Neurology & Psychiatry Abstracts

A study of seizure risk factors in children with gastroenteritis admitted in Qom pediatric's hospitals

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Background: Based on attention to the high prevalence of G/E in children and their complications like seizure we must research about the reasons and predisposing factors of it to find out the main reasons of the complications. G/E and seizure are important etiologies of mortality and morbidity in children, specially in children under 6 year old. Our aim was to determine the predisposing factors of convulsion in children having diarrhea hospitalized in Qom pediatric hospital through 2007-2009.

Methods: In this case-control study we compared predisposing factors of convulsion in 57 children with diarrhea and convulsion in Qom pediatric hospitals. Age of children in two groups were between 2 months- 12 years. Risk factors in seizure for example age – leukocytosis... were studied in the research. Our study results statistically analyzed with K-square test.

Findings: In this study from 57 patients with G/E and convulsion 31 patients (54.4%) were males and 26 patients (45.6%) were females. In control group 31 patients were males and 26 patients were females that were under 3 years old, especially between 2 months–2 year old. The difference of statistical mean was not significant. 94.6% of patients was under 6 year old. 15.8% patients had positive familial history for convulsion. In this study most common types of seizure were generalized. More seizures had happened before the hospitalization. 98.2% of seizures had duration of lower than 15 minutes. The mostly dehydration was medium and most clinical manifestation was fever in two groups. 2 drugs had been used for treatment of convulsion.

Conclusion: This study detected predisposing factors for convulsion in G/E patients were lower age, positive familial history for seizure and leukopenia.

Keywords: Convulsion, Gastroenteritis, Children, Fever

Primary headaches in children and adolescents

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Background: Headache is one of the most common neurologic problems in children and adolescents. Primary headache including migraine and tension-type headache comprise the vast majority of headaches and are associated with marked incidence, prevalence, and individual and social cost. We aimed to assess demographic characteristics and to compare some factors related to primary headaches in children/adolescents presented to neurology clinics of Tabriz University of Medical Sciences.

Methods: Children from 4 to 15 years of age with the diagnosis of primary headache (migraine or tension-type headaches) who presented to the neurology clinics affiliated to Tabriz University of Medical Sciences, Tabriz, Iran from March 2009 to October 2011 were included in this cross-sectional study. Data regarding the type of headache, history of atopy, peripartum asphyxia, breast feeding, family history of headache and the socioeconomic status of the family were collected. The diagnosis was based on the international headache society diagnostic criteria for the primary headache disorders.

Findings: One hundred ninety children (107 female) with primary headache (88 patients with migraine and 102 patients with tension type headache) enrolled in the study. Peripartum asphyxia, history of atopy, family history of headache and low socioeconomic status (SES) were more common in patients with migraine (P<0.007, 0.01, 0.001, 0.003; respectively).

Conclusion: Physicians need to extent their knowledge regarding the primary headaches. Peripartum asphyxia, history of atopy, headache in parents and low SES have been shown in the present study to be more prevalent in patients with migraine as compared to tension-type headache.

Keywords: Asphyxia, Atopy, Children, Migraine, Tension-Type Headache

The Study of the effectiveness of emotional intelligence training and its components in family therapy sessions on children's depression recovery

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Background: Based on child psychopathology literature, about 20% of children suffer from depression and they need specialized psychological and psychiatric treatments.

Methods: This study was conducted with the aim of investigating the effectiveness of parents' emotional intelligence training and its components on children's depression recovery in family therapy sessions. To do so, 26 families with depressed children were selected based on DSM-IV diagnostic functions and divided into two test and control groups randomly. Evaluation based on CDS and Bar-on scales(for children and parents respectively) was conducted before and after the test on both groups and then emotional intelligence training program was run in family sessions of test group for two months in about 8 sessions. To analyze the data, the statistical tests of regression analysis, variance analysis and T-test were used.

Findings: The findings showed that the test method mentioned above can significantly increase the parents' emotional intelligence and create effective communicative patterns in the family and finally treat the children's depression. The correlation coefficient of -0.68 was observed between parent's emotional intelligence score and children's depression. Step-by-step regression analysis showed that stress tolerance of 50%(R2=0.50), interpersonal relationships of 52%(R2=0.52), flexibility of 50%(R2=0.50), and total score of parents' emotional intelligence of 46%(R2=0.46) make the highest contribution toward predicting the variance related to depression in children(P<0.001).

Conclusion: This training method can be used by therapists as a model to treat children's depression.

Keywords: Emotional Intelligence, Family Therapy, Depression
Evaluation of efficacy and safety of levetiracetam in migraine prophylaxis of children

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Background: Migraine is the most common acute intermittent primary headaches in children and prophylactic therapy is indicated in children with frequent or disabling headaches. The purpose of this study was to evaluate efficacy and safety of levetiracetam in migraine prophylaxis of children.

Methods: In a randomized controlled trial, 30 high levitiracetam might be considered as a safe and effective drug for pediatric migraine prophylaxis.

Keywords: Headache, Migraine, Prophylaxis, Levetiracetam

Efficacy and safety of intravenous sodium valproate versus phenobarbital in controlling convulsive status epilepticus and acute prolonged convulsive seizures in children

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Background: Status epilepticus and acute prolonged seizures are the most commonly occurring neurological emergencies in children. Such events have high morbidity and mortality rates along with poor long-term outcomes, depending on their duration and causes. Therefore, such seizures warrant urgent treatment using appropriate doses of anticonvulsants. An ideal anticonvulsant should be easy-to-use, effective, safe, and it should also have a long-lasting effect. First line drugs including Benzodiazepines, phenobarbital, and phenytoin are the most commonly used anticonvulsants for controlling status epilepticus and acute prolonged seizures. However, these medications have several well-known adverse effects. Previous studies on both adults and children have shown the efficacy and safety of rapid infusion of valproate in controlling status epilepticus. However, few well-designed randomized trials have been carried out in children, so, there remains a paucity of data regarding intravenous sodium valproate use in children. Therefore, our aim was to compare the efficacy and safety of rapid loading of valproate with those of intravenous phenobarbital in children with status epilepticus and acute prolonged seizures.

Methods: Sixty children with convulsive status epilepticus and acute prolonged seizures (30 in each group) were enrolled and randomly assigned to receive either valproate or phenobarbital. The main outcome variable was termination of all convulsive activity within 20 minutes of starting anticonvulsant infusion.

Findings: Intravenous rapid loading of valproate was successful in seizure termination in 27/30 (90%) of patients compared to Phenobarbital group (23/30, 77%), that was not significant statistically. Finally, the overall success rate, defined as termination of seizures within 20 minutes and no seizure recurrence within 24 hours after termination of seizure was 77% in the valproate group with seizures being controlled in 23 of 30 patients. However, in the Phenobarbital group, the overall success rate was only 37% with seizures in 11/30 patients being controlled within 20 minutes with no recurrence within 24 hours after termination of seizure (p<0.004). Clinically significant adverse effects occurred in 74% patients of the phenobarbital group and 24% patients of the valproate group (p<0.001).

Conclusion: Rapid loading of valproate is effective and safe in controlling convulsive status epilepticus and acute prolonged convulsive seizures in children, and this drug can be used in the first line of therapy.

Keywords: Status Epilepticus, Prolonged Seizures, Sodium Valproate
Practical evaluation of children with macrocephaly

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The assessment of growth in general and more particularly the measurement of the head circumference is an integral part of the pediatric neurological examination. Obviously measurements of head circumference (HC) over time are more informative and should be plotted to the appropriate chart for sex and conceptional age. Macrocephaly (MC) is defined as head circumference that is more than two standard deviations above the mean for age, sex, and body size, established by use of measurements and standard growth charts. Accelerated head circumference growth by more than one standard deviation from the child’s previous standing can also indicate MC. Macrocephaly may be due to megalencephaly (true enlargement of the brain parenchyma) or due to other conditions such as hydrocephalus or cranial hyperostosis. Evaluation of head growth rate (ie, serial head circumference's measurements) along with assessment of developmental milestones, perinatal history, and signs of increased intracranial pressure (ICP) is important for differential diagnosis, urgency of imaging, and radiological interpretation. It is therefore essential to measure the HC of the parents before considering further investigations. Macrocephaly with normal growth rate and normal neurological examination is reassuring and is characteristic of benign megalencephaly, which is usually familial. Macrocephaly and accelerated head growth without elevated pressure and with normal neurological exam may occur as nonprogressive subarachnoid space dilatation with or without ventricular enlargement. This pattern is most commonly referred as "benign extracerebral collection of infancy" (BECC), but has also been termed as "benign enlargement of the subarachnoid spaces", "benign infantile HC", and "benign external HC". Macrocephaly with accelerated head growth due to progressive HC is usually associated with signs of increased ICP and often with declining milestones. If the cause is hydrocephalus referral to neurosurgery will be necessary. If other causes are suspected then a basic metabolic screening along with baseline biochemistry (such as urine organic acids analysis and blood acylcarnitine profile, studies for storage disorders like Tay–Sachs disease, specific diagnostic testing such as enzyme or gene analysis) and possible referral to a clinical geneticist will be required.

Keywords: Macrocephaly, Children, Megalencephaly

Tourette syndrome and it’s Co morbidities

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Tourette is a syndrome with movement disorder most commonly seen in school-age children that isn’t rare. Purpose of this study was to identify Tourette and its co morbidities in school-age children in a referral clinic.

Methods: 30 children in school-age with Tourette syndrome were studied in Tehran (5 girls and 25 boys). Control group was selected too. K-SADS questionnaire was used and the results analyzed with SPSS.

Findings: A clear pattern of co-morbidity was demonstrated with ADHD (Attention Deficit Hyperactivity Disorder), OCD (Obsession Compulsion Disorder) and MDD (Major Depression Disorder). 64% of Tourette group had ADHD, 53.3% had OCD, and MDD was about 56%. These co-morbidities were different in two sexes. At all ages, about 12% of individuals with TS had no reported co-morbidities.

Conclusion: Tourette demonstrates with vocal and motor tics. It has some co-morbidities with special approach.

Keywords: Tourette Syndrome, Co-Morbidity, MDD, OCD, ADHD

A survey on Transverse Myelitis among under 15 year old children in Iran 2005 - 2012

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Background: Transverse myelitis is a condition characterized by rapid development of both motor and sensory deficits. Small children develop spinal cord dysfunction over hours to a few days. The clinical loss of function is often severe and may seem complete. Although a slow recovery is common in these cases, it is likely to be incomplete. In both forms the patient shows or complains of discomfort or overt pain in the neck or back, the condition progresses to numbness, anesthesia, and weakness in the truncal and appendicular musculature. Paralysis begins as flaccidity, but over a few weeks spasticity develops.

Methods: This study was descriptive and cross-sectional. Data gathering was through AFP (Acute Flaccid paralysis) surveillance system which is the surveillance strategy for poliomyelitis eradication. The World Health Organization recommends that countries conduct surveillance for AFP cases. The AFP case definition is: "all cases of acute flaccid paralysis, including Guillain-Barre Syndrome, among children aged less than 15 years and all cases of suspected poliomyelitis among persons of any age." All the hospitals, private clinics, physiotherapy and rehabilitation units and public health care centers all over the country were included in the sampling frame. Data compiled in EPI-6 and descriptive statistics, were used for analysis.

Findings: In this study 73 cases of 4488 AFP cases (0/016) were classified as transverse myelitis. 37 cases (51%) were males and 36 cases (49%) were females. 1 case (1%) was under 1 year old, 14 (19%) were 1-2 years old, 9 (12%) were 3-4 years old and 40 (67%) were 5 years old or more. 31 cases (42%) were febrile at the onset of paralysis. Occurrence of paralysis was 16 (22%) in winter, 21 (29%) in spring, 14 (19%) in summer and 22 (30%) in autumn. Paralysis was asymmetric in 13 (18%) cases and symmetric in 60 (82%) cases. The progression of paralysis was rapid (less than 4 days) in 59 (81%) cases. Follow-up after 60 days revealed that 39 (53%) of cases were completely recovered, paralysis remained in 31 (42%) of cases, 1 case (1%) was lost during follow-up and 2 (3%) of them died.

Conclusion: This study reveals that transverse myelitis is an uncommon cause of Acute Flaccid paralysis among under 15 year old children. All cases of transverse myelitis should be notified immediately to the nearest health center.

Keywords: Transverse myelitis, Acute Flaccid paralysis, paralysis
A study of developmental milestones’ pattern and its risk factors in under 1 year old children in south of Tehran

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Background: Denver Developmental screening test (DDST) is one of the screening tests used in assessing developmental milestones’ pattern in 0-6 year old children and it assesses four categories including Gross motor, Fine motor, Language and personal-social milestones. When the children are abnormal according to this test, they are referred for more assessment.

Methods: This study was a cross-sectional study. A number of 1004 under one year old infants who were attended to 5 randomized selected health centers in South of Tehran for routine health care visiting were assessed. Data collection about child’s characteristics and risk factors were performed by a questionnaire by interviewing the mothers and DDST was performed by observation the child and interviewing the mothers.

Findings: The study has shown that developmental delay was 12.1% in Gross motor, 10.1% in fine motor, 12.6% in language and 8.6% in personal-social developmental milestones. Moreover, the failure in showing developmental milestones has occurred 9.9% in gross motor, 3.1% in fine motor, 1.9% in language and 4.8% in personal-social developmental milestones. As expected, there were relationship between birth weight or gestational age of the child and the result of DDST (P<0.05). Besides, there were significant relationship between Gross motor, Fine motor and personal-social developmental milestones with duration of breast feeding in the child (P<0.05), between Gross motor and Fine motor developmental milestones with the time of beginning of supplemental foods (P<0.05), and between Fine motor, language and personal-social developmental milestones with a history of the child’s hospital admission (P<0.05). Furthermore, there were significant relationship between language developmental milestones with the child’s sex or family number (P<0.05).

Conclusion: The result of our study was similar to other studies. Because the study was performed in children attended in health care centers, we recommend to perform population-based studies in order to generalize the results to all the children.

Keywords: Developmental Milestones, Under 1 Year Old Child, DDST, Prevalence, Risk Factors

A survey on Guillain-Barre syndrome among under 15 year old children in Iran 2005-2012

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Background: Guillain-Barre syndrome is a postinfectious polyneuropathy involving mainly motor nerves. The paralysis usually follows a nonspecific viral infection by about 10 days. Weakness usually begins in the lower extremities and progressively involves the trunk, the upper limbs, and finally the bulbar muscles. Proximal and distal muscles are involved relatively symmetrically, but asymmetry is found in 9% of patients. The onset is gradual and progresses over days or weeks. Bulbar involvement occurs in about half of cases. Respiratory insufficiency and death can result.

Methods: This study was descriptive and cross-sectional. Data gathering was through AFP (Acute Flaccid paralysis) surveillance system which is the surveillance strategy for poliomyelitis eradication. The World Health Organization recommends that countries conduct surveillance for AFP cases. The AFP case definition is: “all cases of acute flaccid paralysis including Guillain-Barre Syndrome, among children aged less than 15 years and all cases of suspected poliomyelitis among persons of any age.” All the hospitals, private clinics, physiotherapy and rehabilitation units and public health care centers all over the country were included in the sampling frame.

Findings: In this study, 2373 cases of 4487 AFP cases (53%) were classified as Guillain-Barre syndrome. 1326 cases (56%) were males and 1047 cases (44%) were females. 98 cases (54%) were under 1 year old, 739 (31%) were 1-2 years old, 552 (23%) were 3-4 years old and 984 (41%) were 5 years old or more. 759 cases (32%) were febrile at the onset of paralysis. Occurrence of paralysis was 535 (23%) in winter, 669 (28%) in spring, 562 (24%) in summer and 607 (25%) in autumn. Paralysis was asymmetric in 469 (20%) of cases and symmetric in 1904 (80%) of cases. The progression of paralysis was rapid (less than 4 days) in 1869 (79%) of cases. Follow-up after 60 days revealed that 1561 (66%) of cases were completely recovered, paralysis remained in 742 (31%) of cases, 34 cases (1%) were lost during follow-up and 8 (1%) of them died.

Conclusion: This study reveals that Guillain-Barre syndrome is the leading cause of Acute Flaccid paralysis among under 15 year old children. So, all cases of Guillain-Barre syndrome should be notified immediately to the nearest health center.

Keywords: Guillain-Barre Syndrome, Acute Flaccid Paralysis, Paralysis

The effectiveness of Perceptual-motor practice on motor skills in children aged 4-6

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Background: The purpose of this study was to determine the effectiveness of perceptual-motor practice on motor skills in children aged 4-6 years old in the city of Esfahan.

Methods: This was a quasi-experimental study with test and control groups. The intervention group consisted of 30 children aged 4 to 6 years that referred to children's Rehabilitation center and the control group consisted of 30 children aged 4 to 6 years in the kindergartens that were randomly selected. The intervention group received perceptual-motor training for 15 sessions of 1 hour during a period of 2 months. Bruninks–Oseretsky test was implemented as pre-test and post-tests. Data analysis was performed by SPSS version 18, and analysis covariance.

Findings: Data analysis showed that the intervention groups improved significantly in motor skills include gross motors and fine motors after the receiving training.

Conclusion: Perceptual-motor practice could improve motor skills in children.

Keywords: Perceptual, Motor Practice, Motor Skills
Delirium in hospitalized children: a review

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Delirium in childhood has long been considered a common but relatively inconsequential neuropsychiatric concomitant of physical illness. The purpose of this study was to review the existing literature regarding delirium in hospitalized children and adolescents. This study is a review of the literature published in PubMed relating delirium in children and adolescents. Existing studies suggest that patients with delirium constitute almost 10% of all inpatient referrals to child and adolescent consultation liaison psychiatry services and between 17% and 66% of psychiatry referrals from pediatric intensive care. Evidence suggests that children are more vulnerable than adults to the development of delirium secondary to fever, general anesthesia, surgery involving the tonsils, thyroid, middle ear, and eye, severe burns, toxic, metabolic, traumatic brain injury, infection, respiratory, or cardiac failure. Children with higher levels of preoperative anxiety and children that are temperamentally more emotional, more impulsive, less social, and less adaptable to environmental changes have also been identified as being at higher risk of emergence delirium. Effective psychosocial interventions to prevent delirium in hospitalized children included the parents' constant presence, comforting, familiar music and photographs, favorite toys, lighting schedules, and a parent information leaflet. Delirium is a relatively common problem in hospitalized children and adolescents. The above factors can help to identify high risk children and adolescents and choose preventive interventions.

Keywords: Delirium, Children, Hospitalization

Treatment of epilepsy in children

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Usually the physician does not see the patient during a seizure and must rely on the description of others to make a proper diagnosis. Because the patient has no clear recall of what happened during any of the epileptic convulsions, it is well someone who has seen the attack accompanying him to the physician. First, the physician begins the assessment to find the cause of the seizure. He examine the patient thoroughly, obtain blood tests, an electroencephalogram, and a lumbar puncture, if indicated. However, even after all of these studies, the physician often can find no specific cause. Efforts are then made to control the symptoms. The treatment of epilepsy consists primarily using medication for the prevention of seizures. It is usually highly effective. About 70% of patients are completely controlled or have a significant reduction in the frequency and severity of attacks. Surgery is an option for those who do not respond to the drug treatment, but is not always effective. However, medicine and surgery are not enough for the patients to be observed. Emotional factors are known to influence convulsive disorders, so lessening the patient anger, anxiety, and fear can help to control the condition. Adequate night sleep, good nutrition, and proper exercise are also important. The exercise program should not include vigorous contact sports, and some activities such as swimming should not be performed by the patient unless he is accompanied by another person who understands the condition and is capable of helping the epileptic person during a seizure. There is nothing permanent about epilepsy, although some patients may endure the symptoms for much of their lives. It is a disorder that changes appreciably and constantly in the form and manifestations. Some experts claim that absence and psychomotor cases if untreated may progress to more serious cases of generalized seizures. On the other hand, epilepsy that is given proper medical attention may eventually subside in frequency and severity of attacks. In many cases, seizures disappear or subside within a short time and treatment can be discontinued gradually. When epilepsy has been diagnosed in a child, the parents must be instructed about the condition and the need for continuous careful medical supervision. If the child is old enough to understand, he also should learn more about the nature of the condition. Wrong beliefs should be corrected. Both parents and child should understand that seizures are not likely to be fatal and that a brain lesion does not lead to mental deterioration. Parents and child should learn what actions should be taken in the event of a seizure, such as loosening clothing and taking steps to prevent injury. Natural concern should be balanced with an understanding that overprotection may itself become a handicap. The child should be encouraged to participate in social and physical activities at school and in the neighborhood as long as they do not strain his capabilities. Finally, parents should not feel guilty about the child's condition and think that some action of theirs contributed to the child's condition.

Keywords: Epilepsy, Treatment, Children

Comparison of the levels of serum zinc and copper in children with intractable and controlled seizure who referred to pediatric center

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Background: Many studies have shown recently that trace elements including zinc (Zn) and copper (Cu) might be related to the occurrence of seizures. Zinc is a main regulator of gamma-aminobutyric acid (GABA) which inhibits main nerve. Purpose: to identify the possible role of zinc and copper in the occurrence of intractable seizure in children in order to early diagnose and treat them more efficiently.

Method: Our study was designed as a cross sectional study. We recruited children aged 6 month to 15 years old without any localized infection in nervous system and severe metabolic disease, with informed consent. The levels of serum Zn and Cu were measured and compared in two groups of children; those with intractable seizure and those with controlled seizure.

Results: there was no significant differences between sex and other confounding variables in two groups (p>0.05).we found a significant differences between level of Zn in two groups (p<0.001) whereas level of Cu was not different in two groups.

Conclusion: This study presents low level of Zn in children with intractable seizure might be related to the etiology of this disease therefore measuring and prescribing Zn in order to early diagnose and treat of this disease can be considered in clinics.
چکددوی نخستین دسته‌بندی مالکیت کن‌ماًیک در زبان داده را
دربینه شده است. در این طرح، به یک مشکل توصیفی که در کانون
مطالعه گردیده شده است، توجه شده است. این توجه به این
طوریت راه‌حلی می‌باشد که از جمله موارد انتخابی
دوره‌های مطالعه بوده و می‌تواند روشی از
یک گروه در مورد مکانی انجام می‌شود.

در جامعه‌های کافی است که مکانی همزمان
جای‌گذاری با همکاری کودکان در اجرای
اختلالات فردی و زبان‌گری به آنها
اضافه می‌شود. در این مطالعه، کودکان
از دوره‌های مطالعه به‌طور کلی در مورد
انجام تحقیقات داخلی موردی می‌باشند.
که این کودکان در مورد روش‌هایی
در زبان‌پژوهی مشاهده گردند. این کودکان
همچنین در مورد مکانی بدون راه‌حلی
ربی از عکس و اولویت غیرطبیعی دور سر در شیرخواران

روش اصلی اولویت غیرطبیعی دور سر در شیرخواران

محمدرضا جلالی، لازم سادات سلامی

دانشگاه علوم پزشکی کانو

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محمدرضا جلالی، لازم سادات سلامی

دانشگاه علوم پزشکی کانو


descriptive statistics. The results of the study showed that the relationship between the body mass index and the duration of breastfeeding was significant at the 0.05 level. The correlation coefficient between the two variables was 0.70. The results indicated that breastfeeding duration had a positive effect on body mass index. This finding is consistent with previous studies that have demonstrated the impact of breastfeeding duration on body mass index. The relationship between the two variables suggests that increasing breastfeeding duration may lead to an increase in body mass index. Further research is needed to explore the underlying mechanisms that explain this relationship.
تیمین پایایی و اعتبار نسخه فارسی آزمون غربالگری "مقایسه‌های تکاملی برای کودکان" در کودکان 0 تا 11 ساله شیراز\textsuperscript{1}

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یک راه اخیر برای تولید اندازه‌گیری خودآگاهی و سلامتی کودکان می‌باشد. پیشرفت‌های میانگین کیفیت زندگی بالینی کودکان و تغییرات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختلالات بهبودی‌سازی در محدوده‌های مختلف از جمله تغییرات و کاهش در بروز شرایط خاص و اختال...
چگونه تشخیص پایداری که بهترین کامپیوتریک می‌گویند؟

سه سیم حسن استادیاری
دانشکده علوم پزشکی ایران

کاربرد مگنتووسلگرافی در صرع کودکان

محمود محمدی
مرکز علوم کودکان

صرع مغزی در کودکان معمولاً مℏ})(، در اطفال ممهده‌ی اول یا اولین مراحل تولید در افراد با مقل و مغزی در کودکان آنها و در صورتی که علت مشخصی نباشد، رفع شده در افراد با مقل و مغزی در کودکان آنها و در صورتی که علت مشخصی نباشد، رفع شده.

در فصل اول، نشان داده شده و اگر در صورتی که علت مشخصی نباشد، رفع شده.

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رویگرد به بیماری‌های نورولوژیک که می‌تواند به تأثیر تکاملی در کودکان می‌شود

پرورش کریم زاده

گروه مغز و اعصاب کودکان، دانشگاه علوم پزشکی شهید بهشتی

در اینجا هم باید بپسیابیم ارزوی بالاتر از اخلالات نورولوژیک می‌باید با توجه به اینکه از نظر میان‌برداری، سایه‌های سایه‌ای بر این که با کمکی که یک بیماری نورولوژیک باشد رفتار خود را در مراحل مختلف یا از نظر به اینکه از نظر میان‌برداری، سایه‌های سایه‌ای بر این که با کمکی که یک بیماری نورولوژیک باشد رفتار خود را در مراحل مختلف یا از نظر به اینکه از نظر میان‌برداری، سایه‌های سایه‌ای بر این که با کمکی که یک بیماری نورولوژیک باشد رفتار خود را در مراحل مختلف یا از نظر به اینکه از نظر میان‌برداری، سایه‌های سایه‌ای بر این که با کمکی که یک بیماری N

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