



Pediatric press

A Fun & Fact-Filled Newsletter from the University of Maryland Hospital for Children

Getting to the Heart of Children's Cardiovascular Health

Strong and healthy. That's what every parent waits to hear after a pediatrician listens to their child's heart. But what if your pediatrician hears something through the stethoscope besides a normal, steady beat? That something could be a heart murmur – a slight whooshing sound.

"Heart murmurs occur in as many as 75% of children up to age 6," says Peter Gaskin, M.B.B.S., a pediatric cardiologist and assistant professor of pediatrics at the University of Maryland School of Medicine. "Most of these are 'innocent' heart murmurs. They are not from heart defects and usually resolve by the time a child reaches adulthood."

If your pediatrician hears something that sounds different than an innocent heart murmur, you may be referred to the University of Maryland Hospital for Children's Pediatric Cardiology Division. "We also see children for chest pains and fainting," Dr. Gaskin says. "And we see a growing number of children who have hyperlipidemia." (See article, "Families that Play Together," on page 7.)

EXAMS THAT AREN'T SCARY

Diagnosing your child's heart condition – serious or not – should be as quick, accurate and trauma-free as possible. That's why the Hospital for Children uses leading-edge diagnostic technology, such as 3-D echocardiography that creates real-time images of the heart. "3-D echo is a dramatic improvement over past

HEY KIDS!
How many can you find?

See how many hidden logos you can find in each *Pediatric Press*!



"Heart murmurs occur in as many as 75% of children up to age 6."

- Peter Gaskin, M.B.B.S



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Hiccups Happen!

Anyone can be susceptible to hiccups – even babies in the womb. A hiccup is an unintentional spasm of the diaphragm. When the diaphragm contracts, it causes a person’s vocal cords to open and close, causing the characteristic “hic” sound.

There is no definite cause for hiccups but there are some risk factors that can contribute to an attack.

- Eating spicy food.
- Swallowing air or eating a large meal quickly.
- A sudden change in stomach temperature, such as drinking something hot and then something cold.
- Excitement or stress.

How to Stop It

We’ve all heard of silly home remedies that claim to cure hiccups, such as drinking water from the opposite side of the glass. If that doesn’t work for you, try these ideas the next time you need relief:

- **A spoonful of sugar** makes the medicine go down, but it has also been known to stop hiccups.
- **Breathing into a paper bag** or holding your breath for 10 seconds can increase the carbon dioxide in the blood, which may stop hiccups.
- **Being scared or startled** has been known to help. Having someone tickle you may also alleviate symptoms.

Although hiccups can be embarrassing, they usually go away on their own in a few minutes or a few hours. If your hiccups last longer than 48 hours or they interfere with eating or breathing, consult your doctor immediately.

Delivering Specialty Care to Your Neighborhood!

Rx



When driving in Baltimore City, keep your eyes peeled for the Breathmobile. It appears to be an average recreational vehicle with colorful pictures on the sides, but looks can be deceiving! The Breathmobile is a mobile asthma clinic that delivers care to children in their own neighborhoods. Every weekday, the Breathmobile team from the University of Maryland Hospital for Children is out in the community, diagnosing asthma and helping children and families manage this chronic condition.

X



Steven J. Czinn, MD

Chief of Pediatrics, University of Maryland Hospital for Children; Professor and Chairman, Department of Pediatrics, University of Maryland School of Medicine

At the University of Maryland Hospital for Children, we strongly believe in bringing subspecialty care to children in the places where they live, play and thrive. That is why our specialists are hitting the road every day. We offer care in many places throughout the state, and we have clinics in both Harford and Anne Arundel counties that offer subspecialty care such as cardiology, endocrinology, gastroenterology, genetics and pediatric surgery.

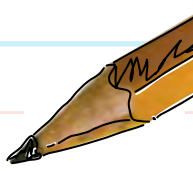
In the new year, please remember that the University of Maryland Hospital for Children is here for you and your family. Wishing you a happy and healthy 2009.

Healthy regards,

Steven J. Czinn, MD



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One of the biggest benefits of an academic medical center is coordinated subspecialty care.”

-Ina Stephens, MD
Assistant Professor



Your Child Could Benefit

Advantages of an Academic Medical Center

Like any parent, you want the best care for your child when he or she needs medical attention. And if your child is seriously ill, the need for top-notch care becomes that much more critical. An academic medical center, such as the University of Maryland Hospital for Children, offers advantages you won't find at other facilities. For everything from routine childhood maladies to life-threatening ailments, we offer state-of-the-art care for children.

“One of the biggest benefits of an academic medical center is coordinated subspecialty care,” states Ina Stephens, MD, assistant professor at the University of Maryland and chief of the Pediatric Infectious Disease Clinical Service. “We can get immediate consultations from a whole host of pediatric subspecialists, such as pediatric cardiologists, pediatric respiratory therapists and many, many more.

“Children are not just small adults,” she continues. “So having specialists who have a pediatric background is critical. The Hospital for Children and all the pediatric subspecialists are on one floor within the University of Maryland Medical Center. We're a hospital within a hospital.”

MANY MINDS WORKING TOGETHER

“Another benefit of a teaching facility is that it raises the level of intellectual stimulation of everyone involved,” says Dr. Stephens, who also serves as associate program director for the Residency Training Program at the University of Maryland Hospital for Children. “A whole team evaluates each patient, so you have numerous sets of eyes looking, seeing and re-evaluating. Everyone is asking different questions.” Teams include medical students, residents and hospital faculty.



Dr. Ina Stephens says, “We're a hospital within a hospital.”

“That's what I would want if I was a patient,” she adds. Parents benefit from the teaching that happens in their child's hospital room, too. They, along with the medical professionals, have an opportunity to ask questions during discussions of their child's condition and treatment. The dialogue can lead to a greater understanding of what's going on with their child, and why. Many parents find that very comforting.

THE LATEST AND GREATEST

Another advantage of a university setting is that most physicians on the faculty are not only clinicians (meaning they treat patients) and educators (teaching medical students and residents), but they're also researchers. “Sometimes we can take what we learn through our research and apply it directly at the patient's bedside,” she says. “That's cutting-edge medicine that you'll only find at an academic medical center.” Patients may also have the opportunity to participate in clinical tests and studies, receiving treatments that are not available to the general public.

Some parents worry that a university hospital won't work closely or communicate well with their child's pediatrician in the community. “That's not the case at the Hospital for Children,” says Dr. Stephens. “When a child is admitted here, we contact the child's pediatrician immediately, and keep him or her in the loop.

“All our residents work in community settings in addition to their work here, so they build relationships with community doctors. We work hard at developing and maintaining relationships with physicians in the community,” she says.

To learn more about the Hospital for Children, log on to www.umm.edu/pediatrics or call **1.800.492.5538**.



Concussions

A Serious Heads-up on Sports Injuries

Jeff, a high school star running back, led the conference in tackles – until a head injury knocked him out cold. The team’s athletic trainer pulled him from the rest of the game and his parents made him take it easy for a couple days. Jeff seemed fine at football practice the following week except for a recurring headache that would surface each night while he attempted his homework. Luckily for Jeff, his mom took notice and sought out further medical attention.

WHO IS AT RISK?

A concussion is a brain injury that can result from a bump, blow or jolt to the head, most commonly seen in children ages 7 to 17 who play contact sports such as football, hockey, lacrosse and wrestling. They also occur in limited-contact or noncontact sports such as basketball, cheerleading and gymnastics. Concussions are serious head injuries that must not be taken lightly.

“Concussions can be especially dangerous for youths and teens who experience repeated head injuries,” says Frank P. Dawson IV, MD, FAAP, a pediatric sports medicine specialist at the University of Maryland Hospital for Children, and assistant professor at the University of Maryland School of Medicine. “Often players may return to a sport before they should, thinking nothing major is wrong. But there is a lower threshold for getting additional concussions once a player has experienced his or her first head injury.”

SYMPTOMS OF A CONCUSSION

Dr. Dawson cautions parents to be on the lookout for the following symptoms if their child suffers a head injury:

- Loss of consciousness.
- Headache (immediate and recurring).
- Difficulty moving around (ataxia).
- Confusion.
- Blurry vision.
- Nausea and vomiting.
- Reaction to bright lighting that’s bothersome.
- Sensitivity to sounds.

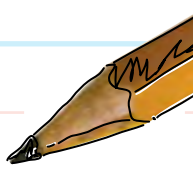


“Parents may also notice that their child has difficulty concentrating on homework, speech issues, sleep disturbances at night and general malaise or no energy,” shares Dr. Dawson. A CT scan should be considered if symptoms last two weeks or more. Headaches that repeatedly occur after practices and games are **not** normal.”

TREATING HEAD INJURIES

If your child sustains a head injury, he or she should be pulled out of the game or practice and immediately sit down. “If unconscious, the child should not be moved,” says Dr. Dawson. “An athletic trainer or physician may be on-site to assist an injured child. One tip for





Prevention Tips for Parents

Dr. Dawson recommends the following tips for preventing concussions:

- 1 Make sure your teenager is learning the proper fundamentals and correct techniques for his or her sport. For example, in football, heads-up tackling (seeing what you are about to hit) is safer than other tackles.
- 2 Check to see that your son or daughter has the proper equipment and that it's up to date and in working order.
- 3 If your child has had a concussion, watch for repeat injuries or recurring symptoms. Be proactive about pulling your child from practices and games, and always seek proper medical attention.

trying to prevent an injured player from returning to competition is taking away the child's helmet.”

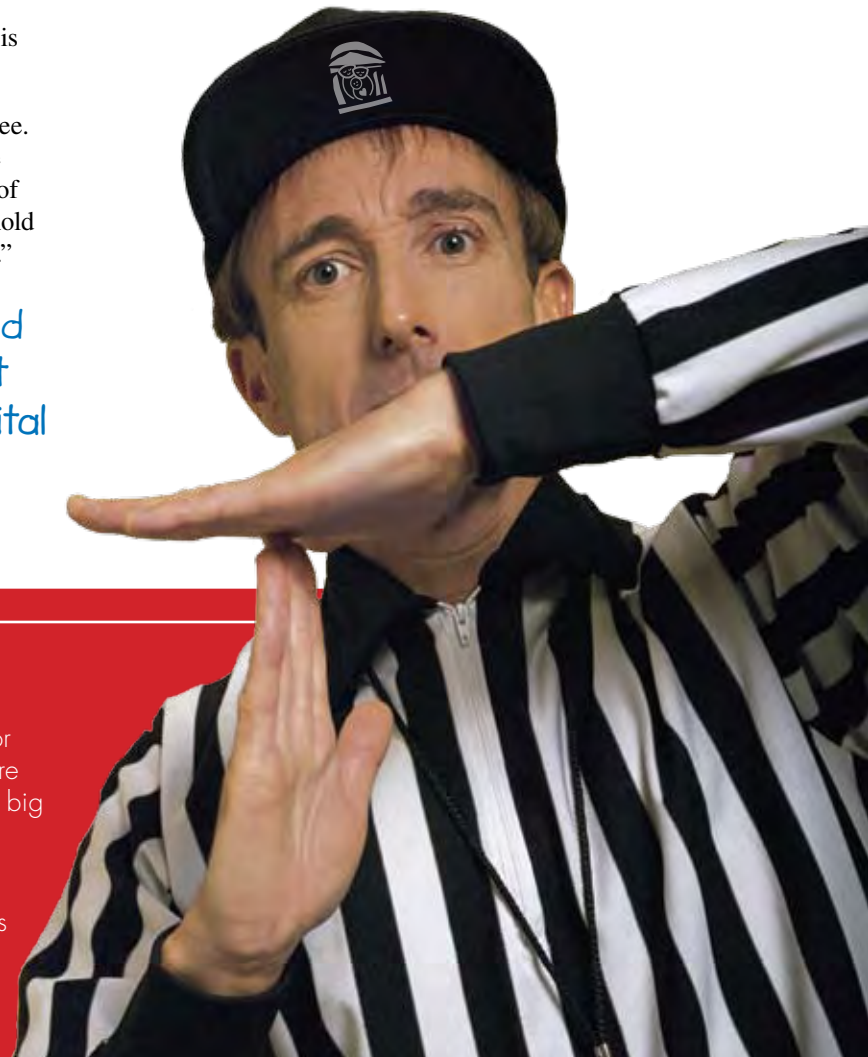
The main treatment for a head injury is to rest until symptom free. “Be firm with your child about not playing while symptoms are present,” shares Dr. Dawson. “Encourage an honest discussion of how your son or daughter is really feeling. Often teenagers will hold back information because they are afraid they won't get to play.”

For emergency attention, take your child to the Pediatric Emergency Department (ED) at the University of Maryland Hospital for Children or the nearest medical emergency room.

Attention All Athletes!

If you play a contact sport and experience a bump or blow to your head during a practice or game, be sure to tell your coach and parents. It might seem like no big thing, but it could be a concussion and a medical checkup may be necessary.

Follow your physician's orders and your parents' rules about not playing until all symptoms go away. If you have had a concussion, your brain needs time to heal and that comes primarily from rest.



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Feeling like a Germophobe?

Worried that your food is contaminated or touching a doorknob might make you sick? Welcome to the uneasy world of germophobia, where microscopic bacteria attack your health and your sanity! Before you lock your family in a bubble, keep in mind that common-sense precautions and a healthy immune system, are often enough to keep you healthy.

TIPS FOR AVOIDING INFECTION

Wash your hands. The most effective way to prevent sickness is to keep your hands clean. If soap and water aren't available, use an alcohol-based gel or hand-wipe. Don't stop there, though! Wash food, counters, sports equipment and any other potential

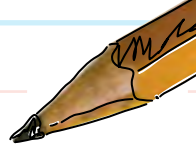
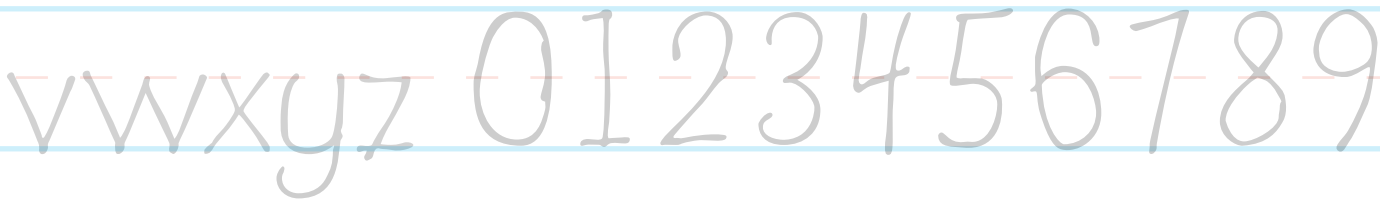
infection site, too. Also, avoid antibacterial soap. Regular soap is just as effective at killing germs, but doesn't run the risk of creating antibiotic-resistant microbes.

Eat right and exercise regularly. You've heard this advice over and over, but maintaining a strong immune system makes you less susceptible to illness, and helps you fight it off sooner if you do get sick.

Keep up to date on vaccinations. Vaccines already protect you from some of the deadliest diseases. Though most vaccinations are administered when we're children, you should follow up with routine shots as an adult, for diseases like tetanus, diphtheria and influenza. Find recommended immunization schedules at www.cdc.gov/vaccines.

Use antibiotics appropriately. Though antibiotics are capable of healing an amazing array of diseases, they are not the answer to every infection. Antibiotics only work against bacterial infections, so they'll do no good against the common cold or the flu. If a health care provider does prescribe antibiotics, complete the prescribed course of treatment. Don't save antibiotics for later or give them away if your symptoms start to clear; the bacteria may survive, mutate and reinfect you.





Getting to the Heart of Children's Cardiovascular Health ... CONTINUED FROM PAGE 1

technology," Dr. Gaskin says. "In some cases, we no longer have to go inside the chest to see how the heart functions."

3-D echo is also less traumatic for children than computed axial tomography (CAT) scans and magnetic resonance imaging (MRI) – physically and emotionally. "Sometimes those tests are necessary, but CAT scans emit radiation and an MRI can be scary because it's a longer exam in a noisy tube," Dr. Gaskin says. "3-D echo gives us comparable images without those drawbacks."

KID-SIZE TREATMENTS

Fewer heart defects require open-heart surgery today than they once did thanks to medical devices that are evolving to fit younger patients. "With cardiac catheterization – which uses a small tube about the size of spaghetti – we can deliver devices to the heart to correct defects without opening a child's chest for surgery," Dr. Gaskin says.

The latest technology along with the expertise of a team of doctors, nurses

and other health professionals who are specially trained to diagnose and treat the youngest patients mean many heart conditions can be easily treated at the Hospital for Children. "Children are resilient and adapt to change quite well," Dr. Gaskin says. "You know they feel better when they are smiling again. Our goal is get them back to being happy kids as soon as possible."

To learn more, log on to www.umm.edu/pediatrics or call **1.800.492.5538**.

Families that Play Together Stay Healthy Together

At what age should you start thinking about heart disease? 40? 50? 60? "It's never too early," advises Peter Gaskin, M.B.B.S., a pediatric cardiologist and assistant professor of pediatrics at the University of Maryland School of Medicine, who is treating an increasing number of children for hyperlipidemia.

"Hyperlipidemia means high cholesterol and high triglyceride levels in the blood, which causes hardening of the arteries," Dr. Gaskin explains. "It can be hereditary, but it can also be related to obesity as a result of inactivity. Many children are spending too much time in front of the TV or playing video games. They aren't outside getting the exercise they need."

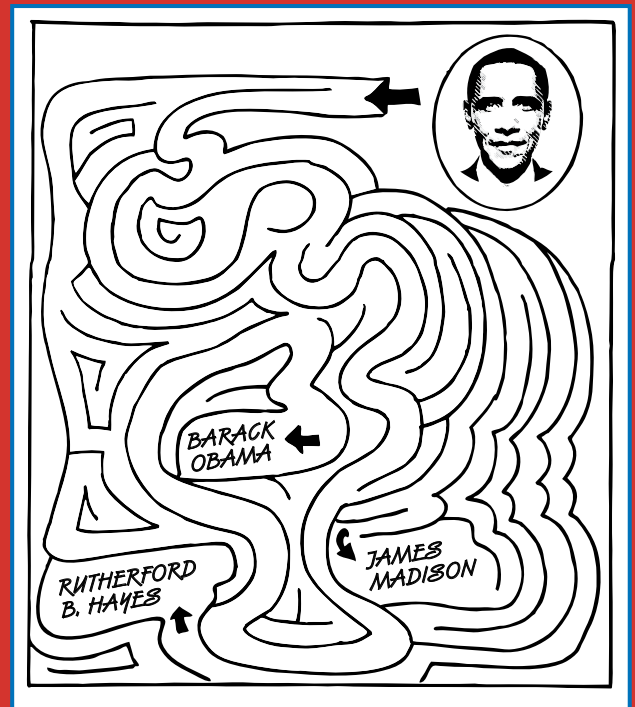
Research suggests adult problems with hyperlipidemia often start in childhood. Poor exercise and eating habits can turn into a lifetime of difficulty.



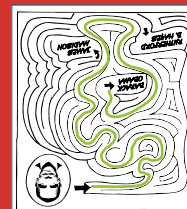
Even children who appear normal in size may have hyperlipidemia, which is why screening of children over 2 years of age who are at-risk is important – as is modeling a healthy lifestyle. "Families that exercise together give children major health benefits down the road," Dr. Gaskin says. "And sharing healthy meals that are high in fiber and low in saturated fat helps parents' hearts, too."

Hail to the Chief

Match our new president-elect with his name.



ANSWER:



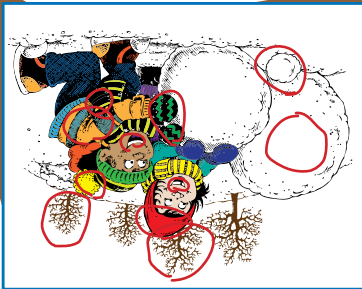
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What's the Difference?

Circle the differences in the photo to the right. There are 10 missing, or changed, objects. Good luck!

Activity Answer Key:



1. Girl's hat is red.
2. Extra tree.
3. Extra tree.
4. Girl is missing a tooth.
5. Boy's gloves are green.
6. Boy's cap has a yellow ball at the end.
7. Boy is missing a stripe on his scarf.
8. Boy has teal stripes on his jacket.
9. Extra snow ball.
10. Boy's tongue is purple.
11. UMD logo on the snowball.

How many did you find?

We found **11**



For more information about the newsletter, please e-mail abessent@umm.edu. To learn more about the Hospital for Children, please log on to umm.edu/pediatrics or call **1.800.492.5538**.

Pediatric Press is an information service of the University of Maryland Hospital for Children and published by the University of Maryland Medical Center.

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