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Longstanding persistent accelerated idioatrial rhythm: Benign sinus node-like rhythm or insidious rhythm?

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Detailed description of long-standing persistent accelerated idioatrial rhythm (AIAR) is lacking. This observational study investigated the clinical manifestations, electrophysiological characteristics, diagnosis, treatment and prognosis of this unusual arrhythmia. Fifteen patients (11 males; average age 25.9 ± 15.7 years) suspected with long-standing persistent AIAR were enrolled in our study. All patients had ECG, 24-hour Holter monitoring, isoproterenol provocation test, echocardiogram, and exercise treadmill test. Electrophysiological study (EPS) and catheter ablation were performed if necessary. The above noninvasive tests would be repeated during follow-up. Among them, ten were asymptomatic; five had concomitant paroxysmal atrial tachycardia. Two asymptomatic patients had impaired left ventricular function. AIAR was observed throughout 24-hour Holter monitoring, showing chronotropic profile similar to sinus rhythm. Such AIAR exhibited competitive property with sinus rhythm (SR) when provoked by isoproterenol or during treadmill test. Twelve patients had EPS and eight of them had successful ablation to eliminate AIAR. During a medium follow-up of 3.7 years, all patients were in well clinical course and preserved left ventricular dysfunction, and three patients spontaneously reverted to SR at 10 year's follow-up. Long-standing persistent AIAR is an unusual entity of atrial arrhythmias and in most situations a benign rhythm requiring no treatment. The clinical course will be worsened when AIAR develops rapid focal firing, is associated with focal atrial tachycardias or results in tachycardia-mediated cardiomyopathy, but can be resolved via catheter ablation.

Rational use medicines in pediatrics: A tool to increase the adhesion of cardiologic pediatric patients

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According to the World Health Organization (WHO) the rational use of medicines occurs when the patients receive appropriate medicines that suit their clinical needs, in the correct dosage for adequate time and accessible cost for them and their community, bearing in mind the promotion and protection of the patient's health. The purpose was explained to the child and mothers the correct form of taking the medicine in a playful and illustrated form, in order to increase adhesion. Interviews were undertaken during one year at the University Hospital of Brasilia, Brazil, with mothers who accompanied their children while waiting for pediatric medical appointments to identify the difficulties of the patients to understand the leaflets. After those others, leaflets were drafted in order to make the language easier for the general public through an accessible language for those medicines and the first interviews with mothers were renewed. Regarding the education material, playful figures and a memory game was applied to sign the adverse effects and the comparison precautions and contraindication with traffic lights in a colloquial, simple and self-explanatory way. The translation of clinical parameters used in a leaflet into an accessible language to the pediatric population increased mothers' adhesion to drug therapy, and they started to inform the doctor the main problems they identified regarding the medicines. Further studies are necessary to statistically measure the increase in adhesion to pediatric drug therapy as a resource used to cut costs related to wrong drug and adverse drug reaction.

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