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| **ISA ISPID  Abstract Submission  Nº: 186**   |  | | --- | | Topics: **SIDS/SUID** | | Type: **Thematic Panel** | | **Apparent life threatening event (ALTE):  Proposal to face uncertainty without resorting to inflexible diagnosis** | | **Jenik, Alejandro**1; **Piumelli, Raffaele**2; **Brockmann, Pablo**3; **Coombs, Robert**4; **Scavone, Cristina**5 *1 - Hospital Italiano de San Justo,La Matanza, Buenos Aires, Argentina. 2 - Ospedale Pediatrico Meyer Firenze, Italy. 3 - Pontificia Universidad Católica de Chile,Santiago de Chile, Chile. 4 - Yessop Wing,Hospital, Sheffield, UK .5 - Centro Hospitalario Pereira Rossell ,Montevideo, Uruguay.* | | **Objectives of the session** **Introduction**:  The objective of this thematic panel is to help physicians cope with the uncertainly  that surrounds ALTEs  **Content of the session** An infant suddenly gags, turns blue, loses muscle tone and may appear to stop breathing. Panicked parents rush the child to the ER, but by the time they see a physician, the symptoms have disappeared and the child seems perfectly healthy.  Many pediatricians approach the diagnosis of these children with a real sense of dread. Nevertheless, subsequent work in the field has clarified that ALTE is not a risk factor for SIDS. The imprecise nature of the ALTE definition, along with both provider and caretaker anxiety related to the diagnosis, have led to a cascade of diagnostic testing and treatments for what is apparently a symptom-complex, not a disease.  Of the myriad of causes that present as an ALTE, many will have a readily identifiable etiology that a good history and physical exam will diagnose. Most other non-ALTE diseases, if not diagnosed at initial presentation, will become apparent subsequently without any significant consequences (for example epilepsy). Two diagnoses, which if missed, may have significant consequences include child abuse and a cardiac arrhythmia. If there is a suspicion of abuse or trauma, the evaluation should include ophthalmologic exam for retinal hemorrhage, head computed tomography (CT), and skeletal survey.  **Method and extent of audience participation** For attending physicians, a big part of the problem is that they don’t know what the chances are that it will happen again, based upon the many  tests used to evaluate the presenting ALTE. Many studies confirm that the likelihood of an ALTE recurrence is low and the likelihood of an identically caused result is even lower. There is a considerable variation in the way ALTEs are diagnosed, treated and monitored in hospitals around the world  **Proposed content area and why it is important to participants** The speakers will discuss about: The clinical history and physical examination  at the initial consultation . The process of rethinking the definition of central apnea in young infants. The relation between ALTE and SIDS. The role of neurophysiological studies in patients with ALTE and indications of home monitoring in ALTE: tele monitoring versus conventional home monitoring definition of an ALTE | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Alejandro** | | Lastname: | **Jenik** | | E-mail: | **alejandro.jenik@hospitalitaliano.org.ar** | | Country: | **Argentina** | | Institution | **Hospital Italiano de San Justo,La Matanza, Buenos Aires, Argentina** | | Cellphone: |  | | City: | **Buenos Aires** | |