child's nutritional needs & development.

We will discuss some key points and recommendations for weaning in babies



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Abstracts

16- Proper weaning & long-term consequences:

A Guide to Healthy Transition from Breastfeeding or Formula

by Dr. Mohamed Abd Elfattah

A Critical Evaluation for Toddler Nutrition

Patients and Methods

Findings

GUM is better whenever needed

Conclusions and Recommendations

GUM can be used not only

Funding and Conflict of Interest

none

Keywords

cow's milk, Grow up milk



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OUR SUCCESS



27-30th
AUGUST 2025
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