臺灣兒科醫學會第二三六屆學術演講會時間表

民國107年11月17日(星期六)

成杏廳

09:00 ～ 10:10
第一單元：感染學
(1~7題)

10:10 ～ 10:20
休息

10:20 ～ 11:30
第一單元：感染學
(8~14題)

第一講堂

09:00 ～ 10:30
第三單元：心臟血管學
(39~47題)

10:30 ～ 10:40
休息

10:40 ～ 11:40
第四單元：醫學人文及教育
(48~53題)

第二講堂

09:00 ～ 09:30
第六單元：血液、腫瘤學
(77~79題)

09:30 ～ 09:40
休息

09:40 ～ 10:40
第七單元：腎臟學
(80~85題)

10:40 ～ 10:50
休息

10:50 ～ 11:20
第八單元：肺臟學
(86~88題)

第三講堂

09:00 ～ 10:10
第十一單元：重症學
(99~105題)

10:10 ～ 10:20
休息

10:20 ～ 10:50
第十二單元：急診學
(106~108題)

12:00 ～ 13:30
附加研討會
主持人：楊俊仁醫師
主　題：母乳寡醣與小兒營養的新興研究與發展
演講者：Dr. John Thomas Stutts

成杏廳

13:30 ～ 15:30
第二單元：新生兒學
(15~26題)

15:30 ～ 15:40
休息

15:40 ～ 17:40
第二單元：新生兒學
(27~38題)

第一講堂

13:30 ～ 15:30
第五單元：過敏免疫風濕病學
(54~65題)

15:30 ～ 15:40
休息

15:40 ～ 17:30
第五單元：過敏免疫風濕病學
(66~76題)

第二講堂

13:30 ～ 14:20
第九單元：內分泌學
(89~93題)

14:20 ～ 14:30
休息

14:30 ～ 15:20
第十單元：醫學遺傳學、新陳代謝學
(94~98題)

第三講堂

13:30 ～ 15:00
第十三單元：腸胃學、營養學
(109~117題)

15:00 ～ 15:10
休息

15:10 ～ 16:50
第十四單元：神經精神醫學
(118~127題)

民國107年11月18日(星期日)

成杏廳

08:50 ～ 12:00
教育演講
主　題：因應醫院下轉病患至基層診所－兒科醫師對於一般常規檢查、肺功能、心電圖、超音波、X光片應有的認識
主持人：林應然醫師、王弘傑醫師
演講者：曾崇芳醫師、吳漢屏理事長、陳武元教授、傅雲慶院長、楊文傑醫師、李覃副院長

12:00 ～ 13:30
附加研討會
主持人：陳伯彥醫師
主　題：幼兒與青少年疫苗的接種趨勢
演講者：許世典醫師、李建德醫師

13:30 ～ 16:10
頒獎

休息

醫學的科學、倫理與法律講座
主持人：江伯倫理事長、吳俊明教授
主　題：兒童權利公約與性別議題
演講者：林秀娟講座教授、吳啓安助理教授

第一講堂

09:00 ～ 11:00
專題演講
主　題：發展遲緩兒童常見的共病症及其照護
主持人：洪焜隆教授、黃朝慶理事長
演講者：陳慧如醫師、楊燿榮醫師、陳珠瑾醫師、張明裕醫師、邱南昌醫師

12:00 ～ 13:30
附加研討會
主持人：林奏延教授、黃立民教授
主　題：疫苗學新世代：輪狀病毒與百日咳疫苗
演講者：邱南昌醫師、黃玉成教授

第二講堂

12:00 ～ 13:15
附加研討會
主持人：黃立民教授、劉清泉教授
主　題：流感抗病毒藥物治療之新里程碑
演講者：黃玉成教授、Prof. Ichiro Morioka

第三講堂

09:00 ～ 12:00
特別演講
主　題：科技部建立以婦幼醫學為主軸的精準醫療專案計畫成果分享及婦幼醫學學門推動方向及申請心得分享
主持人：郭保麟教授、鄭敬楓教授
演講者：胡務亮教授、王淑麗教授、蔡世峯教授、鄭敬楓教授、莊偉哲司長

12:00 ～ 13:25
附加研討會
主持人：黃朝慶理事長、楊俊仁理事長
主　題：嬰兒營養及腦部發展研討會
演講者：洪蘭教授、劉明發主任

地址：國立成功大學成杏校區醫學院(台南市北區小東路45號)

第六單元：血液、腫瘤學

日期：民國107年11月17日(星期六)
時間：09:00~09:30
地點：第二講堂

主持人：江東和、沈俊明

09:00~09:07　77. Tyrosine Kinase Inhibitors在兒童慢性骨髓性白血病的治療結果：單一機構的經驗
朱蔚穎、鄭兆能、陳建旭
國立成功大學醫學院附設醫院小兒部

09:07~09:14　78. 甲氨蝶呤藥物治療後認知功能及氧化壓力平衡改變：一個小鼠研究模式
陳昱潔、蕭志誠、沈俊明、王素貞、黃立同[1]
高雄長庚醫院兒童血液腫瘤科、兒童神經內科[1]

09:14~09:21　79. Group C與D視網膜母細胞瘤的臨床表徵和治療結果 — 單一機構的經驗
江東和[1]、陳世翔[1]、高玲玉[2]、蔡悅如[2]、楊淑賀[3]、曾振淦[4]
林口長庚紀念醫院兒童血液腫瘤科[1]、眼科部[2]、護理部[3]、放射腫瘤科[4]

09:21~09:30　討論

09:30~09:40　休息

Background: Idiopathic pulmonary hemosiderosis (IPH) is a rare disease and characterized by a triad of microcytic anemia with iron deficiency, hemoptysis, and increased infiltration on chest radiography.
Methods: We retrospectively reviewed the medical records in National Taiwan University Hospital in the past using ICD-9 code (275.0 and 516.1) and ICD-10 code (E83.10 to E83.19 or J84.03). We included patients with age at diagnosis less than 18 years old and excluded those who did not fulfill the diagnostic criteria. The clinical data were collected and analyzed.
Results: There were eleven children (5 male and 6 female) diagnosed in the past 28 years. The mean age at onset of symptoms is 3.77(1.80-4.70) years old, the mean age at diagnosis is 4.95(2.30-6.40) years old, and the mean Hb at initial is 5.13(4.10-5.70) mg/dL. All children had anemia, 7 (64%) had hemoptysis, 3 (27%) had hematochezia, and 10 (90.9%) had hemosiderin-laden macrophages in sputum. For comparison of intensive care unit (ICU) group and non-ICU group, four children in ICU group had more fever noted (100% vs 29%, P=0.022), higher ferritin level (320.8 vs 35.1 ng/mL, P=0.019), more microorganism yielded in sputum (100% vs 28.6%, P=0.022), and longer admission duration during the first year (58.25 vs 10.86 days, P=0.042). Mean duration of Hb recovery to 11 mg/dL is 3.38(1.63~3.50) months. The duration of Hb recovery is significantly correlated to cumulative dose of corticosteroids (P=0.007).
Conclusions: Not all IPH patients had hemoptysis. When IPH patients had fever, high ferritin level and microorganism yielded in sputum, the risk of ICU staying was increased. The longer time for Hb recovery, the more corticosteroids will be needed for the treatment of IPH.

77 Therapy Response of Tyrosine Kinase Inhibitors in Pediatric Patient with Chronic Myeloid Leukemia: a Single Institute Experience

Tyrosine Kinase Inhibitors在兒童慢性骨髓性白血病的治療結果：單一機構的經驗

Wei-Ying Chu, Chao-Neng Cheng, Jiann-Shiuh Chen
Department of Pediatrics, National Cheng Kung University Hospital, Tainan, Taiwan
朱蔚穎、鄭兆能、陳建旭
國立成功大學醫學院附設醫院小兒部

Background: Chronic myeloid leukemia (CML) is a rare malignant hematology disease in pediatric population. The first line treatment for children in CML in chronic phase is tyrosine kinase inhibitors (TKIs) as in adult. Current experience of TKIs therapy is limited in children. We would like to discuss the treatment response in pediatric population at our hospital.
Methods: We conducted a retrospective chart review. Patient's age and gender at diagnosis, treatment and therapy response, and adverse effects were recorded. Treatment response was classified according to European Leukemia Network guideline.
Results: There were 14 patients diagnosed with CML from 2004 to 2018 at our hospital. One was excluded after processing to transplantation. The other 13 patients were treated with TKIs . First generation TKIs was applied for eight patients. Optimal response of imatinib was 75% (n=6) at 3 months, 50% (n=4) at 12 months and 12.5% (n=1) at 18 months. Second generation TKIs (dasatinib, nilotinib) were applied for 5 patients. Optimal response of second generation TKIs was 100% (n=5) at 3 months, 100% (n=5) at 6 months and 60% (n=3) at 12 months. Five patients in imatinib therapy were switched to second generation TKIs (dasatinib) due to lost of major molecular response or treatment failure. Optimal response was rapidly obtained after switched to dasatinib. Severe side effects were observed. Two patients were observed with pleural effusion. One of them was accompanied with CMV enterocolitis.
Conclusions: The therapy response of imatinib as first line therapy in pediatric CML was not as good as response in adult. Dasatinib used as first and second line treatment seemed to provide good early response and lower treatment failure rate. Severe adverse effects such as pleural effusion and CMV reactivation were occasionally observed. We suggest second generation TKIs as first line therapy in pediatric CML patients.

78 Changes in Cognition and Oxidative Stress Homeostasis Following Methotrexate Treatment in a Juvenile Murine Model

甲氨蝶呤藥物治療後認知功能及氧化壓力平衡改變：一個小鼠研究模式

Yu-Chieh Chen, Chih-Cheng Hsiao, Jiunn-Ming Sheen, Su-Chen Wang, Li-Tung Huang[1]
Department of Pediatric Hematology and Oncology, Kaohsiung Chang Gung Memorial Hospital; Department of Pediatric Neurology, Kaohsiung Chang Gung Memorial Hospital[1]
陳昱潔、蕭志誠、沈俊明、王素貞、黃立同[1]
高雄長庚醫院兒童血液腫瘤科、兒童神經內科[1]

Background: While the long-term survival rate of acute lymphoblastic leukemia (ALL) in children has improved much, some children ALL survivors reveal inferior intellectual and cognition function. Methotrexate (MTX) is an essential component in ALL treatment, its late neurologic sequelae is worth noticing. MTX works through interactions with enzymes in the folate pathway and is considered related to increased oxidative stress. Asymmetric dimethylarginine (ADMA) is the major endogenous inhibitor of nitric oxide synthase and increased oxidative stress has been reported to result in disruption of the balance of the ADMA pathway. Therefore, we use proteins in the ADMA pathway as the markers to measure the alteration of oxidative stress following MTX-treatment. Melatonin is a well-known antioxidant and its role in MTX neuropathy is not well studied. We set up a model mimicking children ALL treatment strategy to explore the oxidative stress alteration after MTX and evaluate the protective role of melatonin.
Methods: Male Sprague-Dawley rats (PND 17 ± 1) weighing ~50 g are used. Rats receive intrathecal injection. Eight experimental groups are used (N = 6-8, each), with rats receiving sham, intrathecal (IT) MTX (0.5mg/kg of MTX intrathecally), intraperitoneal (IP) MTX (100mg/kg of MTX intraperitoneally), combined IT and IP MTX and

melatonin treatment (100mg/kg melatonin intraperitoneally). The Morris water-maze test was conducted to assess spatial learning and memory function. Dorsal part of hippocampus and plasma were analyzed for the oxidative stress markers.
Results: Combined IT and IP MTX treatment results in spatial-memory deficits and melatonin can reverse the neurologic impact. Thus, studies on the oxidative stress regulation mainly focus on the combined IT and IP MTX-treated groups. Immunofluorescence staining on hippocampus reveals upregulation of ADMA expression. ADMA and SDMA protein expressions are increased. PRMT and DDAH1 protein expressions are decreased. Melatonin can reverse the ADMA, SDMA, DDAH1 and PRMT1 alterations.
Conclusions: MTX treatment causes spatial memory deficits. Melatonin can protect the MTX-treated rats from the neurologic sequelae through its role as an anti-oxidant.

79 Clinical Spectrum and Treatment Outcome of Retinoblastoma with Group C and D Diseases – A Single Institution Experience

Group C與D視網膜母細胞瘤的臨床表徵和治療結果—單一機構的經驗

Tang-Her Jaing[1], Shih-Hsiang Chen[1], Ling-Yuh Kao[2], Yueh-Ju Tsai[2], Shu-Ho Yang[3], Chen-Kan Tseng[4]
Divisions of Hematology/Oncology, Chang Gung Children's Hospital, Chang Gung University[1], Taoyuan, Taiwan; Department of Ophthalmology, Chang Gung Memorial Hospital[2], Taoyuan, Taiwan; Department of Nursing, Chang Gung Memorial Hospital[3], Taoyuan, Taiwan; Department of Radiation Oncology, Chang Gung Memorial Hospital[4], Taoyuan, Taiwan
江東和[1]、陳世翔[1]、高玲玉[2]、蔡悅如[2]、楊淑賀[3]、曾振淦[4]
林口長庚紀念醫院兒童血液腫瘤科[1]、眼科部[2]、護理部[3]、放射腫瘤科[4]

Background: To report the ocular survival and event-free survival following primary multiagent chemotherapy for group C and D of retinoblastoma (RB). Enucleation of group C and D is controversial as the risks of chemotherapy must be weighed against the potential for vision.
Methods: A retrospective review of children diagnosed with intraocular RB from 2007 to 2016 at Chang Gung Memorial Hospital was undertaken. The diagnosis of RB was confirmed by complete ophthalmologic evaluation under general anesthesia. Intraocular tumor stages of each eye were classified according to the ICRB system. Only groups C and D eyes with more than 12 months' follow-up were analyzed. Clinical spectrum and treatment outcome were studied.
Results: A total of 91 patients (unilateral 68%, bilateral 32%) were studied. Three patients were excluded because enucleation had been carried out as the primary treatment at another hospital. Of 117 eyes with intraocular diseases, the majority of affected eyes were group E (69.3%), followed by group D (11.1%), group C (6.8%), group B (7.7%), and group A (5.1%). In groups C and D, the tumor has spread into the subretinal space and vitreous cavity. The median onset age in 21 patients with group C or D eye was 12 months (1-180 months). Leukocoria was the most common presentation sign (76%). Chemoreduction was primarily used in the treatment of intraocular RB. The goal was to shrink the tumor in order to facilitate local treatment methods. SOAI was applied as a component of multimodal therapy in 7 of the 21 cases. The eyes unresponsive to chemoreduction and focal consolidation treatment or the eyes developing massive vitreous seedings were enucleated. The globe preservation rate in patients with group C and D eyes was 67%.
Conclusions: Bilateral retinoblastoma commonly presents with one eye full of tumor, with smaller tumors in the fellow eye. Both eyes may be primarily treated with chemotherapy for groups B, C, or D disease. Treatment teams must appreciate the axiological underpinnings in these patients in order to maximize compliance with the prolonged and complex treatment plans.

80 Supra-renal Mass in Pediatric Group: Case Series from the Period 2009–2018 in Southern Taiwan

小兒腎上腫塊：2009-2018年南台灣一醫學中心病例回溯性分析

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Department of Pediatrics[1], National Cheng Kung University Hospital, Tainan, Taiwan
曾吉騰[1]、邱元佑
國立成功大學醫學院附設醫院小兒部[1]

Background: Supra-renal mass is a commonly encountered problem in clinical setting,in which it is discovered in symptomatic patients or incidentally in asymptomatic patients who undergoing abdominal image studies, among pediatric populations.The diagnosis encompasses variety of possible etiologies and varies differently across all ages.The aim of this study is to assess the etiology,image findings and characteristics and clinical presentations of supra-renal mass among children and young infants at a medical center in southern Taiwan
Methods: Patients who under 18-year-old who had been hospitalized or visited outpatient clinic from Jan. 2009 to June. 2018 at National Cheng Kung University Hospital were enrolled.Clinical characteristics, image findings, pathological reports and final diagnosis were reviewed retrospectively from medical records.
Results: Totally 37 patients were enrolled with age ranged from 0 to 18 years.25 patients (67.5%) are case of adrenal hemorrhage,9 patients (24.3%) are the case of malignancy,2 patients are the case of teratoma and 2 patients turn out to be adrenal hyperplasia.The primary diagnosed image tool is ultrasound. Among 25 patients with adrenal hemorrhage, they are almost term infants, delivered by normal spontaneous delivery with mainly neonatal jaundice as the clinical presentation.Sonographic features are usually unilateral (right＞left), heterogenous, hypoechoic without blood flow, ranging from 1.0×0.66cm to 5.05×3.75cm in size.For those with malignancy,they came with mainly gastrointestinal symptoms (vomiting, abdominal pain, or fullness, abdominal mass).The image features come into diverse appearance-from homogenous to heterogenous,cystic to multiple calcifications, with negative to positive blood flow signs.
Conclusions: The current study provides information