



SRI LANKA COLLEGE OF PAEDIATRICIANS

# Newsletter

VOLUME 3 ISSUE 3 MAY 2025 E-ISSN 3051-4975

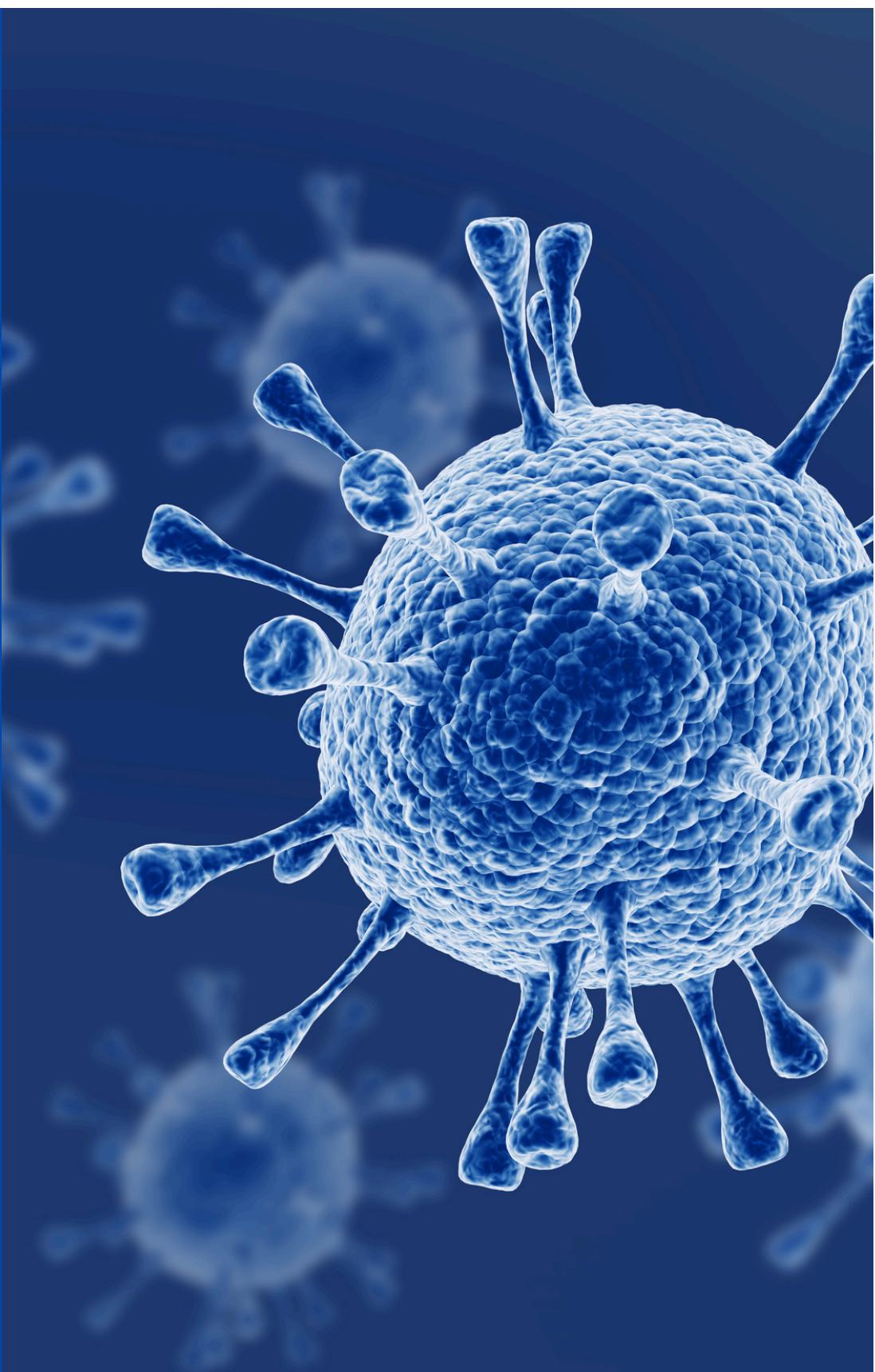
## INSIDE, WE ALSO TALK ABOUT:

**COVID MAY BE  
BACK... But there  
are other  
infections to deal  
with...**

**Overcoming  
challenges faced  
in improving  
speech and  
language skills in  
children with  
Down syndrome**

**Health education  
programme on  
paediatric  
snakebites aimed  
at public health  
midwives in  
Ampara district**

**Pulmonology Day  
of SLCP**





## NEWSLETTER of The Sri Lanka College of Paediatricians

**SLCP NEWSLETTER is an Official Communication of The Sri Lanka College of Paediatricians, published every two months as an electronic-publication**

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## COVID MAY BE BACK... But there are other infections to deal with...

Evidence from many parts of the world suggests that COVID is probably raising its ugly head...., again. If we ever thought that it had gone away forever, that was, of course, wishful thinking. Different strains with somewhat different presentations have been reported from several countries, including those in Asia. The World Health Organization (WHO) warned the world in February this year that the disease is resurgent in many areas. Perhaps it has undergone some genetic change and emerged in a different format, "shrouded in a different skin," so to speak. Though the disease has not yet reached a pandemic situation, it is our duty as doctors to be aware of the current situation.

The likely emerging situation should ring some alarm bells and initiate the necessary processes and activities to allow us to be prepared, perhaps quite a bit better than the last time when the dastardly bug hit us with all its guns firing. According to reports from the Medical Research Institute (MRI), patients infected with the Omicron subvariants LF.7 and XFG are being reported locally, in parallel with the currently spreading COVID strain in the Asian Region. However, both the Epidemiology Unit and the Ministry of Health stress that the situation has not escalated to a level requiring public fear; hence, personal hygiene practices are steadfastly recommended.

Many experts suggest that in the Western Province at least, where dengue, influenza, chikungunya, and leptospirosis are

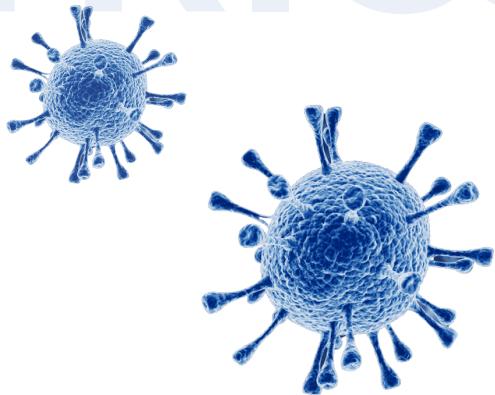
reasonably common, when patients with fever test negative for these infections, we must seriously consider COVID infections. With the limited facilities available in other areas of the country, a significant proportion of patients with these infections are managed without confirmation of the specific aetiology.

According to an observation by a senior paediatrician in Sri Lanka, Dr. LakKumar Fernando, quoted in a Sunday Times article on, a presumed viral fever that does not show a 'settling trend' by 3 to 4 days may well be due to COVID. He suggests that around 5% to 15% of suspected viral fevers that do not test positive for dengue, influenza, and chikungunya when tested within the sensitive window, but who still have significant respiratory symptoms, even if mild, may be due to COVID. However, these observations and suggested processes warrant prevalence studies by the authorities, like the Epidemiology Unit, sooner rather than later.

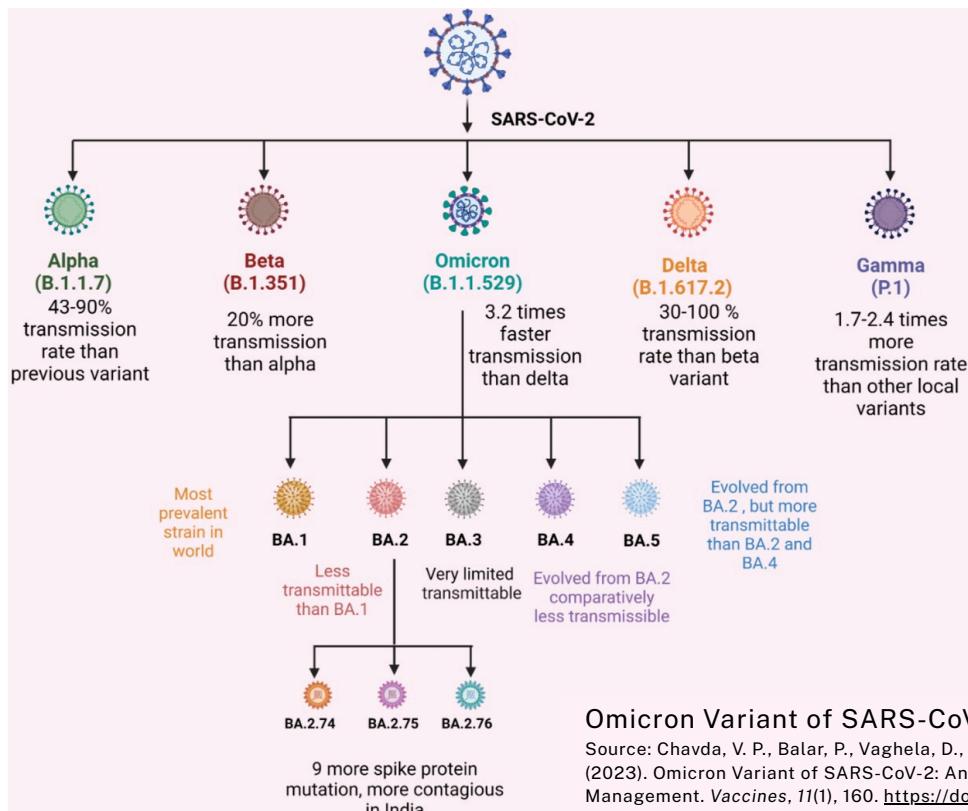
As paediatricians, we must urge the public to undertake proper 'respiratory etiquette,' especially when coughing, and to use face masks whenever they cough with a respiratory infection.

Many have probably forgotten the havoc caused by the last COVID-19 pandemic. On the other hand, other infective diseases that are currently spreading cannot be undervalued. Those diseases too have a high degree of morbidity and mortality, both in isolation facilities and in patients with comorbidities, as well as in vulnerable populations. Dengue, Chikungunya, and also Leptospirosis are leading the list, requiring high indices of suspicion in managing patients with undifferentiated fever at present.

As a whole, infections are emerging, but anticipating the consequences and understanding their natural history will minimize diagnostic hassles, benefit the patient in managing without complications, and reduce infection-associated morbidity and mortality.

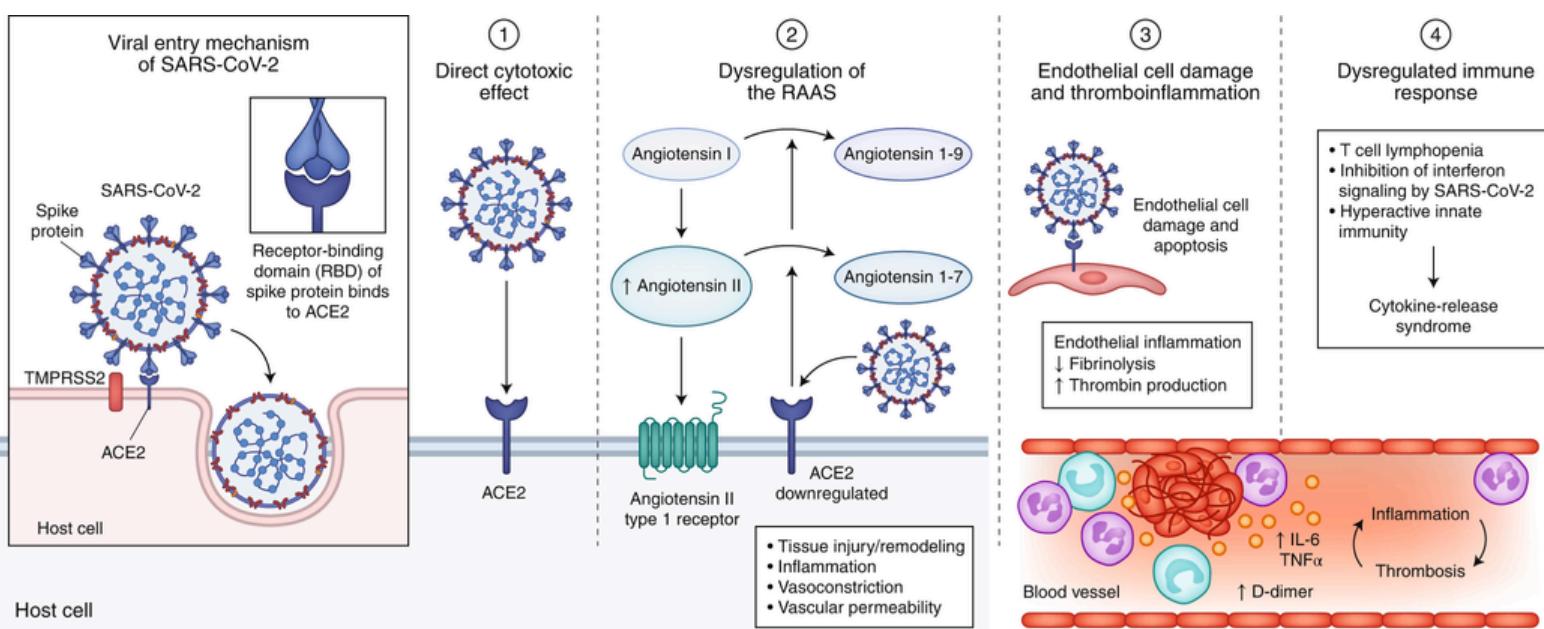


**Dr B. J. C. Perera**  
**Dr J. C. Ranasinghe**



#### Omicron Variant of SARS-CoV-2

Source: Chavda, V. P., Balar, P., Vaghela, D., Solanki, H. K., Vaishnav, A., Hala, V., & Vora, L. (2023). Omicron Variant of SARS-CoV-2: An Indian Perspective of Vaccination and Management. *Vaccines*, 11(1), 160. <https://doi.org/10.3390/vaccines11010160>



#### Extrapulmonary manifestations of COVID-19

Gupta, A., Madhavan, M. V., Sehgal, K., Nair, N., Mahajan, S., Sehrawat, T. S., Bikdeli, B., Ahluwalia, N., Ausiello, J. C., Wan, E. Y., Freedberg, D. E., Kirtane, A. J., Parikh, S. A., Maurer, M. S., Nordvig, A. S., Accili, D., Bathon, J. M., Mohan, S., Bauer, K. A., Leon, M. B., ... Landry, D. W. (2020). Extrapulmonary manifestations of COVID-19. *Nature medicine*, 26(7), 1017-1032. <https://doi.org/10.1038/s41591-020-0968-3>

# Overcoming challenges faced in improving speech and language skills in children with Down syndrome

Children with Down syndrome (DS) face more difficulties in acquiring skills in speech and language compared to skills associated with other development domains. This problem is encountered universally in children with DS and pose a significant challenge to the treating physician, as well as the speech and language therapist. Parental frustration builds up as they witness improvement in other development domains such as gross motor skills and social skills with therapy, in comparison to the slow improvement in speech and language domains.

Therefore, it is important for the general paediatrician to be aware of the special characteristics in speech and language development in these children, the challenges these children face and how to organize special therapies to overcome them.

## Foundations of speech and language

Although each child with Down syndrome can have his/her own characteristic language skills, the common norm is for them to acquire receptive language skills faster than the expressive language skills. Several unique factors related to language and communication domain as well as other related domains play a role in language acquisition. They are summarized below.

### Hearing skills

Children with DS are more prone to otitis media with effusion due to the narrow auditory canals and cranio-facial differences. This is a common cause of conductive hearing loss experienced by children with DS and a risk factor for speech and language delay. However, research data on the association of early speech development and otitis media with effusion is lacking in the current literature

### Oro motor skills

Small mouth, relatively large tongue, narrow palate and deficiency in some of the facial muscles are known to interfere with articulation and speech development abilities of children with DS. The speed and range of articulation is affected making speech produced by these children to be difficult to comprehend.

### Cognitive skills

About 80% of children with DS have moderate intellectual disability with reduced short term memory span which includes both verbal and visual memory. These factors lead to poor language comprehension and reading difficulties in children as well as adolescents.

### Social skills

Social skills are important for language development and in many children with DS, social skills develop almost at the same rate as in normal kids and therefore is a strength for speech and language development. But a minority of children with DS show features of autism spectrum disorder, depression and ADHD type behaviour which may hinder their language skills as well.

## Language development in children with DS

Pre-linguistic language development including consonant and vowel uses and babbling occur almost at the same rate as in typically developing children. The use of non-verbal gestures also occurs at a similar pace but research has revealed that the meaning of non-verbal gestures may differ from that of typically developing children. When it comes to main language development, there are significant changes seen in phonology, vocabulary, syntax and pragmatics in children with DS.

## Phonology

Phonology is how sounds are organized and used in language, focusing on a systematic pattern of speech to convey a message. Phonological errors in speech refer to consistent patterns of sound errors, where a child can produce sounds correctly but uses them incorrectly in words. Phonological errors are common in every child during the early development of speech but they disappear as the child matures. But children with DS retain these errors more resulting in a more immature speech pattern which is sometimes incomprehensible to strangers.

Common examples:

- fronting – replacing the sounds made at the back of throat (eg K sound) with a sound made at the front (T sound). “CUP” pronounced to sound as “TUP”
- Final consonant deletion – BOOK pronounced to sound as BOO
- Weak syllable deletion – “TELEPHONE” pronounced to sound as “TELFONE”

## Vocabulary

Children with DS score high on receptive vocabulary than expressive vocabulary. They are able to comprehend most words at a rate similar to or slightly lower to that of age matched typically developing children. But their expressive language is delayed with a lowered vocabulary. Most children with Down syndrome do not produce a word by one year of age but with age they gradually build up on the expressive language.

## Syntax

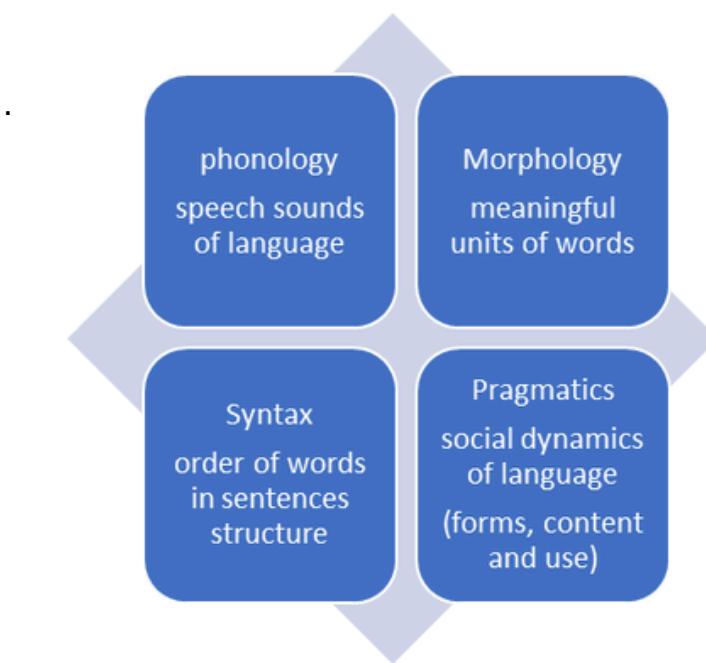
In linguistics, syntax are the rules that decide how words and phrases are arranged to form meaningful sentences. Children with DS score low in syntax processes even to a greater degree than the vocabulary. The sentences they produce are basic, shorter and semi-organized and may result in poor clarity.

They sometimes engage in conversation using small phrases than sentences. They also face difficulty in using tense and non-tense morphemes, which are meaningful morphological units of a language that cannot be further divided

## Pragmatics

In linguistics, pragmatics mean the study of how language is used to convey meaning. This is important as it will help us to study how language is used to reach/achieve goals, how non-literal language is used and what social rules govern language. Pragmatic errors and can result in mis-understanding of a message, breakdown on communication around a topic and a lack of understanding of certain tasks. Children with DS can exhibit the following pragmatic impairments.

- Misunderstanding the social context of a conversation
- Poor initiation and maintenance of conversation and also turn-taking
- Poor interpretation of some non-verbal cues
- Misunderstanding abstract or hypothetical language such as metaphors and sarcasm
- Poorly responding to social cues



**Practice points and clinical implications**

The aforementioned factors related to foundation in language and language development in children with DS will come into practice when planning assessments and providing tailor-made speech and language therapy.

**Assessments**

- Hearing assessment – should be performed in all children with DS starting from early infancy and as routine assessments during childhood. Apart from this additional hearing assessments are recommended if a child suffers from otitis media with effusion for more than 3 months.
- Speech and language assessment – each child should have their speech and language assessed with emphasis on phonology, vocabulary, syntax and pragmatics to identify strengths and weaknesses. Family members should be involved during these assessments as they can provide valuable information on child's language skills, social interactions and communication skills.
- Various tools for language assessments can be used but unfortunately, lack of such tools in the local language is a barrier for proper language assessment in children living in resource poor settings. *Expressive vocabulary test 2 for assessing productive vocabulary and Structured Photographic Expressive Language Test 3* to assess productive syntax and morphology are such tests.
- Whatever the assessment, it should be carried out when the child is interactive with a variety of communication partners such as parents and teachers and in different contexts such as home and school

**Interventions**

Speech and language interventions should aim to improve functions in communication, academic activities, social interactions and vocational aspects.

The clinician's approach to interventions depend on

- The severity of the speech and language deficit of the child
- Family priorities
- Neuro-cognitive function and the development trajectory of the child

**Targeted early communication**

The interventions to improve speech and language skills should be initiated at the earliest possible age. Pre-linguistic skills training and parent education to respond to the verbal/nonverbal behaviour of the child may be important in a child who is not yet producing words. Coordinated eye gaze, vocalization and gesturing is promoted in young children. Some important early interventions are summarized below:-

- Teaching simple gestures and later on coupling them with the appropriate word
- Teaching to identify emotions using pictures and even emojis
- Turn taking games to improving turn taking skills in communication
- Using singing to improve vocabulary as well as adding "fun" to the process
- Blowing bubbles to improve oro-motor muscles and oro-motor skills.



Pictures courtesy-National Down syndrome society(NDSS)

## Targeted speech skills

For children who speak but their phonation is difficult to understand, speech therapy should target specific phonological interventions to eliminate sound errors. But before such errors are eliminated, speech therapy should target consistency of word production. This can be done with simple parent guided activities such as turn taking games in practicing words. Names of close family members and words for day-to-day activities can be taught first to children who are highly unintelligible and their speech is incomprehensible.

## Target more complex language

As mentioned before, children with DS score low in expressive syntax (how words are arranged to form meaningful phrases). Therefore, language interventions should focus on improving this area from an early age. The communicating partner (parent, teacher etc) should be encouraged to use more elaborated language phrases and re-cast the phrases produced by the child. (eg the child produces the phrase “doggy sleep” – the communicating partner elaborates it to “the doggy is sleeping”)

Books that include repetitive examples of complex syntax can be used as children with DS have better visual processing skills.

To improve pragmatic skills, the following interventions are suggested

- To ask open ended questions from children with DS to improve their topic building capacity
- To intentionally give unclear commands to the child to encourage them to develop skills to ask for clarification
- Teaching parents and teachers to respond as much as possible to all requests of child for clarification to build up reinforcement of that practice in the child

## Augmented/alternate communication (AAC)

Despite early interventions, some children with DS remain as individuals with very low language skills and unintelligible speech. For these children AAC can be of great help. AAC focus on using other forms of communication such as using sign language, visual schedules and computer speech production devices.

**Summary**

Children with DS show a common speech and language development pattern despite slight changes in individual development curves. They have better receptive skills than expressive language. Their vocabulary is reasonably well developed but they struggle with phonetics, expressive syntax and pragmatics. Speech and language interventions should be started early, preferably at an age before they develop verbal skills. These should be initiated as targeted therapy to improve their early non-verbal and communication skills as they are important for their later development of more complex skills. Involvement of parent, teacher and other close relatives in providing speech and language therapy is crucial as well as applying those interventions at different settings such as at home, school, play area etc.



Article by

**Professor Pathum Dissanayake**

Professor in Paediatrics

Department of Paediatrics,

Faculty of Medicine, University of Peradeniya

**References**

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## Health Education Programme on Paediatric Snakebites aimed at Public Health Midwives in Ampara District

The Snakebite Expert Committee of the Sri Lanka Medical Association (SLMA), in collaboration with the Sri Lanka College of Paediatricians, successfully conducted a targeted health education programme aimed at Public Health Midwives (PHMs) in the Ampara District. This initiative, held from January to April 2025, was aligned with monthly conference meetings and focused on improving community awareness and first-aid practices in response to snakebites. Recognizing the need for accessible training, the programme was delivered as a physical meeting and a series of webinars, allowing both in-person and virtual participation for the convenience of Public Health Midwives. The sessions were coordinated by the Regional Director of Health Services Offices in Ampara District and Professor Kavinda Dayasiri, University of Kelaniya.

The resource panel comprised experts in the field including Prof. Kavinda Dayasiri, Professor in Paediatrics, University of Kelaniya, Prof. Anjana Silva, Professor in Parasitology, Rajarata University of Sri Lanka and Dr. Samitha Siritunga, Consultant Community Physician and Head, Injury Prevention and Management Unit, Ministry of Health. The programme addressed critical topics such as identifying venomous snakes and evidence-based first-aid measures. It also emphasized the pivotal role of PHMs in community-level snakebite prevention and education. This initiative marks a significant step toward empowering frontline healthcare workers and rural

communities in Sri Lanka's snakebite-prone regions, reinforcing national efforts to reduce morbidity and mortality from snake envenoming.

Audio-visual materials and handouts on snakebite-related topics were designed and distributed among Public Health Midwives for further dissemination within the community to enhance awareness.



Article by  
**Professor Kavinda Dayasiri**  
Professor in Paediatrics  
Department of Paediatrics  
University of Kelaniya

# PAEDIATRICS



**Pictures of the Sessions**

## Special Days of SLCP

### Pulmonology Day

Overcoming the Challenges in Paediatric Pulmonology: A one-day Workshop for Paediatricians, Paediatric Trainees, Primary Care Physicians, and Medical Students, was organised by the Sri Lanka College of Paediatricians in collaboration with the Childhood Respiratory Disease Study Circle of Sri Lanka was held on 26<sup>th</sup> April 2025 at UCFM Tower. The event was coordinated by Dr Anuradha Kodippili, Secretary of SLCP and a team of pulmonologists.



### Overcoming the challenges of PAEDIATRIC PULMONOLOGY in day-to-day practice

26<sup>th</sup> April 2025  
@ UCFM tower



08:00 AM	Opening remarks:	Dr Duminda Samarasinghe: President - SLCP Dr Manel Fernando: President - CRDSC
08:30 AM	Recognizing the challenges: Essentials of respiratory anatomy and physiology	Dr Channa de Silva Consultant Paediatric Pulmonologist- LRH
09.00 AM	Symposium - When asthma becomes a challenge: Tackling paediatric asthma: Evidence-based approaches	Dr Anuradha Kodippili Consultant Paediatric Pulmonologist- LRH Dr Thilini Muthukumara Consultant Paediatric - TH Rajapura Dr Srimali Wijesundara Consultant Paediatric Pulmonologist- LRH
10.00 AM		TEA
10.20 AM	Mini-symposium - When cough becomes a challenge: Unravelling cough in children	Dr Radma Jayaratne Consultant Paediatric Pulmonologist- Oxford, UK Dr Gangana Gunathilake Consultant Paediatric Pulmonologist- LRH
11.00 AM	When feeding becomes a challenge: Approach to aspiration-induced lung diseases in children	Dr Aruna Herath Consultant Paediatric Pulmonologist- SBSCH
11.30 AM	When pneumonia becomes a challenge: Addressing poorly resolving pneumonia in children	Dr Channa de Silva Consultant Paediatric Pulmonologist- LRH
12.00 PM	When fluid/air in the pleural cavity becomes a challenge: Approach to empyema, chylothorax & pneumothorax	Dr Hasitha Gajawewa Consultant Paediatric Pulmonologist- NH/Colles
12.30 PM		LUNCH
01.15 PM	Radiological approach to overcome the challenges: What to request and what to expect	Dr Radma Jayaratne Consultant Paediatric Pulmonologist- Oxford, UK
01.45 PM	Hands-on workshops – Technology to overcome the challenges	Dr N. Jayawardane & Dr S. Renushanth Dr Chamera Warusappuruma Dr S. Deshapriya & Dr C. Bandara SR-Paediatric Pulmonology - LRH
02.45 PM	When sleep becomes a challenge: Sleep-disordered breathing in children	Dr Anuradha Kodippili Consultant Paediatric Pulmonologist- LRH
03:15 PM	Panel discussion: When TB becomes a challenge Challenging scenarios in paediatric TB	Panel- Dr Hasitha Gajawewa, Dr Aruna Herath, Dr Gangana Gunathilake, Dr Channa de Silva Moderator- Dr Anuradha Kodippili
03:45 PM	Facing the challenges: Paediatric respiratory quiz	Clinical scenarios and best practices
04:00 PM		COFFEE & END OF THE PROGRAMME



**2025 SLCP  
SPORTS FEST  
& SING ALONG**

**3RD AUGUST 2025 / DS GROUNDS & CLUB HOUSE  
2:00PM ONWARDS FOLLOWED BY DINNER**

**It's time to swap scrubs for sneakers and stethoscope for songbooks!**

**Cricket & Fun Games**

**Join a team for a fun filled Sports Day where a friendly competition meets teamwork for all paediatricians and paediatric trainees.**

**Click below to register**

**CLICK HERE**

## Guidelines on submission of articles for the SLCP NEWSLETTER

All communications should be addressed to the Joint Editors of the Newsletter, Dr Jagath Ranasinghe and Dr Asanga Rajapakshe.

Only electronic submissions to the following email address are accepted and no hard copies will be entertained as submissions.

Email: paednewsletter@gmail.com

Intellectual responsibility for pictures/articles submitted lies with the person submitting the pictures/articles and The Sri Lanka College of Paediatricians (SLCP) will not assume any responsibility whatsoever for them.

### Contents

- Cover Page/ Front Page

A photograph – Can be submitted by any member of Sri Lanka College of Paediatricians. It should be followed by the cover story not exceeding 150 words. A nature photograph/ a photograph of a college function will be accepted.

- Inner pages

You are kindly requested to submit articles under the following topics for the Newsletter in MS Word format. Tables and figures should be submitted separately. Pictures should be of high quality (at least 300 DPI).

Any article with an academic interest/ non-academic interest falling under following categories will be accepted. Maximum word count is 1000 for academic and 800 for non-academic articles. Only 2 pictures, photographs (300 DPI) or tables are allowed in one article.

### ARTICLES RELATED TO PROFESSIONAL DEVELOPMENT

- Review articles/ Review of a review
- Case History or Case Based Discussion
- Patient Story with a picture
- Young Paediatricians' Niche – Open only for Registrars and Senior registrars in Paediatrics and related sub-specialties, and writing on current practice of a common disease. This has to be a detailed and up to date narrative. It will be checked for plagiarism.
- Monthly clinical update
- MCQ corner

### ARTICLES RELATED TO PERSONAL DEVELOPMENT

- Non-technical article – An article on a song/ book/ painting/ cartoon/ movie
- Information Technology related articles
- Finance management
- Articles on any other topic of interest too can be submitted.

### ARTICLES RELATED TO UNIT/TEAM DEVELOPMENT

- New innovations in your unit/ any new developments related to paediatrics and child health by a paediatrician.
- Briefings on regional sessions held.
- Any other collaborative sessions related to paediatrics.

**Please submit the documents to paednewsletter@gmail.com with a cover letter.**

**Articles submitted before the 10th of each month will be considered for publication on that month's issue. Late submissions will be considered for the next issue. However depending on the availability of space and similarity of the articles they may be considered for upcoming issues.**



# 27th Annual Scientific Congress of the Sri Lanka College of Paediatricians



## 7th PRE-CONGRESS WORKSHOP

Neonatal & Paediatric Emergencies  
UCFM Tower, Colombo

Book Your Seat

## 8th PRE-CONGRESS WORKSHOP

Timely Recognition & Effective Management of Childhood Disorders  
UCFM Tower, Colombo

Earn Your CPD Points

## 9th MAIN CONGRESS

Includes a Dedicated Track for Nutrition/GI Disorders

Monarch Imperial, Kotte

Early Bird  
Ends  
15<sup>th</sup> May

## 10th MAIN CONGRESS

Includes Paediatric Essentials for General Practitioners

Monarch Imperial, Kotte

## 11th POST-CONGRESS WORKSHOP

Autism: Early Detection and Early Intervention  
Mandarin, Colombo 03

SRI LANKA COLLEGE OF PEDIATRICIANS

27<sup>th</sup> ANNUAL SCIENTIFIC CONGRESS OF  
THE SRI LANKA COLLEGE OF PEDIATRICIANS



Pre-Congress Workshop

## Timely Recognition & Effective Management of Childhood Disorders

8<sup>th</sup> JUNE 2025

UCFM Tower, Faculty of Medicine, University of Colombo

REGISTER NOW

0730	REGISTRATION			
0820	Opening Remarks   Dr. Duminda Samarasinghe			
<b>SESSION 1: HOLISTIC CARE FOR NEUROLOGICAL DISORDERS</b>				
GUEST LECTURES				
0830	Medical Management of Neuromuscular Disorders   Dr. Anuradha Majumdar			
0900	Supporting Children with Neuro-disability: The Paediatrician's Palliative Role   Professor Megan Doherty			
0930	GROUP DISCUSSIONS - (Choose Your Track)			
TRACK 1		TRACK 2		
Group 1: Neuro-rehabilitation Interventions in Chronic Neuromuscular Disorders Dr. Anuradha Majumdar, Dr. Chryshanthi Delpatada, Dr. Jayashri Jagoda		Group 3: Investigating Lower Motor Neuron Disorders Dr. Sanjaya Fernando, Dr. Priyanka Rupasinghe		
Group 2: A Holistic Approach to Endocrine, Respiratory, and Palliative Care in Neurodisabilities Dr. Gayatri Palat, Dr. Ganganath Gunathilake, Dr. Anuradha Koddepalli, Dr. Chamidi Nasarana		Group 4: Differential Diagnosis in Neuromuscular Disease: Mapping the Lesion and Identifying Muscle Disease Professor Jithangi Wanigasinha, Dr. Thilina Munasinghe		
1030	TEA			
<b>SESSION 2: EARLY INTERVENTION</b>				
GUEST LECTURES				
1100	Recognizing Neurogenic Bladder in Children: Are We Missing the Signs?   Dr. Indiya Ganasekera			
1120	Early Intervention for Hypertonia   Dr. Nayomi Senaratne			
0930	PRACTICAL WORKSTATIONS - (Choose Your Track)			
TRACK 1		TRACK 2		
Group A: Managing Spasticity in Children with Neurological Disorders Professor Sameera Zahari, Dr. Chamara Jayasinha, Dr. Jayashri Jagoda		Group C: Neurogenic Bladder: Effective Management Professor Sheanal Thalagahapola, Dr. Imoka Pereira, Dr. Dinesh Marasinghe		
Group B: CVI interventions: Enhancing Visual Function and Daily Living Dr. Piyara Ratnayake, Dr. Dilini Vithanage, Dr. Gayan Sampath		Group D: Immunodeficiency in Children: Early Detection and Treatment Strategies Dr. P. W. Chathurangana, Dr. Dhammika Dassanayake, Dr. Dhammika Vidanagama		
1300	LUNCH			

## PRE-CONGRESS WORKSHOP FOR NURSES

At the 27<sup>th</sup> Annual Scientific Congress of the Sri Lanka College of Paediatricians



Organised by the  
Sri Lanka College of Paediatricians  
in collaboration with  
Sri Lanka Paediatric Nurses Association



28 May 2025

Mini Auditorium  
UCFM Tower, Colombo 08

Time	Topic	Resource Person
07:30 am	Registration	Dr Duminda Samarasinghe President Sri Lanka College of Paediatricians
08:00 am	Opening remarks	Dr Malithi Guruge Lecturer in Paediatrics University of Sri Jayewardenepura
08:15 am	From observation to action: Navigating the sudden patient deterioration	Dr Kasun Jayasundara Acting Consultant Paediatrician Base Hospital Thambuthethgama
08:35 am	Beyond the drug chart: What can I do to improve pharmacotherapy	Dr Maheshaka Wijayawardene Consultant Paediatrician BH Marawila
09:55 am	Nursing care of newborn	Dr Anuradha Herath Senior Lecturer in Psychiatry University of Colombo
09:15 am	Behavioural disorders in children	Dr Asanga Rajapakse Professor in Paediatrics University of Colombo
09:35 am	Tea break	Mrs K.A.D.P. Vidyaarthna Nursing Sister - MICU LRH
10:00 am	Abstract presentation	Dr S Krishnapradeep Senior Lecturer in Paediatrics University of Peradeniya
11:00 am	Nutritional management of a sick child	Prof Pujitha Wickramasinghe Professor in Paediatrics University of Colombo
11:20 am	High flow nasal oxygen therapy in paediatric care: Practical essentials for nurses	
11:40 am	Managing childhood constipation: A guide for nurses	
12:00 pm	Quiz	
12:20 pm	Fluid therapy in paediatrics: Case based discussion	
12:40 pm	Closing remarks & lunch	Dr Asanga Rajapakse Consultant Paediatrician BH Wathupitipala
		Ms P.M.P. Ediriweera General Secretary SLPNA

27<sup>th</sup> ANNUAL SCIENTIFIC CONGRESS OF  
THE SRI LANKA COLLEGE OF PEDIATRICIANS



## Pre-Congress Workshop NEONATAL & PAEDIATRIC EMERGENCIES

0800	REGISTRATION			
0850	Opening Remarks   Dr. Duminda Samarasinghe			
GUEST LECTURES				
Neuroprotection in Raised Intracranial Pressure   Professor Simon Craig				
0900	Acute Respiratory Distress Syndrome   Dr. Nalin Kitulwatte			
RAPID FIRE: NEONATAL EMERGENCIES				
Pneumothorax   Dr. Nalin Gunawardene				
Therapeutic Hypothermia: When to Do and When Not to Do   Dr. Sanjeeva Thennakoon				
Pulmonary Haemorrhage   Dr. Kapilani Withanarachchi				
1035	TEA			
SCENARIO-BASED GROUP DISCUSSIONS: PAEDIATRIC EMERGENCIES				
Septic Shock   Dr. Shanthini Ganasekara, Dr. Michael Jantz, Dr. Nalin Kitulwatte				
Anaphylaxis   Dr. Sri Lal de Silva, Dr. Lalith Gunage, Dr. Wathsala Hathagoda				
Diabetic Ketoacidosis   Professor Simon Craig, Dr. Samantha Deshapriya, Dr. Dinesh Siriwardhane				
Status Epilepticus   Professor Sarath Wijesekara, Dr. Amali Dalpatada, Dr. Deshan Adithya				
INTERACTIVE QUIZ				
Neonatal & Paediatric Emergencies   Dr. Sham Weerasinghe, Dr. Anoma Abeygunawardana, Dr. Nimesha Gamhewage				
1335	LUNCH			

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# 27<sup>th</sup> ANNUAL SCIENTIFIC CONGRESS OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS

## “Organise and Collaborate for Cost-Effective and Meaningful Care” 7<sup>th</sup> to 10<sup>th</sup> June, 2025, Monarch Imperial, Colombo, Sri Lanka

PRE-CONGRESS WORKSHOP			
7th June	Neonatal and Paediatric Emergencies	UCFM Tower, Faculty of Medicine, University of Colombo	
8th June	Pre-Congress Workshop Neuro-Disability		
8th June	Inauguration Ceremony & Reception (By invitation only)	Monarch Imperial, Sri Jayewardenepura Kotte	
9th & 10th June	Main Congress		
11th June	Post-Congress Workshop Autism: Early Detection and Early Intervention	Mandarina, Colombo 03	
PRE-CONGRESS WORKSHOP			
NEONATAL AND PAEDIATRIC EMERGENCIES			
0800	Registration		
0800	Opening Remarks   Dr. Daminda Samangakkige		
0800	Neonate/patient in Raised Intracranial Pressure   Professor Simon Craig		
0900	Acute Respiratory Distress Syndrome   Dr. Nalin Edirnekaratne		
0945	Autism: Early Detection and Early Intervention		
1000	RAPID FIRE: NEONATAL EMERGENCIES		
1015	Paediatric Hypothermia: When to Do and When Not to Do   Dr. Sajivewi Therasanee		
1030	Pulmonary Haemorrhage   Dr. Sugathika Wijesundarachchi		
1035	Tea		
1105	SCENARIO-BASED GROUP DISCUSSIONS: PEDIATRIC EMERGENCIES		
1125	Septic Shock   Dr. Shanitha Gunawardene, Dr. Michael Jane, Dr. Nalin Edirnekaratne		
0900	Amphibians   Dr. Sri Lal de Silva   Dr. Lahiru Gunaratne, Dr. Nathalia Kithulgoda		
0930	Diabetic Ketoacidosis   Professor Simon Craig, Dr. Samantha Dushapriya, Dr. Dimuthu Sivarakshan		
0945	Seizure Epilepsy   Professor Sami Wijesundara, Dr. Anuradha Dissanaike, Dr. Deeksha Athukorala		
1000	INTERACTIVE QUIZ		
0900	Neonatal & Paediatric Emergencies   Dr. Samantha Dushapriya, Dr. Saman Gunaratne, Dr. Nimesha Lankarathne		
1135	Lunch		
POST CONGRESS WORKSHOP			
AUTISM: EARLY DETECTION AND EARLY INTERVENTION			
0900	Opening Remarks   Dr. Daminda Samangakkige		
0910	Autism and Neurodiversity   Dr. Gunarathna Jayasuriya		
0935	Parent-Based Intervention: What Does the Evidence Say?   Dr. Kandy Jayathilake		
0955	Exploring Features of Autism Skills for a Focused History-Taking   Dr. Hiral Jayasoorai		
1020	TEA		
1040	Skills and Play-Based Brief Clinical Assessment		
1110	Mr. Sathian Sivarakshan and Ms. Jayathri Seneviratne		
1240	Case-Based Discussions (Five Workstations)		
1255	Dr. Dilan Jayasuriya, Dr. Heshan Pathirage, Dr. Seneviratne, Dr. Gajan Samangakkige		
1315	Referral Pathway and Role of Paediatricians   Dr. Sathin Herwadkar		
1335	Principles of Early Intervention: A Guide for Early Childhood Care Practitioners   Dr. Gunarathna Jayasuriya		
1355	Supporting Adolescents and Mental Health Issues   Dr. Harshani Herathnachchi		
1355	LUNCH		

MAIN CONGRESS			
DAY 1		DAY 2	
REGISTRATION			
BREAKFAST SESSION			
BREAST FEEDING: A Case-Based Approach			
Moderator: Dr. Nimala Samangakkige, Dr. Janani Samanvitha, Dr. Nirmala Jayasuriya, Dr. Saman Gunaratne			
Panel: Dr. Muri Seneviratne, Dr. Vinayaka Gunawardene, Professor Ranjitha Ranawaka			
PLENARY			
The Earlier You Find, the Better You Treat: Inflammatory Bowel Disease in Children			
Professor Mark Beattie			
KEYNOTE ADDRESS			
The Crucial Need for Professionalising Alternative Care for Children in Sri Lanka: A Way Forward   Professor Saman Gunaratne			
DR B. J. C. PERERA RESEARCH PRIZE ORATION (HALL A)			
TEA			
PEDIATRIC ESSENTIALS FOR GENERAL PRACTITIONER			
GUEST LECTURE			
Caring for Wounds in Children: From Sutches to Sutures			
Dr. Ravindra Gunawardena			
CASE-BASED DISCUSSION			
Head Injury in Children: When is Hospitalisation Necessary?			
Dr. Lahiru Gunawardena			
REVOLUTIONISING HEART CARE: THE ROLE OF Atrial Cardiovascular Medicine			
Program: Dr. Rohan Samangakkige			
GUEST LECTURE			
Overviews of Congenital Abnormalities			
Dr. Muri Seneviratne			
SYMPOSIUM: Diet in Gastrointestinal Disorders: A Practical Approach			
Dr. Isidore Fernando			
SYMPOSIUM: Nutrition			
Vegetarian and Vegan Diets in Children: Ensuring Nutritional Adequacy			
Dr. Jayan Gunawardena			
SYMPOSIUM: Neuro-behavioural Disorders			
Dr. Anuradha Jayasuriya			
SYMPOSIUM: Management of Childhood Behavioural Problems: A Practical Approach			
Dr. Priyantha Jayasinha			
SYMPOSIUM: Managing Children with Neuro-disability			
Feeding Children with Neuro-disability			
Dr. Priyantha Jayasinha			
SYMPOSIUM: Multidisciplinary Approach in Optimizing Nutrition in the NICU			
Dr. Pranayana Ranawana			
FREE PAPER PRESENTATIONS (HALL A)			
1115	Managing Acute Asthma: When and How to Scale Treatment   Professor Simon Craig		
1120	Complicated Pneumonias in Children   Dr. Isidore Fernando		
1125	Respiratory Infections in Children: Key Checks for Immunodeficiency   Dr. Rajya de Silva		
1130	Managing Acute Asthma: When and How to Scale Treatment   Professor Simon Craig		
1135	GASTRO-ESOPHAGEAL REFLUX: Practical Points in Gastrointestinal Medicine   Dr. Rohan Samangakkige		
1140	Managing Acute Asthma: When and How to Scale Treatment   Professor Simon Craig		
1145	GASTRO-ESOPHAGEAL REFLUX: Practical Points in Gastrointestinal Medicine   Dr. Rohan Samangakkige		
1150	Managing Acute Asthma: When and How to Scale Treatment   Professor Simon Craig		
1155	SYMPOSIUM: Managing Pediatric Respiratory Problems: Challenges and Solutions		
1160	Managing Pulmonary Hypertension in the Newborn - What You Should Do and Not Do   Dr. Priyantha Jayasinha		
1165	Optimising Non-Breath Ventilation: Latest Advances in Respiratory Support   Dr. Sujitha Jayasinha		
1170	NOT TO BE MISSED CASES IN PEDIATRICS		
1175	A Child with Episodic Crying   Dr. Isidore Fernando		
1180	Improving Inhaler Use in Children with Asthma   Dr. Chamara de Silva		
1185	Acute Emergencies in Children: What Every Doctor Should Know   Dr. Priyantha Jayasinha		
1190	NOT TO BE MISSED CASES IN PEDIATRICS		
1195	A Child with Hypertension: A Diagnostic Challenge   Dr. Priyantha Jayasinha		
1200	Acute Care in a Child: Unravelling the Case   Dr. Rohan Samangakkige		
1205	Infection-Associated Shock: Beyond Septic Shock   Dr. Rajitha Ranawana		
1210	A Hidden Culprit: Severe Pain and Cyanosis in a Previously Healthy Child   Professor Kirindu Jayasinha		
1215	SYMPOSIUM: Cardiology Pearls		
1220	Optimal Management of Heart Failure in Children   Dr. Rohan Samangakkige		
1225	SYMPOSIUM: Practice Points in Respiratory Medicine		
1230	Managing Pulmonary Hypertension in the Newborn - What You Should Do and Not Do   Dr. Priyantha Jayasinha		
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1280	A Hidden Culprit: Severe Pain and Cyanosis in a Previously Healthy Child   Professor Kirindu Jayasinha		
PEDIATRIC RADILOGY			
1285	SYMPOSIUM: Radiology Pearls - An Interactive Quiz (HALL A)		
1290	Feeling Interviews with Candidates   Professor Saman Gunaratne		
1295	Thriving in Overseas Training: A Survival Guide   Dr. Dushman de Silva		
1300	CLOSING REMARKS		
1305	TEA		
1310	Professor Saman Gunaratne   Dr. Dushman de Silva		
1315	Dr. Rohan Samangakkige   Dr. Rajitha Ranawana		
1320	CONGRESS DINNER (By invitation)		
1325	LUNCH		

Contact Information: ☎ +94 77 7508218 ☎ office@slcp.lk

Registration

For More Information, visit: [www.slcp.lk/asc-2025](http://www.slcp.lk/asc-2025)



MAIN CONGRESS			
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BREAKFAST SESSION			
Disorders of Severe Developmental Delay: A Case-Based Approach			
Moderator: Dr. Nimala Samangakkige, Dr. Saman Gunaratne			
Panel: Dr. Muri Seneviratne, Dr. Vinayaka Gunawardene, Professor Ranjitha Ranawaka			
PLENARY			
The Earlier You Find, the Better You Treat: Inflammatory Bowel Disease in Children			
Professor Mark Beattie			
KEYNOTE ADDRESS			
Sodium Imbalance: Hypotension and Hypertension			
Dr. Priyantha Jayasinha			
TEA			
Pediatric Essentials for General Practitioner			
GUEST LECTURE			
Caring for Wounds in Children: From Sutches to Sutures			
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KEYNOTE ADDRESS			





By: Dr Jagath C Ranasinghe & Prof Guwani Liyanage

A 3-year-old child presents to the emergency department with a 1-day history of fever, cough, and difficulty breathing.

This is the fourth child in the family born to consanguineous parents with a birth weight of 2.8kg. Mother claims that three older children died of “infections” before they reached 5 years. Father is a labourer and mother works as a tea plucker. He is immunized appropriately according to the EPI schedule. However, he was on follow up at the local clinic for poor weight gain and marginal delay in motor development.

On examination, the child is lethargic and has buccal and palmer crease hyper-pigmentation. His pulse rate is 136 beats/min, blood pressure is 72/50 mmHg with cold peripheries and respiratory rate of 42 breaths/minute. Oxygen saturation in air is 86%

*Initial investigations revealed the following*

FBC

WBC  $12 \times 10^9$ , N 60%, L35%, Hb 12g/dL, Platelet  $250 \times 10^9$

CRP 40

Arterial blood gas analysis

pH 7.1

PaO<sub>2</sub> 64

PCo<sub>2</sub> 44

Bicarbonate 14.7

Base excess -15

Serum sodium 130

Serum Potassium 5.5

Chest X-ray: Left lower lobe pneumonia

**What is the most appropriate next step in the management of this child?**

- A. Start intravenous co-amoxycloxacillin and obtain blood samples for serum cortisol
- B. Start 10ml/kg 0.9% saline bolus and intravenous hydrocortisone
- C. Start 10ml/kg 0.9% saline bolus and correction of sodium
- D. Start 10ml/kg 0.9% saline bolus and repeat the blood gas analysis subsequently
- E. Start intravenous co-amoxycloxacillin and oral hydrocortisone

*Find the answer in page 19*



## SLCP New Membership Application



**Membership**  
Ordinary Member Any medical practitioner who has one or more of the qualifications listed below shall be eligible to be elected as an ordinary member

 Sri Lanka College of Paediatricians



## SLCP Membership Update *link for SLCP members*

Update your SLCP membership details with the below link.



### Answer

**B. Start 10ml/kg 0.9% saline bolus and intravenous hydrocortisone**