ACTA PAEDIATRICA TAIWANICA

November 2013, Vol. 54, Number 7

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臺灣兒科醫學會雜誌

Published by Taiwan Pediatric Association

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E-mail: pediatr@www.pediatr.org.tw Web site: http://www.pediatr.org.tw

第十二單元:急診學、重症學

日期:民國102年11月10日(星期日)

時間: 11:10~11:50 地點:第二會場

主持人:吳求森、吳昌騰

11:10~11:17 70. 兒童急診橫紋肌溶解症之臨床分析

陳俊佑¹、楊文傑¹、吳漢屛²

財團法人彰化基督教醫院兒科部、小兒急診科1;財團法人佛教慈濟综合醫

院兒科部²

11:17~11:24 71. 兒童性侵害分析: 一兒科急診10年經驗

胡美華、吳昌騰、羅福松、黃璟隆

林口長庚紀念醫院兒童內科部

11:24~11:31 72. 以操作型評量測驗年輕醫師急救新生兒的能力

蔡淳娟、孫灼均¹、尤登弘²、王義明³、張博智⁴

義大醫院小兒部、醫教部¹、內科部²、重症部³、外科部⁴

11:31~11:38 73. ECMO治療急性心肌炎

<u>彭義欽</u>、莊子瑤、張正成、李秉純¹

11:38~11:50 討論

11:50~12:00 休息

CSA, 88 (96.7%) were females The mean age was ranging rs (mean ± SD, 13.31± 3.66), re age less than 10 years old. ger age patients showed a erlying familiar place (home. = 0.002), and familiar The sequelaes of psychiatric nsomnia, school performance le were not difference between er children had significantly

ns had acute medical or our study; pediatric emergency ity to recognize and ability to In addition, family education, y-up are important.

Examination in Assessing al Competency on Neonatal

\$P\$教新生兒的能力

k-Kwan Sun¹, Teng-hung Yu²,

E-Da Hospital; Department of Medicine², Intensive Care³, siung, Taiwan

·王義明3、張博智4

內科部2、重症部3、外科部4

objectives defined Taiwan dicated, by the end of must demonstrate the clinical fe Supports, including neonatal erience has been considered one month of Pediatrics rotation 2 months in the undergraduate ans' competency on neonatal terns. This study is to measure ace on neonatal resuscitation by

OSCE station (one out of 12) month old baby mannequin y. The examination asked the ign body, perform basic life dures accordingly. The rating in a three point scale, with f 30. The passing score was set ethod. There were four raters y and accuracy.

44 candidates, including 10 scores ranged from 5 to 26 dates (9%, 4/44) passed the s (1~8/44) had perfect emoving foreign body".

hat young physicians' clinical resuscitation were deemed

inadequate. Enrichment program with hands-on practices on the neonatal life supports should be delivered.

73 Management of Fulminant Acute Myocarditis with

ECMO治療急性心肌炎

臺兒醫誌

Yi-Chin Peng, Tzu-Yao Chuang, Jeng-Sheng Chang, Ping-Chun Li¹

Children's Hospital, China Medical University & Hospitals, Division of Pediatric Cardiology, Division of Cardiovascular Surgery¹

彭義欽、莊子瑤、張正成、李秉純

中國醫藥大學台中附設醫院兒童醫院小兒心臟科、心臟 外科1

Background: The severity of acute myocarditis varies between subclinical to lethal. For fulminant myocarditis, the mortality rate can be as high as 75% when shock occurs. Extracorporeal membrane oxygenation (ECMO) support to revert this fulminant course has been introduced into the

management.

Methods: Fifteen such pediatric cases rescued with ECMO in our hospital over a 14-year period were reviewed.

Results: Femoral venoarterial cannulated ECMO was undertaken in eight patients but two patients changed to central cannulation due to inadequate support. Initial central cannulation was in nine patient with atrial septectomy. All patients had histories and clinical findings consistent with fulminant myocarditis. Median age was 12 years old (range 2 to 16 years). Median duration of ECMO support was 105 hours (range 48 to 170 hours). Ten patients survived, three of them complicated with deep vein thrombosis or peripheral neuropathy. The survivors showed normal cardiac function after follow-up periods of 0.5-8 years. The overall survival rate was 66%.

Conclusions: Early recognition and immediate establishment of an ECMO circuit are crucial to rescue a patient with fulminant myocarditis. Every effort to avoid the complications associated with ECMO should then be stressed.Central cannulation was more effective in our case review.