



SRI LANKA COLLEGE OF PAEDIATRICIANS

Newsletter

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

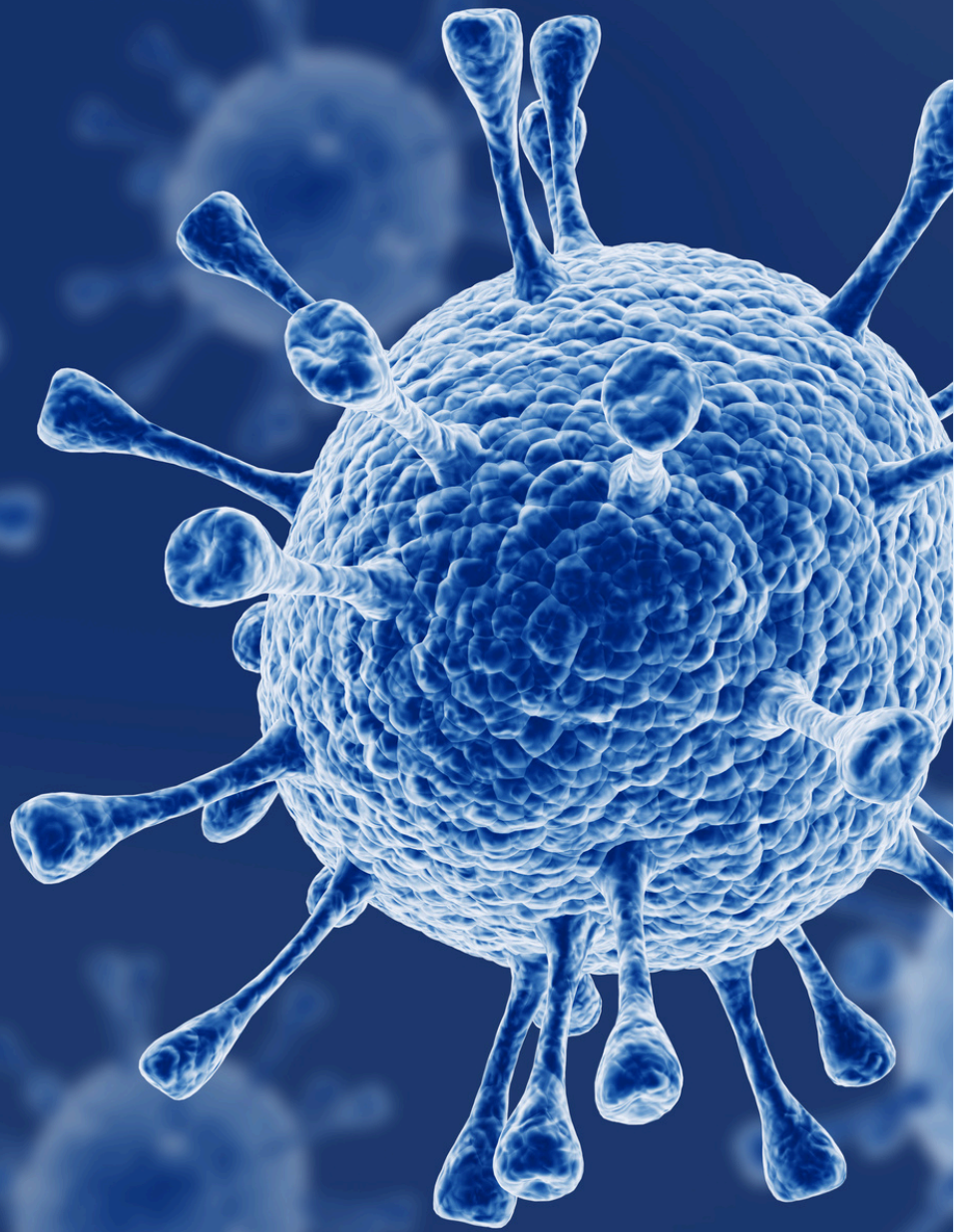
INSIDE, WE ALSO TALK ABOUT:

**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**





PAEDIATRICS

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

Editorial Board

Editorial Advisory Board

Dr B J C Perera

MBBS (Cey), DCH (Cey), DCH (Eng), MD (Paed), FRCP (Edin), FRCP (Lond), FRCPCH (UK), FSLCPaed, FCCP, FCGP (SL)

Dr G N Lucas

MBBS (Cey), DCH (Cey), MRCP (UK), FCCP, FSLCPaed.

Joint Editors

Dr Jagath C Ranasinghe

MBBS (Pera), DCH (Col), MD (Paed), FRSPH (UK)

Dr Asanga Rajapakshe

MBBS (Col), MD (Paed)

Editorial Board

Professor Guwani Liyanage

MBBS, DCH, MD (Paed), MRCPCH (UK)

Dr Duminda Samarasinghe

MBBS, DCH, MD (Paed), FACC

Professor Jithangi Wanigasinghe

MBBS(Col), DCH(Col), MD(Paed), PhD

Professor Thushara Kudagammana

MBBS (SL), MD (Col), DCH (Col), DAA (India), FSLCP, FRCPCH (UK)

Copy Editor

Miss Dasanya Kaluarachchi

BSc (Psychology), MSc. (UK) Clinical & Health Psychology

What's inside?

COVID MAY BE BACK... But there are other infections to deal with... P.03

Overcoming challenges faced in improving speech and language skills in children with Down syndrome P.05

Health Education Programme on Paediatric Snakebites aimed at Public Health Midwives in Ampara District P.10

Special Days of SLCP: Pulmonology Day P.12

Upcoming Activities P.13

Guidelines on submission of articles for the SLCP NEWSLETTER P.14

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

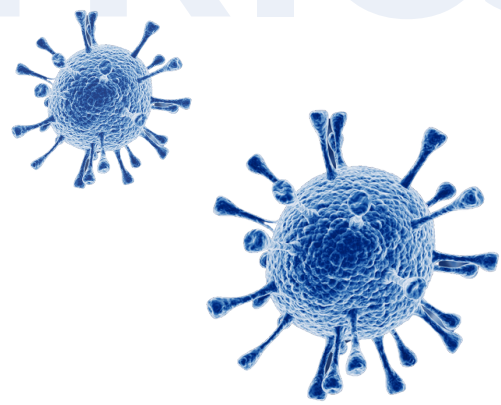
reasonably common, when patients with fever test negative for these infections, we must seriously consider COVID infections. With the limited facilities available in other areas of the country, a significant proportion of patients with these infections are managed without confirmation of the specific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

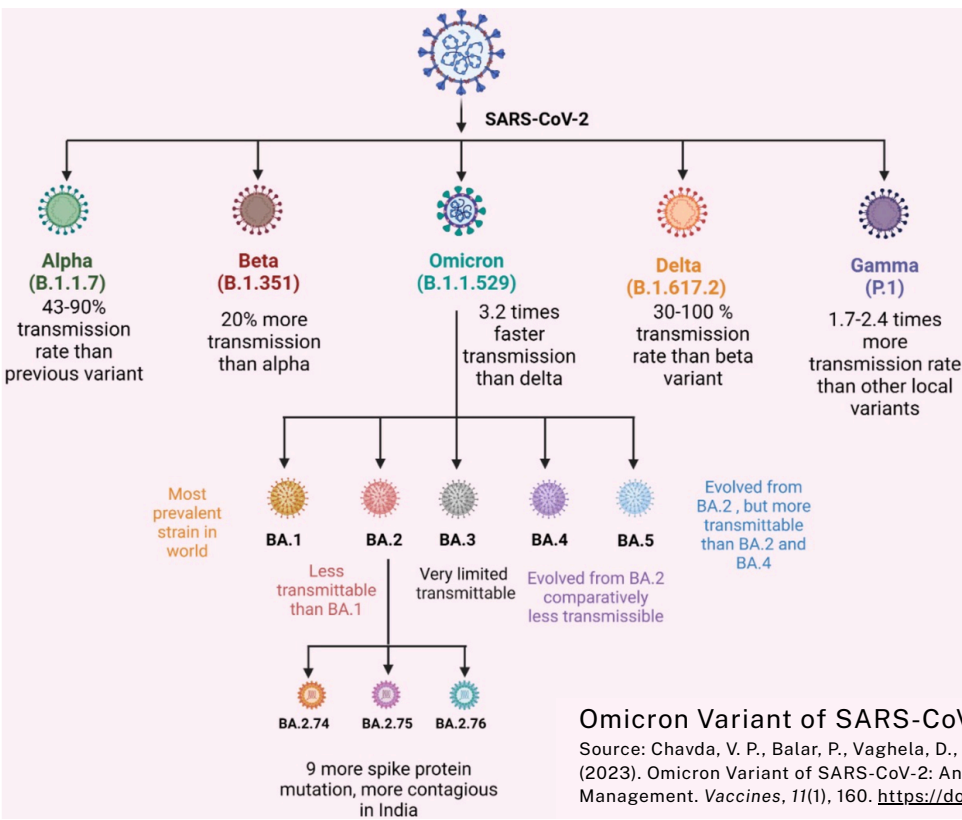
As paediatricians, we must urge the public to undertake proper 'respiratory etiquette,' especially when coughing, and to use face masks whenever they cough with a respiratory infection.

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.

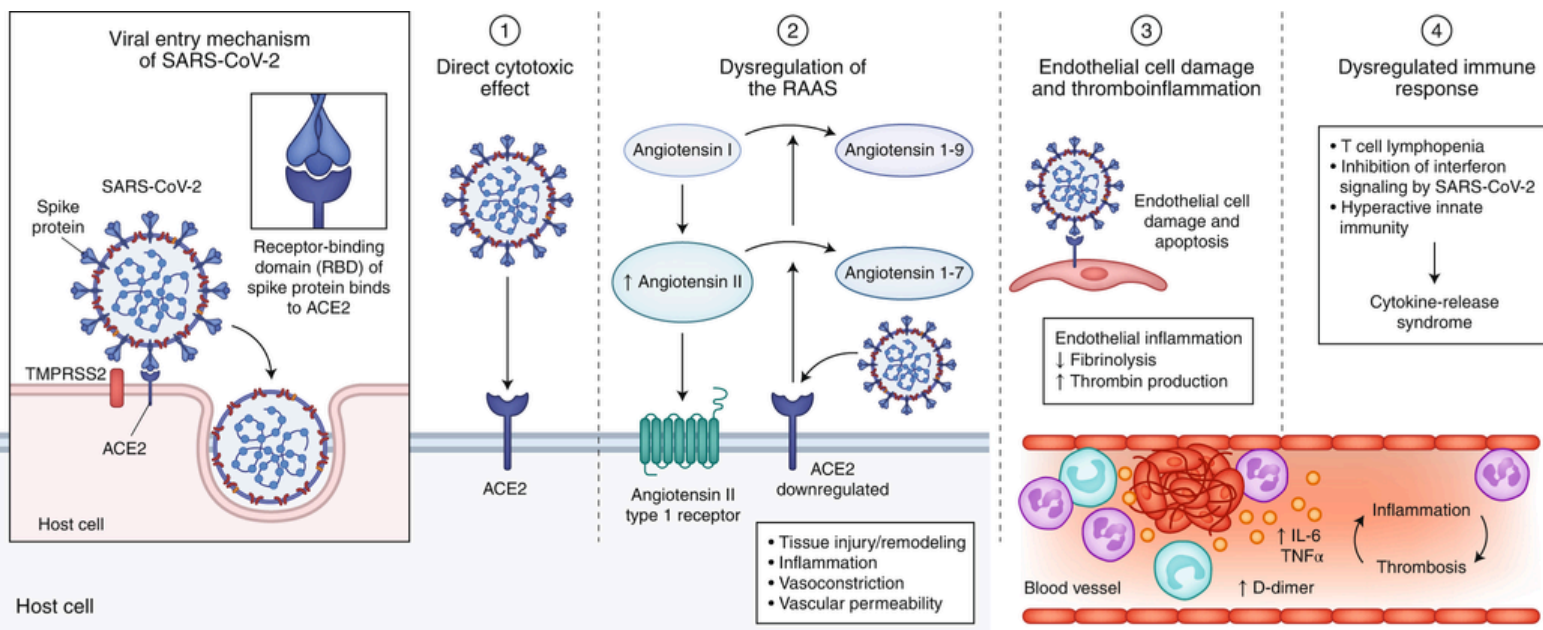
As a whole, infections are emerging, but anticipating the consequences and understanding their natural history will minimize diagnostic hassles, benefit the patient in managing without complications, and reduce infection-associated morbidity and mortality.



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>

PAEDIATRICS

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

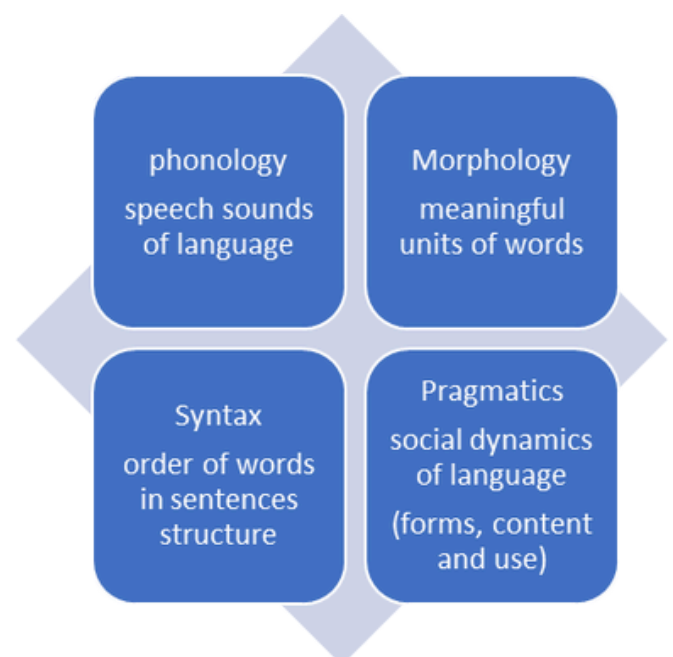
In linguistics, syntax are the rules that decide how words and phrases are arranged to form meaningful sentences. Children with DS score low in syntax processes even to a greater degree than the vocabulary. The sentences they produce are basic, shorter and semi-organized and may result in poor clarity.

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.



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”)



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 .

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

1. Abbeduto L, Warren SF, Conners FA. Language development in Down syndrome: From the prelinguistic period to the acquisition of literacy. *Mental Retardation and Developmental Disabilities Research Reviews* 2007;13:247-261. doi:10.1002/mrdd.20158
2. Boston Children's hospital. Down syndrome program. https://www.communityinclusion.org/static/communications_booklet_2016_update-028d956ad31504f3cf8cb39994094a48.pdf.
3. Martin GE, Klusek J, Estigarribia B, Roberts JE. Language Characteristics of Individuals with Down Syndrome. *Top Lang Disord*. 2009 Apr;29(2):112-132. doi: 10.1097/tld.0b013e3181a71fe1. PMID: 20428477; PMCID: PMC2860304.
4. Kent RD, Vorperian HK. Speech impairment in Down syndrome: A review. *Journal of Speech, Language, and Hearing Research* 2013;56(1):178-210 DOI: [10.1044/1092-4388\(2012/12-0148\)](https://doi.org/10.1044/1092-4388(2012/12-0148)).

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

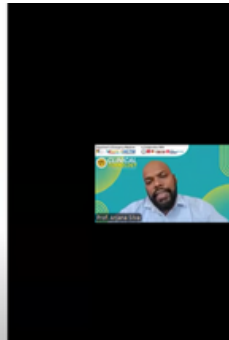
communities in Sri Lanka's snakebite-prone regions, reinforcing national efforts to reduce morbidity and mortality from snake envenoming.

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



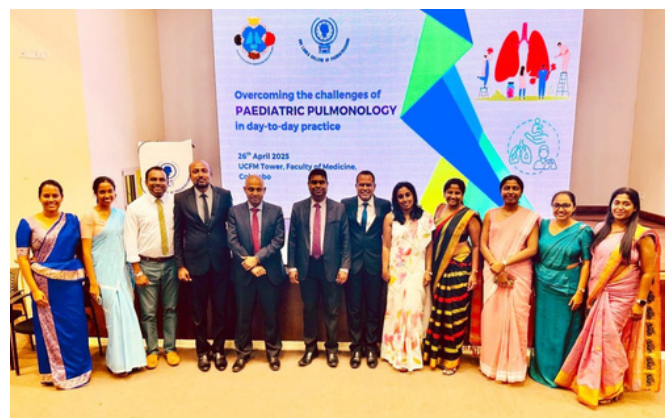
Pictures of the Sessions


PAEDIATRICS

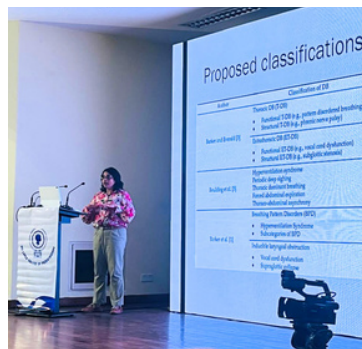
Special Days of SLCP

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 26th April 2025 at UCFM Tower. The event was coordinated by Dr Anuradha Kodippili, Secretary of SLCP and a team of pulmonologist.



Overcoming the challenges of PAEDIATRIC PULMONOLOGY in day-to-day practice		
		
		26th 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 # Wheezing in preschool children: Is it asthma? # Difficult-to-control asthma # Optimizing aerosol therapy in children	Dr Anuradha Kodippili Consultant Paediatric Pulmonologist - LRH Dr Thilini Muthukumarana Consultant Paediatric - TH/Ramapura Dr Srimali Wijesundara Consultant Paediatric Pulmonologist - LRH
10:00 AM	TEA	
10:20 AM	Mini-symposium - When cough becomes a challenge: Unresolving cough in children # Dry cough in children: Is it dysfunctional breathing? # Wet cough in children: From PBB to bronchiectasis	Dr Ridma Jayaratne Consultant Paediatric Pulmonologist - Oxford, UK Dr Ganganath Gunathilaka 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 - SRSCH
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 Gajaweera Consultant Paediatric Pulmonologist - NH/Galle
12:30 PM	LUNCH	
01:15 PM	Radiological approach to overcome the challenges: What to request and what to expect	Dr Ridma Jayaratne Consultant Paediatric Pulmonologist - Oxford, UK
01:45 PM	Hands-on workshops - Technology to overcome the challenges # Spirometry and pulmonary function testing in children # Oxygen therapy and high-flow: Indications and protocols # Airway clearance techniques: Devices and clinical utility	Dr N. Jayawardane & Dr S. Renushanth Dr Chamara Warusapperuma 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 Gajaweera, Dr Aruna Herath, Dr Ganganath Gunathilaka, 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



PAEDIATRICS

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



SLCP CONGRESS 2025



MONARCH IMPERIAL, KOTTE
JUNE 2025

7th **PRE-CONGRESS WORKSHOP**
Neonatal & Paediatric Emergencies
UCFM Tower, Colombo

8th **PRE-CONGRESS WORKSHOP**
Timely Recognition & Effective Management of Childhood Disorders
UCFM Tower, Colombo

9th **MAIN CONGRESS**
Includes a Dedicated Track for Nutrition/GI Disorders
Monarch Imperial, Kotte

10th **MAIN CONGRESS**
Includes Paediatric Essentials for General Practitioners
Monarch Imperial, Kotte

11th **POST-CONGRESS WORKSHOP**
Autism: Early Detection and Early Intervention
Mandarina, Colombo 03

Book Your Seat

Earn Your CPD Points

Early Bird Ends 15th May

SRI LANKA COLLEGE OF PAEDIATRICIANS

PRE-CONGRESS WORKSHOP FOR NURSES

At the 27th 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	
08:00 am	Opening remarks	Dr Duminda Samarasinghe President Sri Lanka College of Paediatricians
08:15 am	From observation to action: Navigating the sudden patient deterioration	Dr Malithi Guruge Lecturer in Paediatrics University of Sri Jayawardenepura
08:35 am	Beyond the drug chart: What can I do to improve pharmacotherapy	Dr Kasun Jayasundara Acting Consultant Paediatrician Base Hospital Thambuththigama
09:55 am	Nursing care of newborn	Dr Maheshaka Wijayawardene Consultant Paediatrician BH Marawila
09:15 am	Behavioural disorders in children	Dr Anuradha Herath Senior Lecturer in Psychiatry University of Colombo
09:35 am	Tea break	
10:00 am	Abstract presentation	
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	Mrs K.A.D.P. Vidyaratna Nursing Sister - MICU LRH
11:40 am	Managing childhood constipation: A guide for nurses	Dr S Krishnapradeep Senior Lecturer in Paediatrics University of Peradeniya
12:00 pm	Quiz	
12:20 pm	Fluid therapy in paediatrics: Case based discussion	Dr Asanga Rajapakse Consultant Paediatrician BH Wathupitthwala
12:40 pm	Closing remarks & lunch	Ms M.P.M. Ediriweera General Secretary SLPNA



27th ANNUAL SCIENTIFIC CONGRESS OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS




Pre-Congress Workshop
Timely Recognition & Effective Management of Childhood Disorders

8th JUNE 2025
UCFM Tower, Faculty of Medicine, University of Colombo


REGISTER NOW

Time	Topic
0730	REGISTRATION
0820	Opening Remarks Dr. Duminda Samarasinghe
SESSION 1: HOLISTIC CARE FOR NEUROMUSCULAR DISORDERS	
GUEST LECTURES	
0830	Medical Management of Neuromuscular Disorders Dr. Anish Majumdar
0900	Supporting Children with Neuro-disability: The Paediatrician's Palliative Role Professor Megan Doherty
0930	GROUP DISCUSSIONS - (Choose Your Track)
TRACK 1	
Group 1: Neuro-rehabilitation Interventions in Chronic Neuromuscular Disorders Dr. Anish Majumdar, Dr. Chrysantha Dileepadasa, Dr. Jayanthi Jayala	
Group 2: A Holistic Approach to Endocrine, Respiratory, and Palliative Care in Neurodisabilities Dr. Gayatri Palat, Dr. Gangath Gnanathilake, Dr. Anuradha Kodippili, Dr. Chamindi Navaratna	
TRACK 2	
Group 3: Investigating Lower Motor Neurone Disorders Dr. Sanjaya Fernando, Dr. Priyanka Rupasinghe	
Group 4: Differential Diagnosis in Neuromuscular Disease: Mapping the Lesion and Identifying Muscle Disease Professor Jibhaji Wasinghe, Dr. Thilina Manasinghe	
1030	TEA
SESSION 2: EARLY INTERVENTION	
GUEST LECTURES	
1100	Recognising Neurogenic Bladder in Children: Are We Missing the Signs? Dr. Vinaya Ganesekera
1120	Early Intervention for Hypertonia Dr. Nayana Samarathne
0930	PRACTICAL WORKSTATIONS - (Choose Your Track)
TRACK 1	
Group A: Managing Spasticity in Children with Neurological Disorders Professor Sumera Zahedi, Dr. Chamara Jayathunga, Dr. Jayanthi Jayala	
Group B: CVI Interventions: Enhancing Visual Function and Daily Living Dr. Pyara Ratnayake, Dr. Dilini Vipadasa, Dr. Gayan Sampath	
TRACK 2	
Group C: Neurogenic Bladder: Effective Management Professor Sherali Thalapragada, Dr. Isanka Perera, Dr. Dinithi Manasinghe	
Group D: Immuno-deficiency in Children: Early Detection and Treatment Strategies Dr. P.W. Chathuranga, Dr. Dharmika Dassanayake, Dr. Dharmika Vidanagama	
1300	LUNCH

0777 508 218 | www.slcp.lk | office@slcp.lk



27th ANNUAL SCIENTIFIC CONGRESS OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS



Pre-Congress Workshop
NEONATAL & PAEDIATRIC EMERGENCIES

Time	Topic
0800	REGISTRATION
0850	Opening Remarks Dr. Duminda Samarasinghe
GUEST LECTURES	
0900	Neuroprotection in Raised Intracranial Pressure Professor Simon Craig
0930	Acute Respiratory Distress Syndrome Dr. Nalin Kitabwatte
RAPID FIRE: NEONATAL EMERGENCIES	
0950	Pneumothorax Dr. Nalin Gamaathige
0950	Therapeutic Hypothermia: When to Do and When Not to Do Dr. Sanjeeva Thennakoon
0950	Pulmonary Haemorrhage Dr. Kapilani Withanarachchi
1035	TEA
SCENARIO-BASED GROUP DISCUSSIONS: PAEDIATRIC EMERGENCIES	
1105	Septic Shock Dr. Shanthini Ganesan, Dr. Michael Janz, Dr. Nalin Kitabwatte
1125	Anaphylaxis Dr. Sri Lal de Silva, Dr. Lalith Gamage, Dr. Wathsala Hathagoda
1125	Diabetic Ketoacidosis Professor Simon Craig, Dr. Samantha Deshapriya, Dr. Dinendra Siriwardhane
1125	Status Epilepticus Professor Saraji Wijesekera, Dr. Amali Delpatada, Dr. Deshan Adibetty
1225	INTERACTIVE QUIZ
1225	Neonatal & Paediatric Emergencies Dr. Sham Weerasinghe, Dr. Anoma Abeysunwardana, Dr. Nimisha Gamhewage
1335	LUNCH

0777 508 218 | www.slcp.lk | office@slcp.lk



27th ANNUAL SCIENTIFIC CONGRESS OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS

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

7th June	Pre-Congress Workshop 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 Jayawardenapura Kotte
9th & 10th June	Main Congress	
11th June	Post-Congress Workshop Autism: Early Detection and Early Intervention	Mandarin, Colombo 03

PRE-CONGRESS WORKSHOP NEONATAL AND PAEDIATRIC EMERGENCIES	
0800	Registration
0830	Opening Remarks Dr. Damsila Samarasinghe
0900	Neonatal and Paediatric Emergencies (7 th June)
0930	Timely Recognition & Effective Management of Childhood Disorders (8 th June)
0945	Acute Respiratory Distress Syndrome Dr. Nalin Kiriwatt
0950	
1000	
1035	Therapeutic Hypothermia: When to Do and When Not to Do Dr. Sanjeeva Therothum
1105	Pulmonary Haemorrhage Dr. Kapilani Hiranwarachchi
1145	Tea
1225	SCENARIO-BASED GROUP DISCUSSIONS: PAEDIATRIC EMERGENCIES
1305	Septic Shock Dr. Shanika Ganesan, Dr. Anil Dissanayake, Dr. Dechan Adhithy
1315	Amplified Dr. Sri Lal de Silva, Dr. Lalith Gunasekera, Dr. Wathula Hathugoda
1335	Diabetic Ketoacidosis Professor Simon Craig, Dr. Samanthi Dechepriya, Dr. Dinusha Sirinwardhana
1345	Status Epilepticus Professor Sanjay Wijesekera, Dr. Anil Dissanayake, Dr. Dechan Adhithy
1355	Neonatal & Paediatric Emergencies Dr. Shanika Ganesan, Dr. Anoma Abeygunawardana, Dr. Nimesha Gunasinghe
1355	INTERACTIVE QUIZ
1355	Lunch

POST CONGRESS WORKSHOP AUTISM: EARLY DETECTION AND EARLY INTERVENTION	
0900	Opening Remarks Dr. Damsila Samarasinghe
0910	Autism and Neurodiversity Dr. Gauri Dissanayake
0935	Parent-Based Interventions: What Does the Evidence Say?
0955	Exploring Features of Autism: Skills for Focused History-Taking Dr. Himad Jayawera
1020	TEA
1040	Skills on Play-Based Brief Clinical Assessment Ms. Sahan Seward and Ms. Ayinde Seneviratna
1110	Case-Based Discussions (Five Workshops) Dr. Dilini Vipulagana, Dr. Himad Jayawera, Dr. Gayan Sampath, Dr. Heelan Pathiraja, Dr. Sachitha de Silva
1240	Referral Pathway and Role of the Nurse Dr. Asit Hewamalage
1255	Principles of Early Interventions: A Guide for Busy Clinicians Dr. Dilini Vipulagana
1315	Supporting Adolescents and Mental Health Issues Dr. Barbra Hettiarachchi
1335	LUNCH

MAIN CONGRESS	
0700	Early Bird Registration (Till 15th May)
0730	Overseas Delegates
0730	APPA Member Countries
0830	Other Countries
0830	PGDM Trainers, General Practitioners, Medical Officers (two days)
0900	PGDM Trainers, General Practitioners, Medical Officers (one day)
0930	Consultants
0930	Senior Life Members (over 70 years)
1015	Free registration Please contact SLCP office for more details
PRE-CONGRESS	
0800	Registration
0830	Neonatal and Paediatric Emergencies (7 th June)
0900	Timely Recognition & Effective Management of Childhood Disorders (8 th June)
0930	Autism: Early Detection and Early Intervention
1000	Registration
1030	Neonatal and Paediatric Emergencies (7 th June)
1100	Timely Recognition & Effective Management of Childhood Disorders (8 th June)
1130	Autism: Early Detection and Early Intervention
1200	Registration
1230	Neonatal and Paediatric Emergencies (7 th June)
1300	Timely Recognition & Effective Management of Childhood Disorders (8 th June)
1330	Autism: Early Detection and Early Intervention

PRE-CONGRESS WORKSHOP TIMELY RECOGNITION & EFFECTIVE MANAGEMENT OF CHILDHOOD DISORDERS	
0730	Registration
0800	Opening Remarks Dr. Damsila Samarasinghe
0830	HOLISTIC CARE FOR NEUROLOGICAL DISORDERS
0900	Medical Management of Neurological Disorders Dr. Anusha Jayawardana
0930	Supporting Children with Neuro-disability: The Paediatrician's Palliative Role
0930	FOUR GROUP DISCUSSIONS (TRACK 1 OR TRACK 2)
1000	TRACK 1
1030	Group 1: Neuro-rehabilitation Interventions in Children with Neuro-disability Dr. Anusha Jayawardana, Dr. Anusha Jayawardana, Dr. Anusha Jayawardana
1100	Group 2: A Holistic Approach to Paediatric Neuro-disability: The Paediatrician's Palliative Role Dr. Anusha Jayawardana, Dr. Anusha Jayawardana, Dr. Anusha Jayawardana
1130	Group 3: Early Detection and Early Intervention in Children with Neuro-disability Dr. Anusha Jayawardana, Dr. Anusha Jayawardana, Dr. Anusha Jayawardana
1200	Group 4: The Role of the Paediatrician in the Management of Children with Neuro-disability Dr. Anusha Jayawardana, Dr. Anusha Jayawardana, Dr. Anusha Jayawardana
1230	TRACK 2
1300	Group 1: Neuro-rehabilitation Interventions in Children with Neuro-disability Dr. Anusha Jayawardana, Dr. Anusha Jayawardana, Dr. Anusha Jayawardana
1330	Group 2: A Holistic Approach to Paediatric Neuro-disability: The Paediatrician's Palliative Role Dr. Anusha Jayawardana, Dr. Anusha Jayawardana, Dr. Anusha Jayawardana
1400	Group 3: Early Detection and Early Intervention in Children with Neuro-disability Dr. Anusha Jayawardana, Dr. Anusha Jayawardana, Dr. Anusha Jayawardana
1430	Group 4: The Role of the Paediatrician in the Management of Children with Neuro-disability Dr. Anusha Jayawardana, Dr. Anusha Jayawardana, Dr. Anusha Jayawardana

MAIN CONGRESS DAY 1	
0700	Registration
0730	Breakfast Session
0830	PLENARY
0900	PLENARY
0930	PLENARY
1015	PLENARY
1045	PLENARY
1115	PLENARY
1145	PLENARY
1230	PLENARY
1300	PLENARY
1330	PLENARY
1400	PLENARY
1430	PLENARY
1500	PLENARY
1530	PLENARY
1600	PLENARY
1630	PLENARY
1700	PLENARY
1815	PLENARY
2000	PLENARY

MAIN CONGRESS DAY 2	
0730	Registration
0830	Breakfast Session
0900	PLENARY
0930	PLENARY
1015	PLENARY
1045	PLENARY
1115	PLENARY
1145	PLENARY
1230	PLENARY
1300	PLENARY
1330	PLENARY
1400	PLENARY
1430	PLENARY
1500	PLENARY
1530	PLENARY
1600	PLENARY
1630	PLENARY
1700	PLENARY
1815	PLENARY
2000	PLENARY

MAIN CONGRESS DAY 3	
0730	Registration
0830	Breakfast Session
0900	PLENARY
0930	PLENARY
1015	PLENARY
1045	PLENARY
1115	PLENARY
1145	PLENARY
1230	PLENARY
1300	PLENARY
1330	PLENARY
1400	PLENARY
1430	PLENARY
1500	PLENARY
1530	PLENARY
1600	PLENARY
1630	PLENARY
1700	PLENARY
1815	PLENARY
2000	PLENARY

MAIN CONGRESS DAY 4	
0730	Registration
0830	Breakfast Session
0900	PLENARY
0930	PLENARY
1015	PLENARY
1045	PLENARY
1115	PLENARY
1145	PLENARY
1230	PLENARY
1300	PLENARY
1330	PLENARY
1400	PLENARY
1430	PLENARY
1500	PLENARY
1530	PLENARY
1600	PLENARY
1630	PLENARY
1700	PLENARY
1815	PLENARY
2000	PLENARY

MAIN CONGRESS DAY 5	
0730	Registration
0830	Breakfast Session
0900	PLENARY
0930	PLENARY
1015	PLENARY
1045	PLENARY
1115	PLENARY
1145	PLENARY
1230	PLENARY
1300	PLENARY
1330	PLENARY
1400	PLENARY
1430	PLENARY
1500	PLENARY
1530	PLENARY
1600	PLENARY
1630	PLENARY
1700	PLENARY
1815	PLENARY
2000	PLENARY

MAIN CONGRESS DAY 6	
0730	Registration
0830	Breakfast Session
0900	PLENARY
0930	PLENARY
1015	PLENARY
1045	PLENARY
1115	PLENARY
1145	PLENARY
1230	PLENARY
1300	PLENARY
1330	PLENARY
1400	PLENARY
1430	PLENARY
1500	PLENARY
1530	PLENARY
1600	PLENARY
1630	PLENARY
1700	PLENARY
1815	PLENARY
2000	PLENARY

MAIN CONGRESS DAY 7	
0730	Registration
0830	Breakfast Session
0900	PLENARY
0930	PLENARY
1015	PLENARY
1045	PLENARY
1115	PLENARY
1145	PLENARY
1230	PLENARY
1300	PLENARY
1330	PLENARY
1400	PLENARY
1430	PLENARY
1500	PLENARY
1530	PLENARY
1600	PLENARY
1630	PLENARY
1700	PLENARY
1815	PLENARY
2000	PLENARY



Registration



Programme



For More Information, visit: www.slcp.lk/asc-2025

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



Dedicated Track Focusing on: Paediatric Essentials For General Practitioners

10th June, 2025 | 8.30 AM onwards | Monarch Imperial, Kotte

GUEST LECTURE

Caring for Wounds in Children: From Scrapes to Stitches | Dr Romesh Gunasekera

CASE-BASED DISCUSSIONS

Head Injury in Children: When is Hospitalization necessary? | Dr Lalith Gamage

Fungal Infections: Tips for Management | Dr Sriyani Samaraweera

Paediatric Eye Conditions: Should not be Missed | Dr Hiranya Abeysekera

SYMPOSIUM: RESPIRATORY PEARLS

Improving Inhaler Use in Children with Asthma | Dr Channa de Silva

Airway Emergencies in Children: What Every Doctor Should Know
Professor Simon Craig

NOT TO BE MISSED CASES IN PAEDIATRICS

A Child with Episodic Crying | Dr I R Ragunathan

A Child with Hypotension: A Diagnostic Challenge | Professor Gitanjali Sathiadas

Acute Chorea in a Child: Unravelling the Cause | Dr Manel Panapitiya

Infection-Associated Shock: Beyond Septic Shock | Dr Jagath Ranasinghe

A Hidden Culprit: Severe Pallor and Cyanosis in a Previously Healthy Child
Professor Kavinda Dayasiri

INTERACTIVE QUIZ

Paediatric Radiology: Essentials and Interactive Quiz | Dr Eranga Ganewatte

0777 508 218

Register Now

www.slcp.lk



Dedicated Track Focusing on: Nutrition, Liver & Gastrointestinal Disorders in Children

9th June, 2025 | 8.30 AM onwards | Monarch Imperial, Kotte

GUEST LECTURE

Diet in Gastrointestinal Disorders: A Practical Approach | Dr Rakesh Vora



SYMPOSIUM: Nutrition

Vegetarian and Vegan Diets in Children: Ensuring Nutritional Adequacy | Dr Jayani Jayaweera



Feeding Children with Neuro-disability | Professor Mark Beattie



Multidisciplinary Approach in Optimizing Nutrition in the NICU
Dr Viraraghavan Ramaswamy



SYMPOSIUM: Practice Points in Gastrointestinal & Liver Disease

Gastro-Oesophageal Reflux | Dr Rakesh Vora



Fatty Liver Disease in Children | Professor Pujitha Wickramasinghe



Cow's Milk Intolerance: Diverse Presentations and Diagnostic Pathways (A Case-Based Approach) | Professor Neelika Malavige



RAPID-FIRE: Paediatric Essentials

Ingested Foreign Body: Best Management Options | Dr Sanjaya Abeygunasekera



Gastrostomy and Jejunostomy Feeds: Indications and Best Practices
Professor Mark Beattie



Inborn Errors of Metabolism: Early Clues from Liver Dysfunction in Neonates
Dr Imalke Kankanaratchchi



Human Microbiome and Food Allergies: Can We Modify the Risk?
Professor Thushara Kudagammana



0777 508 218

Register Now

www.slcp.lk



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



සෞඛ්‍ය කාර්ය
සහායකවරු
සඳහා වන වැඩමුළුව

- මැයි 29 වන බ්‍රහස්පතින්දා
- උදෑසන 8.00 සිට ලියාපදිංචිය ආරම්භ වේ
- නව ග්‍රහණගාරය, රිජ්වේ ආර්යාලය, මොරටුව

8.55 - 9.20	සෞඛ්‍ය සේවා ක්ෂේත්‍රයේ දී මුහුණදෙන නීතිමය සහ ආහාර ධර්ම හා බැඳුණු භෞතික අභියෝග	මහාචාර්ය ඉන්දිරා කුමාරසිංහ
8.30 - 8.55	උසස් රෝගී සත්කාරයක් උදෙසා සාමූහිකව වැඩ කිරීමේ වැදගත්කම	සෞඛ්‍ය ඉන්දිරා කුමාරසිංහ
9.20 - 9.45	රෝගීන් හා ඔවුන්ගේ සම්පතකින් සමග නිවැරදිව සහ විශ්වාසනීයව සත්කාරයක් සැපයීම	සෞඛ්‍ය ඉන්දිරා කුමාරසිංහ
9.45 - 10.10	රෝගී සත්කාරයට කැපවීම සහ ඒ සඳහා බලපෑ හැකි අභියෝග	සෞඛ්‍ය ඉන්දිරා කුමාරසිංහ
10.10 - 10.40	තේ විවේකය	
10.40 - 11.05	සෞඛ්‍ය සේවකයින් සඳහා ආරක්ෂිත වටපිටාවක් ගොඩනැගීම	සෞඛ්‍ය ඉන්දිරා කුමාරසිංහ
11.05 - 11.30	වඩාත් යහපත් රෝගී ආරක්ෂාවක් උදෙසා ආසාදන පාලනය	සෞඛ්‍ය ඉන්දිරා කුමාරසිංහ
11.30 - 11.50	යහපත් රෝගී සත්කාරයක් සඳහා නිවැරදිව හා කාර්යක්ෂමව රෝගීන් ප්‍රමාණය කිරීම	සෞඛ්‍ය ඉන්දිරා කුමාරසිංහ
11.50-1.00	හදිසි ප්‍රමාදය සහ මූලික ජීවන සුරැකීමේ ප්‍රායෝගික දැනුම	සෞඛ්‍ය ඉන්දිරා කුමාරසිංහ
1.00	දින අවසානය	



27th ANNUAL SCIENTIFIC CONGRESS OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS



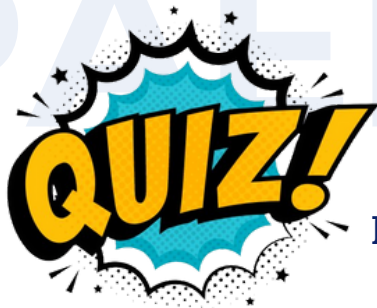
ONLY 10 MORE SLOTS AVAILABLE
REGISTER NOW!

Post-Congress Workshop

AUTISM: EARLY DETECTION & EARLY INTERVENTION

11th June, 2025 | 9.00 AM onwards | Mandarin, Colombo

0900	Opening Remarks Dr. Duminda Samarasinghe
0910	Autism and Neurodiversity Dr. Gauri Divan
0935	The REACH-ASD Trial: Supporting caregivers following their child's autism diagnosis. Dr. Kathy Leadbitter
0955	Exploring Features of Autism: Skills for Focused History-Taking Dr. Himali Jayaweera
1020	TEA
1040	Skills on Play-Based Brief Clinical Assessment Ms. Sakuni Sewwandi and Ms. Ayendree Seneviratna
1110 1240	Case-Based Discussions (Five Workstations) Dr Dilini Vipulaguna, Dr Himali Jayaweera, Dr Gayan Sampath, Dr Hashan Pathiraja, Dr. Sachitha de Silva
1240	Referral Pathway and Role of Namaste Dr. Asiri Hewamalage
1255	Principles of Early Interventions: A Guide for Busy Clinicians Dr. Dilini Vipulaguna
1315	Supporting Adolescents and Mental Health Issues Dr. Darshani Hettiarachchi
1335	LUNCH



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 12×10^9 , N 60%, L35%, Hb 12g/dL, Platelet 250×10^9

CRP 40

Arterial blood gas analysis

pH 7.1

PaO₂ 64

PCo₂ 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-amoxyclav 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-amoxyclav 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