



CAPE NEWS

Newsletter of the Indian Society for Pediatric & Adolescent Endocrinology (ISPAE)

www.ispae.org.in

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Advisors: Meena P Desai, P Raghupathy, Anju Virmani

President:
PSN Menon

Secretary-Treasurer:
Anju Seth, Professor, Dept of Pediatrics, Kalawati Saran Children's Hospital, Bangla Sahib Marg, New Delhi 110001. anju_seth@yahoo.com
011-22726888, 09868206390

Joint Secretary:
Preeti Dabadghao, preetid@sgpgi.ac.in

Executive Members:
Anna Simon, Anurag Bajpai, Bhanukiran Bhakhri, Ganesh Jevalikar, Karnam Ravikumar, Sarah Mathai, Vaman Khadilkar.
Nalini Shah (exofficio: Immediate Past President); A Virmani (Editor, CAPE NEWS)

Special Invitees:
Archana Dayal Arya (immediate past Secretary); M Vijayakumar (Organizing Secretary, ISPAE 2011)

Web Team: Karnam Ravikumar ravikarnam@doctors.org.uk; V Bhatia, G Jevalikar, SK Patnaik, L Priyambada.

Editorial Team CAPE NEWS:
A Virmani virmani.anju@gmail.com; A Bajpai, B Bhakhri, G Jevalikar, SK Patnaik, L Priyambada.

**BEST WISHES TO
ALL MEMBERS FOR
A WONDERFUL 2012!**

MINUTES OF THE ANNUAL GENERAL BODY MEETING

The Annual ISPAE GBM was held on 26th Nov 2011 at 5pm during ISPAE 2011 at Kadavu Resorts, Calicut. It was chaired by Dr PSN Menon, and attended by 28 members. Abridged minutes are as follows:

1. Minutes of the last AGBM on 23rd Jan 2011 in Jaipur were confirmed.
2. Audited account statement for the year 2010-11 was approved by the GB.

Contd on page 5

PRESIDENT'S MESSAGE

Greetings for the New Year!

We have just concluded ISPAE 2011, the **Biennial Scientific Meeting** of our society at the historical city of Calicut Kerala on 25-27 November 2011. The venue - Kadavu Resorts, on the banks of the picturesque Chaliyar River, was ideally suited for the high level of the scientific ... *Contd on page 2.*

Pearls from ISPAE 2011

Bhanu Bhakhri, drbhanu04@yahoo.co.in

1. Majority of children and adolescents with subclinical hypothyroidism are likely to have normalization of TSH in 2 years of follow up. *Contd on page 9*



ISPAE WEBSITE

www.ispae.org.in. Check it out for INTERACTIVE FORUM, meetings, guidelines, learning material, contacts across India...

PRE-PEDICON WORKSHOP:
Gurgaon: 18 Jan 2012. Org. Secy: Dr Ganesh Jevalikar. email: gjevalikar@gmail.com

PEDICON 2012: 49th Annual IAP Conference: Gurgaon: 19-22 Jan 2012. Org. Secy: Dr Mahaveer P Jain; info@pedicon2012.com; pedicon2012@gmail.com.

ISPAE 2013 & ISPAE-PET 2013 (Pediatric Endocrine Training program): Bangalore, Nov 2013. Organizing Secretary: Shaila Bhattacharyya, email: shailashamanur@gmail.com



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6. Meetings: ESPE @ Rome, Pune, APPES @ Hanoi, Ahmedabad, World Diabetes Day
7. Pearls from ISPAE-PET 2011
8. News, Advertisement & Photo Gallery

The main meeting was preceded by the second residential **Pediatric Endocrine Training Program, ISPAE-PET 2011**, held from 22-25 November. Please see the detailed reports and some of the pearls gathered from both meetings, elsewhere in the newsletter. The demand for the PET has been overwhelming! We are now seriously considering the feasibility of making this a regular annual activity, and/ or having two levels of the program, one for the beginners and the other for those who have had some pediatric endocrine training. Our next academic activity is round the corner, at **Pedicon 2012** at Gurgaon in January: **Pre-conference Workshop** on 18th, **Chapter Symposium** on 21st, in

On the international scene, our collaboration with **ESPE** grows in strength. Dr Nalini Shah is ISPAE

representative in the ESPE initiative **Global Pediatric Endocrinology and Diabetes (GPED)** consortium, a coordinating group of various International Societies. Dr P Raghupathy and Dr Anna Simon attended the just concluded ESPE sponsored **International Consensus Meeting on Congenital Hypothyroidism** at Rome on 28-29 November, 2011 (report below). Our nominees to **APPES** are Dr N Shah and Dr V Bhatia, and selected Fellows from India have been attending the much appreciated APPES Fellows' School each year, this year's being in Hanoi (see report below).

As you know, our team tries to remain in constant e-touch with all of you. Please let us (me, Secretary Dr Anju Seth or Joint Secretary Dr Preeti Dabadghao) know if your email id changes. If you have not heard from us for a few weeks, please write to one of us to find out why emails are not reaching you. We look forward to actively partnering with all of you in furthering the interest of pediatric endocrinology in India. Please do send us your suggestions.

With warm regards,

P S N Menon, psnmenon@hotmail.com

ISPAE Website & Discussion Forum

Dr Karnam G Ravikumar, Webmaster

There are lots of exciting new changes in the pipeline for the ISPAE website. First and foremost, we are in the process of redesigning the website with different colours and layout. The developments on this front can be viewed at www.trial.ispae.org.in. The new website will have facilities for easy updating and maintenance.

ISPAE Discussions forum: So far we have 35 members in the forum, which is being actively used to discuss various topics and cases. All ISPAE members are requested to apply for registrations by emailing Dr Ravikumar at ravikarnam@doctors.net.uk. The Forum can be accessed at www.forum.ispae.org.in or www.ispae.org.in/forum. The rules & guidelines are displayed on the forum.

ISPAE 2011 Calicut: 25-27 November 2011

M Vijayakumar, Organizing Secy, drmvijaycalicut@gmail.com

Greetings from Calicut (Kozhikode), the venue of ISPAE 2011!

The main meeting was held at the Bakel Hall of the Kadavu Resorts at Calicut. It was held in association with Indian Academy of Pediatrics (IAP), Kerala State, and Department of Pediatrics, Institute of Maternal and Child Health, Medical College, Calicut. This meeting was supported by the European Society for Pediatric Endocrinology (ESPE) and the Asia Pacific Paediatric

Endocrine Society (APPES). Dr **TU Sukumaran**, National President of the IAP, was the Chief Guest and inaugurated the program by **lighting the lamp**. Dr **A Riyaz**, Chairperson Organizing Committee, welcomed the gathering. Dr **PSN Menon**, President, ISPAE, gave the presidential address and highlighted the achievements of ISPAE. Dr **Anju Seth**, Secretary, ISPAE, read the Annual Report of the activities of the Society.

Dr **Reiko Horikawa**, APPES representative, and Dr **Jean-Claude Carel**, ESPE representative, spoke on behalf of their Societies. The first two **Honorary Memberships** of the Society were conferred on Prof **Garry Warne** and Dr **Margaret Zacharin**. IAP President Dr **Sukumaran** then released the "ISPAE Clinical Practice Guidelines for Type 1 Diabetes". Dr **M Vijayakumar**, Organizing Secretary, gave the vote of thanks.



(a) Lighting the lamp (b) Releasing the Diabetes Guidelines

The inaugural ceremony was followed by a **spectacular cultural program** of dance and music, capturing the rich heritage of Kerala.



(a) Panchavadyam: awesome (b) Kathakali!

The scientific program was a real academic feast for the 300 delegates who came from all over India and abroad. The invited faculty from abroad were Dr Carel (Paris, France); Dr Olaf Hiort (Lubeck, Germany); Dr Ze'ev Hochberg (Haifa, Israel); Dr Horikawa (Tokyo, Japan); Dr Fauzia Mohsin (Dhaka, Bangladesh); Dr Warne and Dr Zacharin (both from Melbourne, Australia). The Indian faculty comprised Dr AC Ammini (Delhi), Dr Archana Arya (Delhi), Dr Nisha Bhavani (Kochi), Dr Prisca Colaco (Mumbai), Dr Preeti Dabadghao (Lucknow), Dr Shankar Hariharan, Dr Sobha Kumar (both Thiruvananthapuram), Dr Vandana Jain, Dr Rajesh Khadgawat (both Delhi), Dr Meena Desai (Mumbai), Dr Sarah Mathai, Dr Leena Priyambada (both Vellore), Dr VP Praveen (Kochi), Dr Sudha Rao (Mumbai), Dr Leenatha

**** Molecular Genetic Defects in Children with Isolated Growth Hormone Deficiency. *Shilpa Mithbawkar, KK Shalia, Pradnya Upadhye, DN Maru, Vijayalakshmi Bhatia, M Vijayakumar, Meena Desai & SC Rao.***

The Organizing Committee gratefully acknowledges the financial support provided by ICMR, CSIR, DBT and the pharmaceutical industry for this meeting. There was a good exhibition along with the conference.

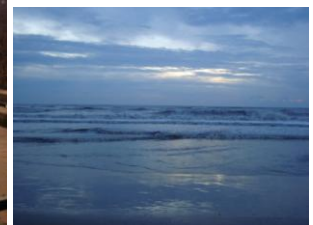
The 2nd Pediatric Endocrine Training (ISPAE-PET) Program organized by ISPAE was conducted on 22nd-25th November at Calicut, immediately preceding the Biennial Meeting. The course provided in-depth interactive training in various aspects of pediatric endocrinology to 35 selected participants: 33 from across the country and one each from Sri Lanka and Bahrain. As in the first PET, the participants comprised a mix of young pediatric faculty members and non-teaching pediatricians desirous of developing pediatric endocrinology at their Institutes/ practice, pediatricians undergoing training in pediatric endocrinology (PDCC or Fellowship) and DM endocrinology trainees from an internal medicine background.

The faculty comprised of experts from overseas (Drs Carel, Hiort, Horikawa, Zacharin and also Dr Warne, who gamely pitched in at the last moment!), and India (Drs V Bhatia, PSN Menon, P Raghupathy, A Seth, N Shah, and Anna Simon). Drs Shaila Bhattacharyya, Ganesh Jevalikar (quizmaster), A Virmani and Sangeeta Yadav had come as observers, but pitched in as faculty where needed.

(Mohali), Preeti Hemani (Ahmedabad), Anjana Hulse (Bangalore), Madhurima Kandepu (Kakinada, AP), Sarala Kannan (Jamshedpur, Jharkhand), Deepak Khandelwal (Delhi), George Koshy (Kochi), Sunil Kumar Kota (Hyderabad), Sneha Kothari (Sangli, Mah), Bindu Kulshreshtha (Delhi), Rakesh Kumar (Chandigarh), Sanjay Kumar (Sitamarhi, Bihar), S Lakshmi (Chennai), Sonia Makhija (Delhi), Rajneesh Mittal (Bangalore), Sachin Mittal (Khanna, Pb), Meena Kumari Mohan (Coimbatore), Veena V Nair (Thiruvananthapuram), Nijaguna Nanjundappa (Bangalore), Varsha Patil (Pune), SK Patnaik (Bhuvaneshwar/ Bangalore), Satish Potham (Tirupati), Hemchand Prasad (Pune/ Chennai), Praveen R (Hassan, Kar), Suchetha Rao (Mangalore, Kar), Shashimohan Sardana (Ropar, Pb), Altamash Sheikh (Mumbai), Suprabha Sondhi (Ambala, Haryana), and Seany Varghese (Thiruvalla, Kerala).



A photograph showing two dancers in traditional attire performing a dance on a stage at night. The stage is illuminated, and the background is dark with some audience members visible.



Kerala, as well as a cruise on the river. The program was very well received, with all participants expressing deep satisfaction in the detailed participant feedback taken from them at the end. The faculty, in turn, was impressed by the high standards of the meeting, the knowledge base of participants and their keen involvement. Though officially

lasting only 3 hours, the group discussions emerged a clear favorite, with many groups seen immersed in deep discussions during lunch, dinner and even late into the night. The Quizmaster, Dr Ganesh Jevalikar, had raised intriguing clinical questions, which were enjoyed by all. The first prize was won by Altamash (who also turned poetic: see below!) and Harmandeep; the runner up was Satish Kumar.

The event also provided an opportunity for people with common interests to meet, make friends, and learn informally from each other as well the faculty, specially the overseas faculty, whose perspectives are often very different from our own. The scenic beauty of the artistically designed venue, on the banks of the Chaliyar River, and the warm hospitality of the local team headed by Dr Vijayakumar, added to the charm of the program. Short gaps were used to organize hurried dashes to nearby beaches, the market, or nearby spots!

Some participants and faculty also expressed an opinion that we should now be thinking of organizing a two tier PET, one for those participants with no prior formal training in endocrinology, and the other an advanced course for those already in training or have received some training. We need to think more on this, taking several aspects into consideration, especially the logistics and the faculty. I would appreciate your views on this issue. Feel free to e-mail me. Your views would help us improve this program which is clearly here for some time.

The next PET will precede the 2013 Biennial Meeting at Bangalore. The dates are yet to be announced. Those among you who could not apply or did not get selected this time can avail of the next opportunity. We shall of course be informing you of more details as the time approaches.

With warm regards

Anju Seth

(Convener PET & Secretary ISPAE, anju_seth@yahoo.com)

ISPAE PET 2011: A MEGA LEARNING EVENT !!!

Altamash Sheikh, ealtamash@gmail.com

We learnt a lot, both professional and personal. I was inspired to pen a few lines:

**2011 Calicut, where we all met,
It was ESPE, APPES, ISPAE PET.
From IUGR to syndrome MET,
Reached molecular protooncogene RET.
Discussions plenum, very well set,
All mentors fed us, just like pet.
Pictures n pearls, words they let,
Studies of human and the vet.
In your hands, that shell u get,
Waves n water, till knees were wet.
Got to go and catch the jet,
Still don't feel, like leaving yet.
LONG LIVE ESPE, APPES, ISPAE PET!!!!!!!!!!!!**

MINUTES OF AGBM... contd from page 1

... It was decided to continue with Mr. Bhatnagar as the auditor till year ended March 2012. Dr Anju Seth was authorized to search for a new auditor preferably from New Delhi for the subsequent years.

3. The 60 new members made in the last year were welcomed.

4. The Annual Report of the Society, including maintenance of 80G status, educational & charity activities was read out by Dr Anju Seth, and adopted by the GB.

5. The location of the next Biennial Meeting of ISPAE (ISPAE-2013) and the Pediatric Endocrine Training Program (ISPAE-PET 2013) was announced as being Bangalore, with Dr P Raghupathy as Chairperson and Dr Shaila Bhattacharyya as Organizing Secretary. Dates and venues would be decided later.

6. The GB approved the EC decision to appoint Dr Preeti Dabadghao as Convener of PET 2013 & 2015.

7. The GB was informed about the EC decision to create an ISPAE Scientific Affairs Committee (SAC) and the next PET Steering Committee. The GB recommended that a committee including the current advisors, President and Secretary of ISPAE decide the composition, scope and responsibilities of the SAC. Members of the PET Steering Committee will be finalized by the SAC.

8. GB was informed of the status of activities during PEDICON 2012 at Gurgaon: Symposium on 21st Jan, and Preconference Workshop on 18th Jan. The workshop (organized by Dr Ganesh Jevalikar, Dr Sapna Mittal and Dr Anju Virmani) details were given by Dr Jevalikar; the Symposium details by Dr A Seth.

9. ISPAE Guidelines for Diabetes Mellitus had been released during the meeting inauguration. GB recorded the appreciation to the team of editors of Dr Aspi Irani, Dr Menon and Dr Bhatia for bringing out the Diabetes guidelines. Progress of Obesity Guidelines was asked from Dr Subroto Dey, and help offered by Dr Menon in editing them.

10. Dr Anurag Bajpai (as requested by the EC to formulate guidelines for the ISPAE Travel Award) presented a document. Details would be put up on the website soon, and members informed.

11. Dr A Virmani informed that ISPAD had expressed interest in having a joint meeting with ISPAE sometime in November 2012. Dr Archana Arya volunteered to organize this meeting with the help of Dr Rajesh Khadgawat.

12. GB was informed that Honorary Membership had been conferred on Dr Garry Warne and Dr Margaret Zacharin.

13. GB was informed of the appointment of the teams for the newsletter and the website. Dr Meena Desai proposed changing the name of CAPE NEWS to ISPAE newsletter. Voting was done with show of

hands and the mandate was in favor of retaining the present name i.e. CAPE NEWS.

14. GB was informed of the preparation of Essential Medicine list (EMLc) for IAP-WHO by Dr Sudha Rao with the help of Drs Jevalikar, Virmani and Bhatia, and recorded appreciation of their effort.

15. GB was informed of updating of the chapters of IAP Pediatric Drug Formulary by Dr PSN Menon with the help of Drs Jevalikar, Sudha Rao, Vandana Jain, Shaila Bhattacharyya and Anurag Bajpai, and submission of the final document Dr Jeelson Unni, the Editor.

16. Other activities for 2011-2012 were discussed, including popularizing the website, use of stadiometers and growth charts, future regional meetings and CME programs, and links with international organizations. Members felt more regional meetings were needed to further the cause of pediatric endocrinology and the Society.

The meeting was concluded with thanks to Dr M Vijayalumar for a wonderful meeting, and a vote of thanks to the Chair.

NEW MEMBERS: A VERY WARM WELCOME!!

1. Dr DEEP DUTTA, Kolkatta
2. Dr TUSHAR R GODBOLE, Lucknow
3. Dr SNEHA M KOTHARI, Sangli
4. Dr T GEORGE KOSHY, Ernakulum
5. Dr P SATISH KUMAR, Tirupati
6. Dr SUPRABHA KUMARI, Ambala
7. Dr BHARAT J PARMAR, Ahmedabad
8. Dr PREM PRAKASH PATIDAR, Meerut
9. Dr JAYAPRAKASH SAHOO, Puducherry
10. Dr GARRY WARNE, Melbourne
11. Dr MARGARET ZACHARIN, Melbourne

HONORARY MEMBERSHIP

Margaret Zacharin

I would like to express my humble thanks for the great honour bestowed upon me at the second ISPAE meeting in Calicut, of being made an Honorary Member of this prestigious society. At the time of the presentation I was so completely overcome by the concept of being included as a member of your society that I could not properly respond to the occasion.



Over several years I have travelled many times to India and have had the opportunity to meet and work with a number of paediatric endocrinologists in different parts of your wonderful country. The prospect of each trip is met with increasing pleasure, to think that I will soon be amongst not only eminent scholars, researchers and educators but, most importantly, amongst those whom I treasure as my friends.

Reflecting upon the host of memories, an outstanding impression taken away each time is that of men and women who care about and respect each other and who have an innate warmth and empathy that is, sadly, no longer seen in many other places. To me there is a feeling separate from religion, of spirituality that pervades life, spreading its wings to provide shelter and inclusiveness.

Your generosity of spirit not only welcomes the stranger but supports and encourages ongoing endeavor. I am proud to be counted among you.

HONORARY MEMBERSHIP

Garry Warne

To have been made an honorary member of ISPAE is a source of great pleasure and pride for me and I thank the Council very much for granting such a distinction to me. My many visits to India over nearly 20 years have been fascinating and rich experiences. In Calicut at the end of the Fellows' Meeting, a young man stopped me at the back of the conference room and said, "Sir, it would mean a lot to me if you would bless me". I felt deeply humbled by this request, and somewhat unworthy. But as I reflected on it, I realized that he was asking me because he perceived that I had been blessed so abundantly that I had blessings to share with others! And this is true - I do feel blessed. India is a very special country, almost a world in itself, with a deep culture that I have grown to love and respect.



It has been a great privilege to have played a small part in the development of pediatric endocrinology in India and to have met great people like Prof Meena Desai, Prof Vijayalakshmi Bhatia and her husband Prof Eesh Bhatia, Prof PSN Menon, and many others, who have become some of my best friends. Pediatric endocrinology in India has developed tremendously and your future is very bright. I hope that your best young people will, as time passes, have more opportunities to

apply for traveling scholarships and for research grants that will allow them to do some basic research as well as clinical research in other centers. I also feel blessed that I come from a hospital that placed a high value on its international relationships and which set up a special department to strengthen these relationships. Although I am now retiring from clinical medicine, I hope that the network of friendships between Australia and India will continue to grow. My wife and I love India and there is no doubt that we will be coming back to see and experience more of what you have to offer. Thank you again for this great honor and for all the kindness and friendship I have been blessed to receive over the years.

ESPE Consensus Meeting on Congenital Hypothyroidism, Rome, 28-29 Nov. 2011

P Raghupathy, drp.raghupathy@gmail.com

ESPE (European Society for Pediatric Endocrinology) held an International Consensus Meeting on Congenital Hypothyroidism (CH) in Rome on 28-29 November 2011, to which Dr Anna Simon and I were nominated to represent ISPAE. The main objective of the meeting was to seek evidence-based guidance in the management of CH, with the main focus on providing a global directive for treating this common condition. The meeting was supported by ESPE, the Istituto Superiori di Sanita (Italian Ministry of Health) and educational grants from Perkin-Elmer and Merck-Serono.

There were 33 experts representing 13 countries and they formed five groups, each led by a team leader. Initially each group analyzed the literature on relevant questions and graded the evidence. After debate and discussions of the issues assigned, they decided on the strength of recommendation to be made.

All aspects of CH including neonatal screening for CH were discussed, including criteria for positive results; effective screening strategies including methodology and costs involved; biochemical criteria for initiating treatment; severity of CH by clinical, biochemical and radiological parameters; and distinction of transient and permanent hypothyroidism. Other issues also covered were communication with the parents and counseling, treatment details, monitoring of therapy, and adverse effects. Evidence on long term outcome of thyroxin therapy on cognitive function, physical and bone growth, puberty and quality of life was graded. Besides genetic counseling, molecular diagnosis, in utero diagnosis of hypothyroidism, and management were also analyzed.

In the latter part of the meeting, all the groups presented their results of grading and synthesis of evidence. Finally draft statements were written and discussed jointly by all the groups in a plenary session.

Writing of the Consensus Statement encompassing various aspects of CH, and publication of this important paper, were planned for the near future.

It was indeed an honor to be a part of the International Consensus Meeting and to be able to put forward views pertaining to the Indian situation to make the final recommendations relevant to our setting. Interactions with other experts from various countries and sharing of experiences were highly useful. It was also a wonderful opportunity to discuss some of our unsolved clinical problems with other specialists in the area.

ESICON 2011, PUNE DR MEENA DESAI HONORED

Narendra Kotwal, narendrakotwal@gmail.com & Vaman Khadilkar, vamankhadilkar@gmail.com

ESICON 2011, the 41st annual conference of the Endocrine Society of India, was held in Pune on 1-3 December, at the Marriott Convention Center, and attended by 700 delegates from all over India and world. It was inaugurated by Her Excellency Srimati Pratibha Devisingh Patil, the Hon. President of India; the Governor of Maharashtra was the guest of honor.



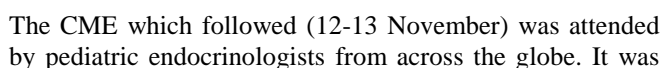
a) Dr Narendra Kotwal at the inauguration ceremony; b) Dr Zvi Zadik, Dr Padma Menon and Dr Meena Desai, all ears

Prof Meena Desai, pioneer in Pediatric Endocrinology in India, received the **Lifetime Achievement Award** from the Hon. President of India.



For the first time in ESICON, CPCs (*clinicopathological conferences*) were held. Through the meeting, the emphasis was on interactive sessions – clinical case presentations, debates, MTP (*Meet The Professor*) sessions, and *Hot Topics* in Endocrinology.

The 13th APPES Fellows' School was held at Hanoi, Vietnam from 9-12 November 2011. It was attended by 56 fellows from different nations of the Asia Pacific region in addition to distinguished global faculty. Three of our ISPAE members, Dr Abhishek Kulkarni (Mumbai), Dr Rajni Sharma (Delhi) and Dr Sushma Rai (Bangalore) were chosen by the APPES Council to attend the School & CME. The Fellows' meeting provided a great opportunity for us to interact with and learn from the esteemed faculty of APPES and gain insight into the new developments in the field of Pediatric Endocrinology. Our case presentations during the meet invoked stimulating discussions and were highly appreciated by the fellows and faculty alike. Dr Abhishek Kulkarni stood 2nd in the Fellows Assessment Quiz conducted at the end, bringing cheer to ISPAE!



I run a trust which **provides subsidized insulin** to needy type 1 diabetic patients. On the occasion of WDD, RSSDI Delhi had organized Diabetes Walks in different parts of Delhi. My Trust organized a very successful program involving walking from Satsang Bhavan to around Nehru Park, and R block, New Rajinder Nagar, then back to Satsang Bhavan. 300 patients reported to us. I flagged off the walk along with my nephrology, cardiology, ophthalmology, nutrition and diabetic foot specialist colleagues from Sir Ganga Ram Hospital. My Type I patients, wearing the caps and T shirts with the famous Blue Ring, led the walk holding placards with messages like "Yes I'm a type I diabetic, I eat sensibly, I inject insulin regularly", "Please check your microprotein", "Take many small

meals, instead of three large ones", "SMBG is important". After the symbolic walk, we released balloons pledging to control diabetes better to prevent complications. I gave a talk on preventing complications and the importance of the WDD.



HbA1c was done for 60 patients, lipid profile for 50 patients, funduscopy for 20 type 1s and 30 type 2s. None of the type 1s had retinopathy, but one child was diagnosed with bilateral cataract; 5 type 2s had diabetic retinopathy.

RSSDI provided us an excellent platform and unique opportunity to conduct a public awareness camp, and many medical representatives worked very hard with me. A very feel good program!

LUCKNOW: Dr Vijayalakshmi Bhatia, SGPGI, Lucknow, vbhatia@sgpgi.ac.in

On the occasion of World Diabetes Day, our department held a support group meeting and picnic for children and families with childhood diabetes, on Sunday 13th November. We combined talks by our senior residents Dr Tushar Godbole and Dr Ramesh Gomez, with fun and games, including painting and coloring, football, races, kabaddi and kho kho. The



(a).Khokho with Dr Preeti Dabadghao;(b) Prof PK Singh honoring Sr Nirmala Verghese (c) Kabaddi

department faculty and residents, dieticians and social workers, and the Chief Medical Superintendent Prof PK Singh, all participated to encourage the children and the families. We took the opportunity to honor our diabetes educator Sr Nirmala Verghese, who is retiring

next year. She is the central pillar in our efforts to look after these young children, educating them in basic diabetes care, creating a network amongst their families, organizing support group meetings, being there for them on each and every working day in the OPD, as a constant resource person, and giving phone consultations to them for day to day insulin adjustment.

Pearls from ISPAE 2011: Main meeting

Contd from page 1...

2. Those born premature are likely to have increased blood pressure variability, poor insulin sensitivity and high and erratic blood sugars despite high insulin secretion.
3. It is advisable to decrease the insulin basal rate (used in pumps) during the premenstrual period.
4. In patients on pumps experiencing hypoglycemia, a slow release carbohydrate snack is not needed as there is no store of insulin.
5. Transient nature of neonatal diabetes may be suspected if the birth weight is lower, age at diagnosis is earlier, and total insulin requirement is low.
6. Bisphosphonates should be started after correcting concomitant endocrinopathies.
7. In thalassemia, bisphosphonates are to be used only in exceptional circumstances, e.g. recurrent fractures, not just for a low bone density. The increase the BMD 'z' score is by 0.5 per year.
8. Intermittent vibration delivery decrease the disuse bone loss in bedridden & otherwise non weight bearing patients.
9. Recommended set of radiographs (skeletal survey) required for evaluation of skeletal dysplasia includes skull (AP & lateral), LS spine (AP & lateral), chest, pelvis, both hands, one upper limb and one lower limb.
10. Tongue-shaped lucent area in the metaphyseal area in limb radiographs is suggestive of hypophosphatasia.
11. Increased 3βHSD is one of the metabolic derangements noticed in children with hypothalamic obesity, along with high serum levels of insulin and leptin.
12. Majority of children and adolescents with subclinical hypothyroidism are likely to have normalization of TSH in 2 years of follow up.
13. Isolated thelarche in a 5-6 year old girl with prepubertal level of gonadotropins is often non-progressive.
14. Late menarche has been observed to be associated with higher educational achievements by the age of 25 years.
15. Cafe au lait spots with precocious pubertal signs-consider the possibility of neurofibromatosis (much commoner condition), presenting with CNS glioma, apart from MAS.
16. The characteristic radiological feature of Blount's disease is beaking of proximal medial metaphysis of tibia.
17. In an adolescent male, gynecomastia developing after development of pubertal signs, with breast size less than 4 cm in size is likely to be pubertal gynecomastia.

18. Pubertal gynecomastia with breast size >4 cm is less likely to resolve spontaneously.
19. Despite meticulously going through a logical diagnostic protocol, even in the best centers, a significant proportion of children with DSD may remain without an undisputed diagnostic label.
20. The rights of a child with DSD should be respected and given due consideration by physicians and family members, while taking decisions about surgery and sex assignment.
21. The revised cut off for serum insulin level for diagnosing PPHI is 2 μ U/ml.
22. Sleeping midnight serum cortisol level > 1.8 ug/dl is 100% sensitive to diagnose Cushing's syndrome.
23. Patients with large pheochromocytomas which are suspected to be multifocal (as in VHL, PGL 1&4) are candidates for functional imaging.
24. POR (p450 oxidoreductase) gene mutation should be suspected in all patients with genital ambiguity with craniofacial malformations.

Pearls from ISPAE PET 2011, Calicut

Anjana Hulse, anmhulse@googlemail.com, Veena V Nair, veenapriyadarsini@gmail.com, & Bindu Kulshreshtha, drbindu25@yahoo.co.uk

PET 2011 was undoubtedly a great success. It provided an opportunity to interact intensively with experts, and develop a healthy and warm relationship with fellow participants from different parts of India and overseas. The group discussions were so informative and helpful in making individual presentations clear and crisp. Some key points worth assimilating and reiterating were:

Growth (mentor Dr Reiko Horikawa):

1. The infancy-childhood-puberty (ICP) model of growth helps understand the pathophysiology of growth very well.
2. Euthyroid status is mandatory before performing growth hormone (GH) stimulation test at any age.
3. In a patient with GH deficiency (GHD), T4 levels in low normal range could indicate panhypopituitarism.
4. Craniopharyngiomas can present with multiple pituitary hormone deficiencies in the pre operative as well postoperative period.
5. Anemia is not mandatory to diagnose celiac disease.
6. Gluten containing diet is not exclusively limited to wheat eating population, hence celiac disease should always be considered even in rice eating population as a differential diagnosis in the systemic causes of short stature.
7. There was an interesting debate on utility of IGF-1 levels for growth monitoring in different parts of the world, and sex steroid priming.

Water balance (mentor Dr PSN Menon):

1. In patients with untreated secondary glucocorticoid insufficiency, diagnosis of coexisting central diabetes

insipidus (DI) may be missed, because cortisol is needed for normal excretion of water, and its deficiency may mask the clinical features of CDI.

2. Absence of the posterior pituitary bright spot does not always rule in central DI whereas presence of the bright spot is almost always against CDI.
3. Different techniques of using lower doses of nasal desmopressin spray for children using the only preparation (10 ug/puff) available were shared by faculty as well as fellows.

Hypertension (mentor Dr Raghupathy):

1. Blood pressure should be checked in any adolescent presenting with delayed puberty.
2. Stress induced hypertension can occur in children also.

Precocious puberty (mentor Dr J-C Carel):

1. Thelarche seems to be occurring somewhat earlier, but age at menarche has changed only slightly. Thus girls seem to be having a somewhat longer growth spurt.
2. Stimulated serum LH level > 10 IU/L clearly differentiates stage 1 and stage 4 of puberty, but not stage 2 or 3 from stage 1. Rather than taking absolute cut offs of LH and FSH levels during the GnRH stimulation test, all aspects of the case should be considered, including clinical rapidity of progression and bone age advancement.
3. In the treatment of central precocious puberty (CPP), addition of GH or oxandrolone to GnRH analog therapy gives no significant benefit in terms of height gain.
4. Van Wyk & Grumbach syndrome should be kept in mind in girls with ovarian cysts and precocious puberty due to hypothyroidism: the cysts regress after thyroxine is started. This is the only cause of PP with delayed bone age.
5. Non steroidal aromatase inhibitors such as Letrozole can be used in patients with gonadotropin independent PP in McCune Albright syndrome. Monitor for ovarian cysts in patients on Letrozole.

Diabetes (mentor Dr Vijayalakshmi Bhatia):

1. Hypokalemia should be checked for and corrected before initiation of insulin therapy in DKA.
2. Normal anion gap hyperchloremic acidosis can supervene during recovery from DKA; therefore it is important to follow the anion gap, in addition to pH and HCO_3^- , so as not to think the patient is deteriorating.
3. Persistent irritability in a child on ongoing DKA treatment could indicate cerebral edema.
4. If the home monitoring log does not match with the A1c, the possibility of fudged log should be considered, and the meter reading checked.

Delayed puberty (mentor Dr Anju Seth):

Reversal of hypogonadism, importance of measuring testicular volume while on follow up and HCG therapy for induction of puberty were discussed.

Adrenal disorders (mentor Dr Nalini Shah):

Peculiarities of clinical presentation in Cushing's syndrome with adrenocortical carcinoma include variable hyper-

cortisolemia, rapid onset, weight loss, severe hypokalemia, and absence of proximal muscle weakness if hyper-androgenism predominates.

Disorders of sexual differentiation (mentor Dr Olaf Hiort): Ethical considerations in DSD –

- a) correction of genital status is not necessary in children with small degree of isolated clitoromegaly, as it may look proportionate with the rest of the perineum once puberty has been induced, and unnecessary damage to the neurovascular bundle during surgery would have been avoided;
- b) parents should be involved actively in decision making;
- c) the needs of the child are priority;
- d) the child should be informed at the appropriate age.

FORTHCOMING MEETINGS

1. **PEDICON 2012:** 49th Annual Meeting of IAP: Gurgaon: 19-22 January 2012. Contact Mahaveer P Jain, info@pedicon2012.com; pedicon2012@gmail.com.
2. **LWPES 2012:** Annual Meeting of the Lawson Wilkes Pediatric Endocrine Society (USA): Boston, Mass. 28 April-1 May, 2012.
3. **ENDO 2012:** Annual Meeting of the Endocrine Society: Houston, Texas, USA. 23-26 June, 2012. Email: societyservices@endo-society.org
4. **ESPE 2012:** 51st ESPE Meeting: Leipzig, Germany: 20-23 September, 2012. Email: espe@eurospe.org
5. **ISPAD 2012:** 38th Annual Meeting: Istanbul, Turkey: 10-13 October 2012.
6. **APPES 2012:** 7th Biennial Scientific Meeting: Nusa Dua, Bali, Indonesia: 14 - 17 Nov 2012. email: appes@willorganise.com.au. Website: www.appes2012.com. Or go to the APPES Facebook page, for updated information on the association as well as upcoming meetings.
7. **LWPES 2013:** Annual Meeting of the Lawson Wilkes Pediatric Endocrine Society (USA): Washington DC. 4-7 May, 2013.
8. **ENDO 2013:** Annual Meeting of the Endocrine Society: San Francisco, USA. 15-18 June, 2013. Email: societyservices@endo-society.org
9. **ESPE-LWPES:** 9th Joint ESPE/ LWPES Meeting: Rome, Italy: 19-22 September, 2013. Email: espe@eurospe.org
10. **ISPAD 2013:** 39th Annual Meeting: Gothenburg, Sweden: October 2013.
11. **ISPAE PET 2013:** Bangalore. November 2013. Contact: Dr Preeti Dabadghao, predab@rediffmail.com
12. **ISPAE 2013:** Biennial Meeting: Bangalore. November 2013. Dates to be announced. Early bird registration has begun. Contact: Dr Shaila Bhattacharyya, shailashamanur@rediffmail.com
13. **LWPES 2014:** Annual Meeting of the LWPES: Vancouver, Canada. 3-6 May, 2014.
14. **ENDO 2014:** Annual Meeting of the Endocrine Society: Chicago, USA. 21-24 June, 2014. Email: societyservices@endo-society.org
15. **ESPE 2014:** 53rd ESPE Meeting: Dublin, Ireland: 18-21 September, 2014. Email: espe@eurospe.org
16. **ISPAD 2014:** 40th Annual Meeting: Canada.

17. **LWPES 2015:** Annual Meeting of the LWPES: San Diego, CA. 25-28 April, 2015.
18. **ENDO 2015:** Annual Meeting of the Endocrine Society: San Diego, CA. 20-23 June, 2015. Email: societyservices@endo-society.org
19. **ESPE:** 54th ESPE Meeting: Barcelona, Spain: 9-12 September, 2015. Email: espe@eurospe.org
20. **ISPAD 2015:** 41st Annual Meeting: Australia.

NEWS YOU CAN USE

Dear Friends,

You may like to take advantage of the plenary lectures of latest ESPE meeting that are freely available for viewing online. These include:

- ** 2 lectures on evidence based medicine (Ian Chalmers and Martin Bland, particularly eloquent)
- ** 2 lectures on diabetes (Ake Lernmark on immune intervention and Barbara Cannon on brown adipose tissue)
- ** 1 lecture on stress mechanisms by George Chrousos
- ** 1 lecture on interventions on height by Toshi Tanaka, in partnership with JSPE.

You are welcome to view these lectures and to inform fellows, faculty or to anyone interested in the topics. This free webcasting is new this year and will only be continued if the lectures are viewed. We hope that we will not only be able to continue this feature, but also to extend it to the parallel symposia that are presented at the ESPE meeting.

Best wishes,
Jean-Claude Carel

PRE-PEDICON WORKSHOP: 18 JAN 2012

Ganesh Jevalikar, g_jewlikar@yahoo.co.in

Venue: ESI Hospital, Gurgaon.

Organizing secretaries: Dr Sapna Mittal (HOD, ESI Hospital, Gurgaon) & Dr Ganesh Jevalikar (Medanta Medicity, Gurgaon)

Chairperson: Dr Anju Virmani.

Registration form can be downloaded from www.pedicon2012.org: the website of PEDICON 2012. Completed registration forms are to be posted to Dr Mahaveer Jain. (The details of mode of payment and address for correspondence in mentioned in the form.)

Our members Dr Nikhil Tandon, and Dr Rajesh Khadgawat have taken over as President and Secretary respectively, of the Indian Society for Bone & Mineral Research (ISBMR). Congratulations!

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PHOTO GALLERY: ISPAE 2011 & ISPAE PET had it all: science and research, intense small group discussions, and formal lectures. Also boat rides and bonding, hopefully to make lifelong friends! Thank you, Dr Anjana Hulse, Dr Ganesh Jevalikar and Dr M Vijayakumar, for the photographs.