

Comment

Dear Readers!

We have the pleasure to introduce a next issue of our journal, this time concentrating on paediatric issues. The papers were written "on demand" of paediatricians working at general paediatric departments. Thus, the studies concern a broad spectrum of topics, from a variety of areas within paediatrics: gastroenterology, nephrology, cardiology, haematology, sleep disorders in children, social paediatrics.

The reasons and disorders which are the cause of admitting children to paediatric departments are of various types; hence the knowledge and experience of doctors working there must be enormous. The vast majority of children complete their diagnostics and treatment at paediatric wards, while certain children must be directed to high-specialised wards. This, however, does not mean that the paediatricians need not learn about the final diagnosis and broaden their knowledge in the given field.

Dear Reader, in this issue you will find nine original studies and two review papers, alongside with information on the Clinic of Paediatrics CMKP, which is celebrating the 35th anniversary of its existence.

The article in gastroenterology introduces the newest sequential therapy of *H. pylori* infections, which is in compliance with the recent recommendations of ESPGHAN and NASPGHAN from 2011. Based on randomised studies, the authors are of the opinion that the 10-day sequential therapy gives about 18% better results than the standard therapy in children, with a minor risk of adverse effects and may become the therapy of first choice in Poland.

The nephrological issues concern disorders of calcium-phosphate, considering the results of bone biopsy in children with a chronic kidney disease. Another problem discussed within this area is a clinical case of a child with renal agenesis who despite early diagnosis of the congenital developmental defect of the urinary tract was not under specialist nephrological care early enough, which lead to developing hypertension. The authors of the first paper, leading nephrologists, assess the occurrence of bone changes in children at various stages of the chronic kidney disease – based on their own studies (bone biopsy). The authors express the opinion that studying the biochemical parameters is of a limited usefulness for determining the type of kidney osteodystrophy, and bone biopsy still remains the golden standard for diagnosis. The prevalence of kidney osteodystrophy related to hyperparathyroidism in children with a less advanced chronic kidney disease suggests that this group of children is either directed to the nephrologists too late, or that the treatment of the calcium-phosphate disorders begins too late.

The studies in cardiology describe the clinical image of hypertrophic cardiomyopathy in children and the usefulness of determining the cardiological biomarkers in the assessment of the cardiac function in children with leukaemia treated with anthracyclines. Both papers are original and base on the authors' own studies.

Another practical article discusses the possibility of fast diagnostics of infections in children, using a fast test to determine the procalcitonin level (PCT-Q). The authors conclude that this test may be used as a screening one in children with high fever in ambulatory diagnostics of infections.

It is also published on the application of polysomnography for the diagnostics of respiratory disorders (obstructive sleep apnoea syndrome or increased resistance in the upper respiratory tract/ increased upper respiratory tract resistance syndrome in children who snore in their sleep. In their study, the authors stress the benefits of adenotonsillectomy in children for whom the obstructive sleep apnoea syndrome is caused by tonsillar hypertrophy, as after the surgery the obstructive apnoeas may disappear and snoring may be limited.

At the paediatric ward the doctor must have knowledge about the problem of alcohol and other psychoactive substance abuse as well as risky behaviours in children and adolescents. The two latter issues are presented based on the authors' own studies.

The reviews refer to the recent views on the aetiology of "idiopathic" ventricular arrhythmias, and the usefulness of determining the new marker which is hepcidin in differential diagnosis of anaemia in chronic diseases where the anaemia is a result of iron deficiency. Another review presents recent data on the assumptions of tissue engineering, the methods used and the commercial products available, with a description of its clinical use in children in order to regenerate skin and epidermis, pulmonary artery, perform a plastic surgery of the bladder and urethra and bone reconstruction.

I highly recommend the publications prepared by us in for the present issue and welcome you to read them and use the knowledge in practice successfully, which is always the greatest achievement for a doctor.

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