



Dysphagia Leads to Chronic Pulmonary Aspiration

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INTRODUCTION

The 2019 coronavirus disease (COVID-19) was an unprecedented and evolving public health crisis. Severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) spread rapidly, and initially little was known about the virus and the clinical course of infected children. In the United States, medical responses are regionalized based on variability in community transmission of the virus and localized outbreaks. The Pediatric Pulmonary and Sleep Division was developed in response to administrative and clinical challenges. As employees transitioned to remote work, video conferencing technology and multi-center collaboration were implemented and clinical protocols were created. The COVID-19 pandemic challenges current medical practice paradigms, but also highlights the dynamic and collaborative nature of pediatric respiratory and sleep medicine. Our response to this pandemic has laid the foundation for future challenges.

DESCRIPTION

Early detection and treatment of aspiration in children with dysphagia is important to prevent lung damage. The following equipment tests are required to diagnose the possibility of silent aspiration. The purpose of this study was to evaluate the feasibility and usefulness of FEES performed in a pediatric respiratory department of a tertiary hospital, analyze clinical features, endoscopic findings, and proposed treatments, and analyze penetrance or The aim was to identify factors associated with aspiration.

A clinician's understanding of what underpins the considerable phenotypic variability in pediatric Obstructive Sleep Apnea Syndrome (OSAS) is critical to clinicians' individualized phenotype-based diagnosis and management. This review summarizes the current literature on how disease severity, comorbidities, genetic and environmental/lifestyle factors interact to determine her overall OSAS phenotype. The first part describes the impact of these factors on OSAS-related morbidity associ-

ated with healthy children, and the second part focuses on the anatomical and functional abnormalities inherent in each disorder and predisposition to upper airway obstruction. Focus on children with complex disabilities [1]. We can then understand the need for a multidimensional assessment strategy for pediatric OSAS [2]. One that incorporates history, physical examination, sleep study results, and biomarkers to allow for precise stratification, which is crucial for effectively determining the timing and type of therapeutic intervention needed.

The multidisciplinary team at the Pediatric Pulmonary Hypertension (PH) Center can improve care for patients with PH by helping address the various challenges associated with PH diagnosis. Currently, there are a limited number of accredited pediatric PH centers nationwide, and many medical facilities have little experience treating patients with this complex and rare disease. Patients with PH may seek providers from multiple health care professionals, inherit a high cost burden from PH medications, and receive little community support due to ignorance of the disease [3,4]. A multidisciplinary team can tackle these challenges. By clarifying duties and roles within the composition of the team, patients receive the support, resources and care they need. The composition of the team may vary from center to center, but includes primary physicians, advanced care providers, registered nurses, nutritionists, physiologists, respiratory therapists, social workers, study coordinators, cardiologists, pulmonologists, and genetics, may include collaborations from subspecialties such as psychology.

CONCLUSION

Consider the heterogeneity of the patient population under care when forming a multidisciplinary team. Check out the resources available and the community's general knowledge of PH. It is important to know the limits of the centre and refer her to a knowledgeable PH center if necessary. The goal of a patient with pulmonary hypertension is to maximize quality of life and outcome, and employing a multidisciplinary team is

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one of her approaches to achieving this goal.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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