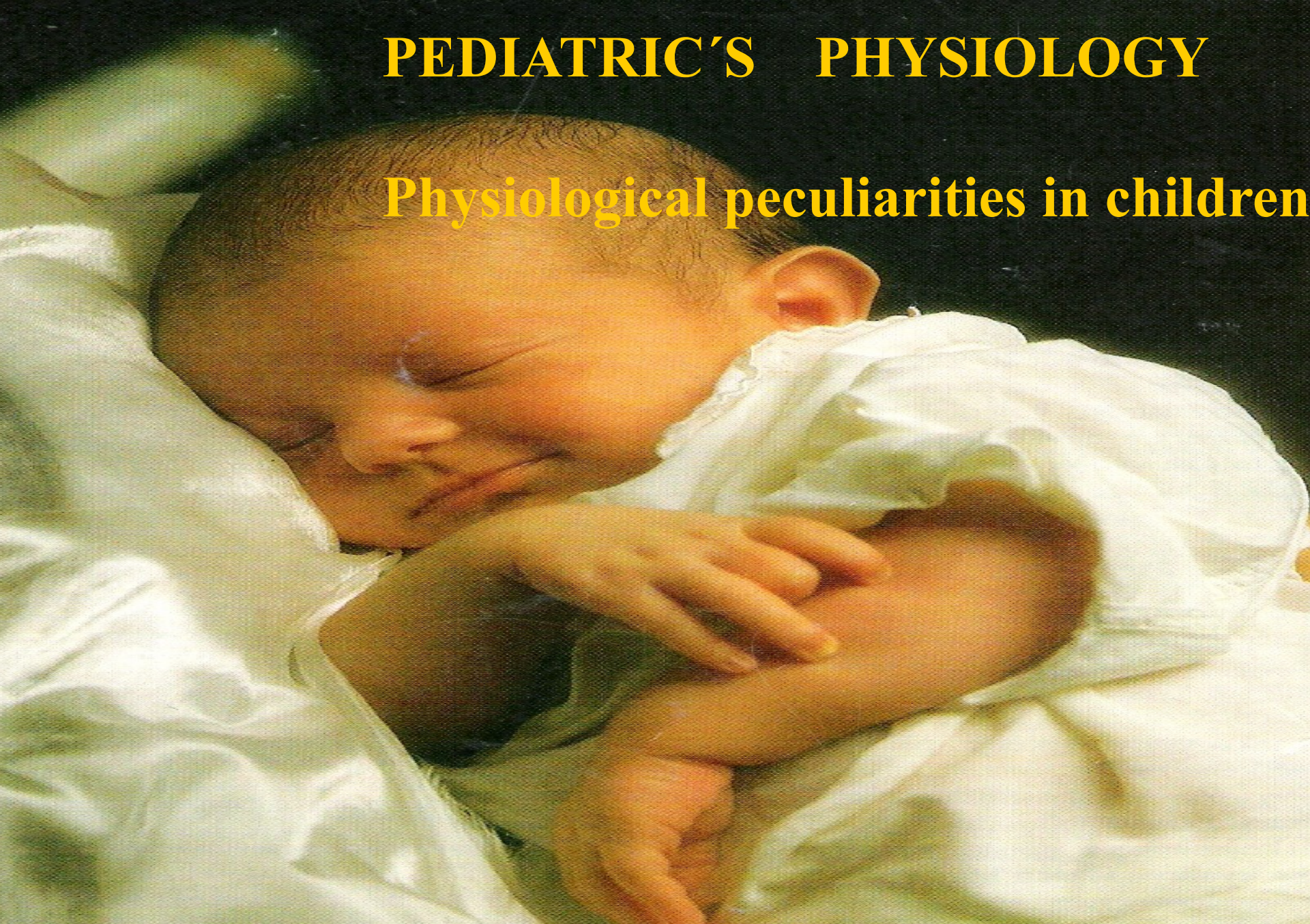


PEDIATRIC'S PHYSIOLOGY

Physiological peculiarities in children



ture is one of the first on information about the child's physiology. From a medical point of view, a child cannot be seen as a miniature of an adult. peculiarities due to the development of individual organ systems and their functions. And it is these peculiarities that we will talk about .

Pediatricians suffer the correct naming of individual stages of a child's development, each period has its own characteristic

GROWTH PERIODS

- **CHILDREN**

- ✓ **Newborn:** 0 –28 days after born (1 month)-
adaptation period
- ✓ **Suckling:** 2 – 12 month - infant intensive
growth
 - ✓ Common term: **infancy**
- ✓ **1 – 4 years old**
- ✓ **(Toddler 1 –3 years old; speech development,
development of thinking)**
 - ✓ Common term: **early childhood**

GROWTH PERIODS

- ✓ 5 – 12 years old – **late childhood**
- ✓ Other special terms:
 - ✓ Pre-school period 5 – 7 years
 - ✓ School period – younger, older

then the names take place according to the school environment.

GROWTH PERIODS

- **ADOLESCENCE**

- ✓ 13 – 20 years old
- ✓ The other special terms:
 - ✓ Teenager -19 years
 - ✓ Pubertas 11-15 years

WEIGHT – as first anthropometric parameter

- Birthweight: 2 500 - 3 800 g
 - Double birthweight: 4-5 mo
 - Triple birthweight: 1 yr
 - Quadruple birthweight: 2 yr
-
- **Pecularity in newborn:** Weight loss in first few days : 5-10% of birthweight
 - Return to birthweight: 4 -7 days of age

- AVERAGE weights:
 - at birth: 3.5 kg
 - at 1 yr: 10 kg
 - at 5 yrs: 20 kg
- DAILY weight gain – important for evaluation of nutritional state:
 - 20-30g for first 3-4 mo
 - 15-20 g for rest of the first year

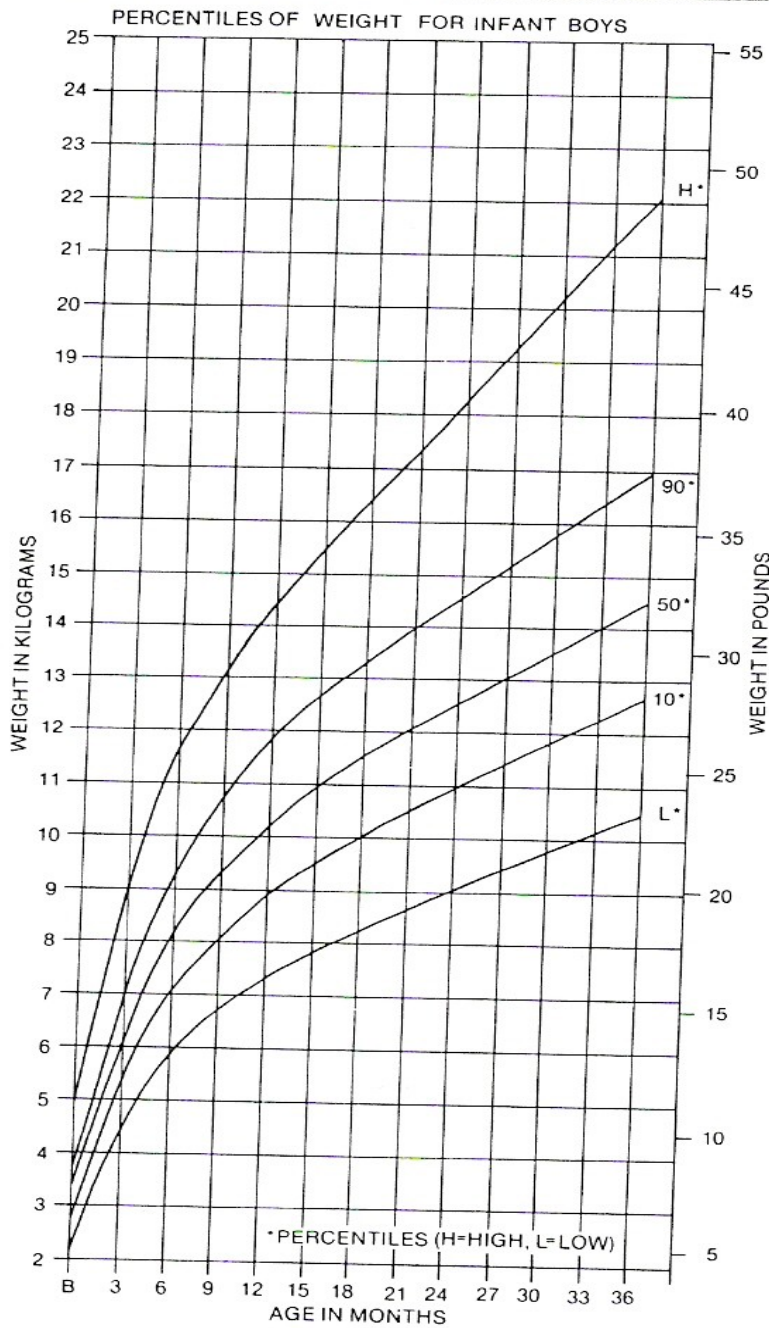
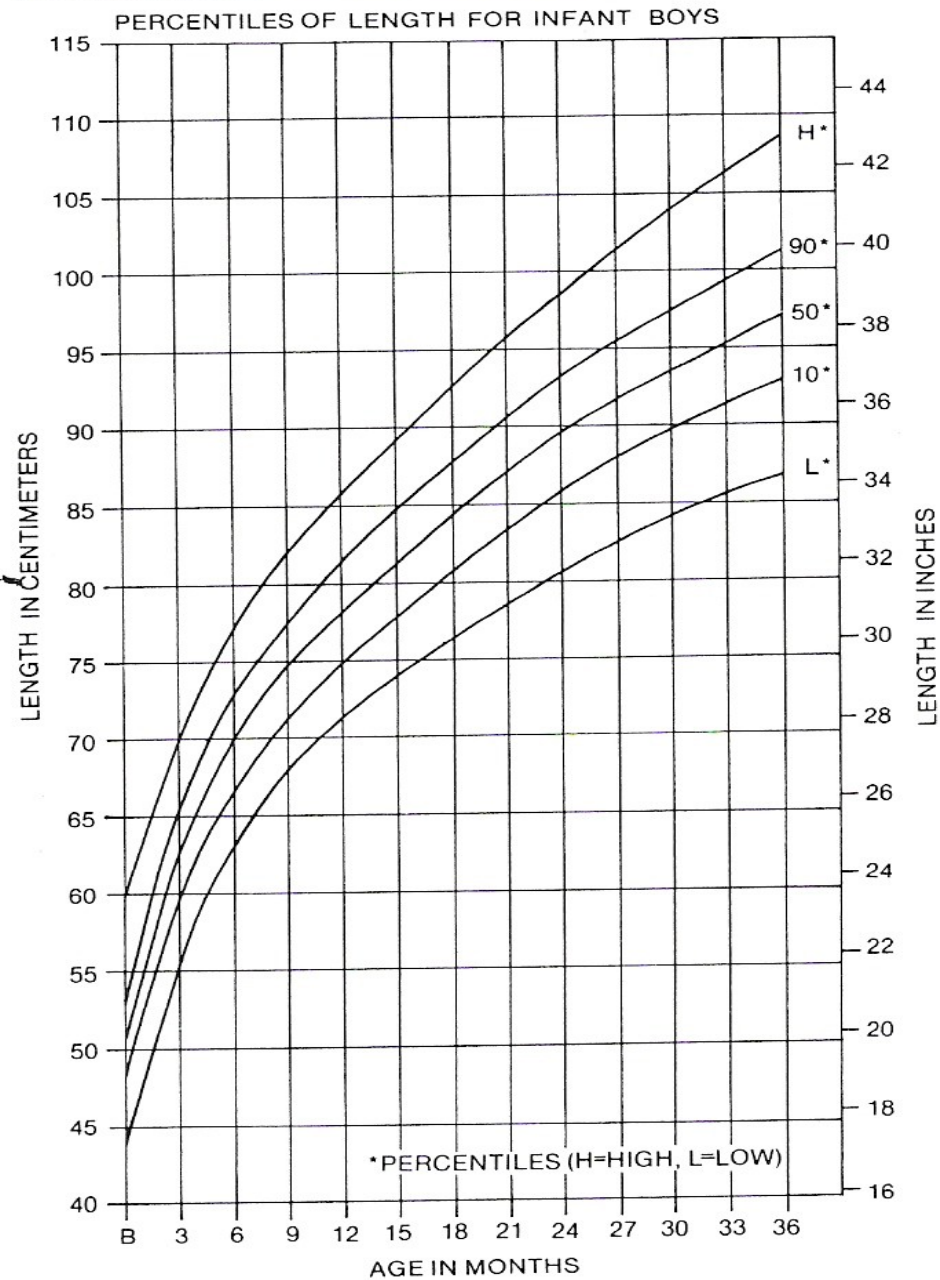


Figure 1-9. Weight by age percentiles for boys, ages birth to 36 mo, including highest and lowest values at each age. (From Pomerance HH: Growth Standards in Children. New York, Harper and Row, 1979, p 25.)

HEIGHT

- AVERAGE length: 20 in (50 cm) at birth
30 in (75 cm) at 1 yr
at age 3 yr, the average child is 3 ft tall
at 4 yr, the average child is 40 in (100 cm)
tall (double birth length)
- Average ANNUAL length increase: 2-3 in
(5-7 cm) between age 4 yr and puberty

Figure 1-8. Length by age percentiles for boys, ages birth to 36 mo, including highest and lowest values at each age. (From Pomerance HH: Growth Standards in Children. New York, Harper and Row, 1979, p 29.)



HEAD CIRCUMFERENCE (HC)

- Average HC: 35 cm at birth (13.5 in)
- HC increases:
1 cm per mo for first year

CHEST CIRCUMFERENCE (ChC)

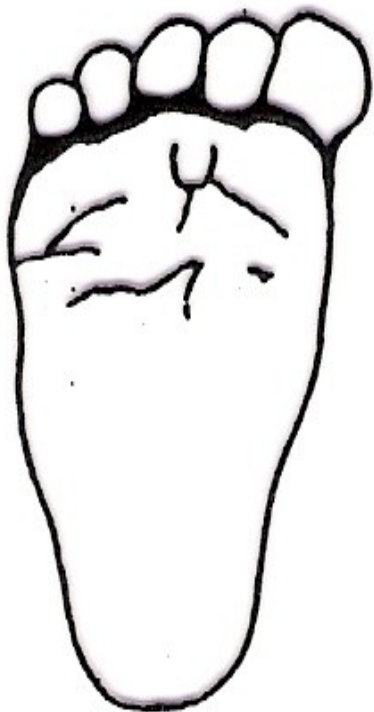
Average 33-34 cm at birth

6th month 43 cm (HC = ChC)

1st year	HC: 46-47 cm	ChC: 48 cm
5th-6th year	HC: 51 cm	ChC: 55 cm
11th year	HC: 52-53 cm	ChC: 63-64cm
14th year	HC: 54 cm	ChC: 68 cm

Newborn according the weeks of gestation and birth weight

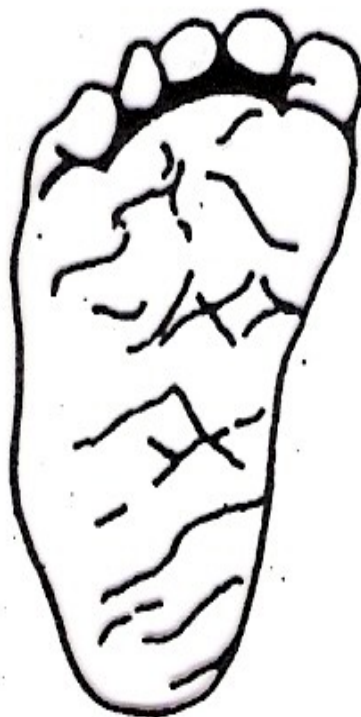
- Preterm infant (premature – earlier than 38 weeks of gestation)
 - ✓ Low birthweight infants (LBW):
less than 2 500 g
 - ✓ Very low birthweight (VLBW):
less than 1 500 g
- Full-term infant (38 – 40 weeks of gestation)
birthweight 3 000 - 3 500 g, 48-52 cm length, head circumference 35cm
- Ower-term infant (41 – 42 weeks of gestation)
4000 - 6 000g, 53 - 56 cm



A

36. týden

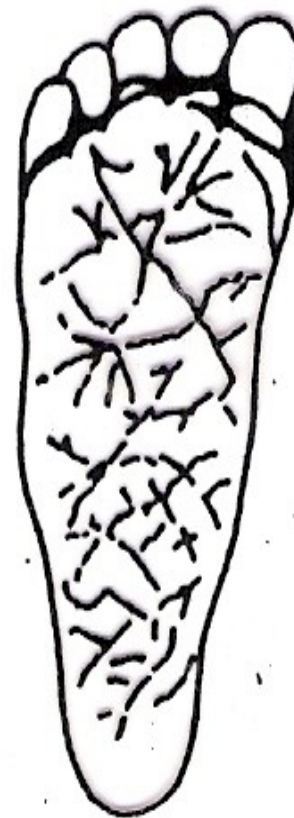
36th week



B

38. týden

38th week



C

40. týden

40th week

G e s t a č n í v ě k
week of gestation

(podle Ushera)

The skin

- is covered by white muzzle – *vernix caseosa*
- after cleaning - deep red - *erythema neonatorum*

The skin is covered by white muzzle – *vernix caseosa*





Examination of newborn at the delivery room

• APGAR score

- acronym or backronym: Appearance, Pulse, Grimace, Activity, Respiration

Signs

Points

0

1

2

✓ Heart rate:

0

<100 /min

>100/min

✓ Pulse

✓ Respiration:

none

weak cry

vigorous cry

✓ Respiration

✓ Muscle tone

none

hypotonic-hypertonic

limb flexion

✓ Activity

✓ reflex irritability: none

some motion

cry, withdrawal

✓ Grimace

✓ Color of body: blue

pink body,

pink all over

Appearance

blue extremities

Virginia Apgar



Physician

1909 - 1974

USA
20

TRANSITION FROM FETAL TO NEONATAL PHYSIOLOGY

- **Specialities of fetal circulation:**
 - ✓ **Placenta**, where deoxygenated blood becomes oxygenated
 - ✓ **1 Umbilical vein** – well-oxygenated blood
 - ✓ **2 Umbilical arteries** – deoxygenated blood
 - ✓ **Foramen ovale**
 - ✓ **Ductus arteriosus Botalli**
 - ✓ **Ductus venosus**

• **Changes after birth:**

Disconnection of the placental circulation and the beginning of respiration lead to:

- increase pressure in the systemic circulation
- increase in alveolar pO₂
- reduction of pulmonary vascular resistance
- increase blood flow to the lungs
- to close the ductus arteriosus (vasoconstriction) and foramen ovale (pressure changes)

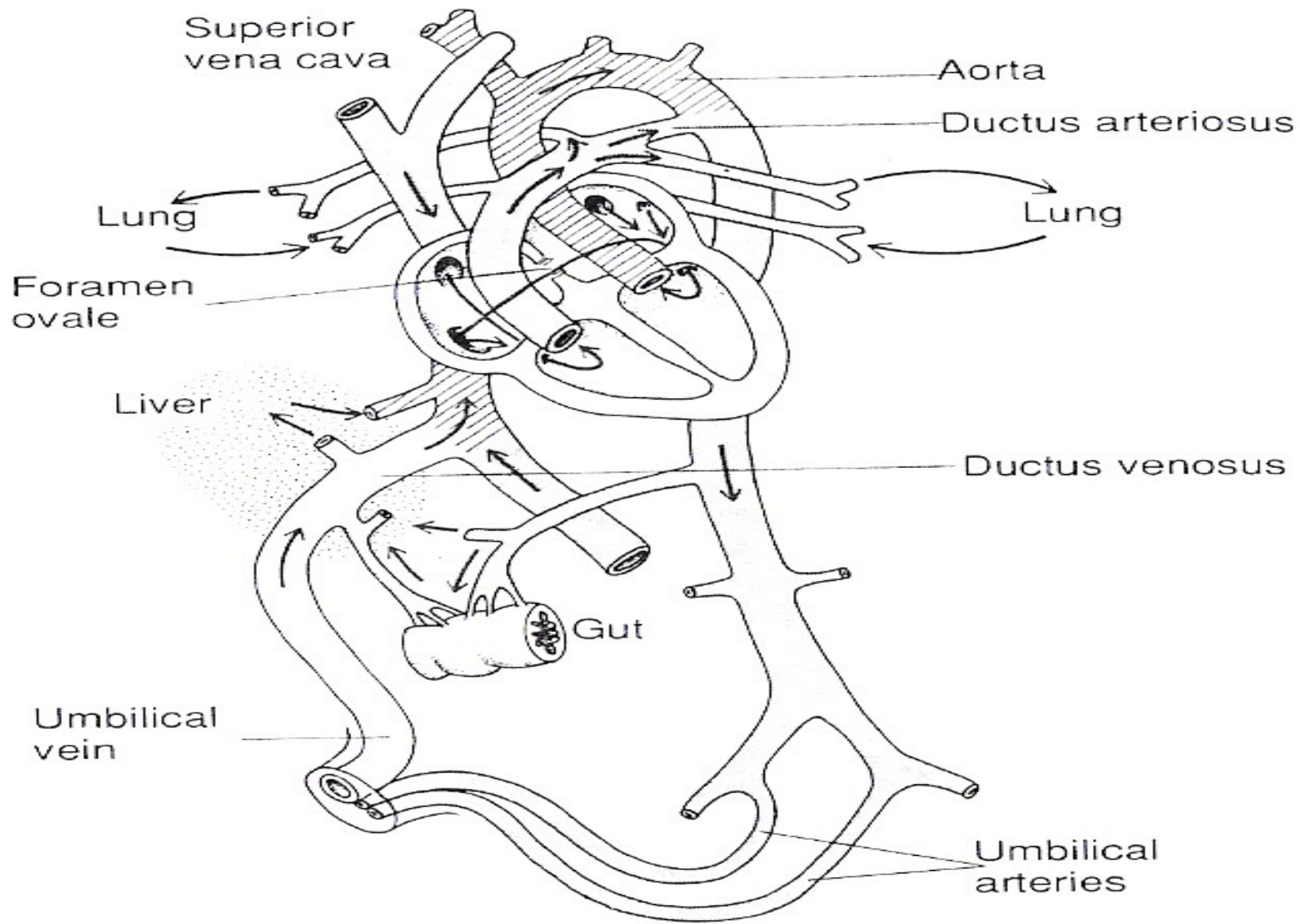


Figure 83-4. Organization of the fetal circulation. (Modified from Arey: *Developmental Anatomy*. 7th ed. Philadelphia, W. B. Saunders Company, 1974.)

RESPIRATORY SYSTEM

- It plays an important role in postpartum adaptation
- The onset of breathing is ensured by the interplay of a large number of stimuli from many areas
- From the moment of birth to the 1st breath: 20-30s
- Up to 90 second - spontaneous regular breathing
In the newborn: 40-60 breaths / min, tidal volume 20 ml
- Respiratory movements – started about 20 weeks of gestation - it is only a fluid exchange that fills the bronchoalveolar system: 1-2 ml amount; Ingredients: organic and inorganic substances; pH 6.4; Protein amount 30mg /100 ml; Substances with high surface activity-phospholipids

- Surfactant secretion:

- ✓ A substance normally secreted into the alveoli that **decreases the surface tension** of the alveolar fluid, therefore allowing the alveoli to open easily during inspiration
- ✓ The surfactant secreting cells (the type II alveolar epithelial cells) started secretion about 20 weeks of gestation

- Estimation of pulmonary maturity:

ratio Lecithin/sphingomyelin production 2:1

Decrease of surfactant in clinical paxis: diagnose
Respiratory Distress Syndrome (RDS)

NEONATAL JAUNDICE

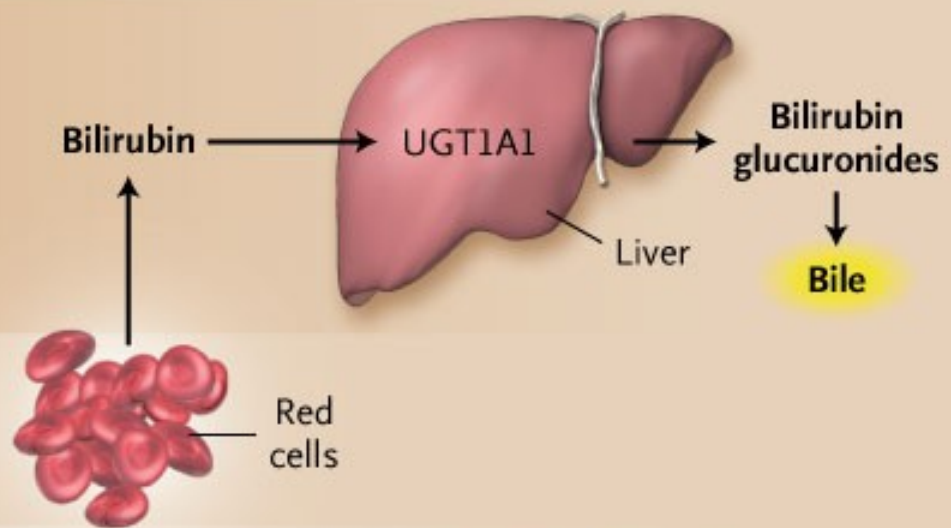
- Bilirubin formed **in the fetus** can cross the placenta into the mother and be excreted through **the liver of the mother**

But

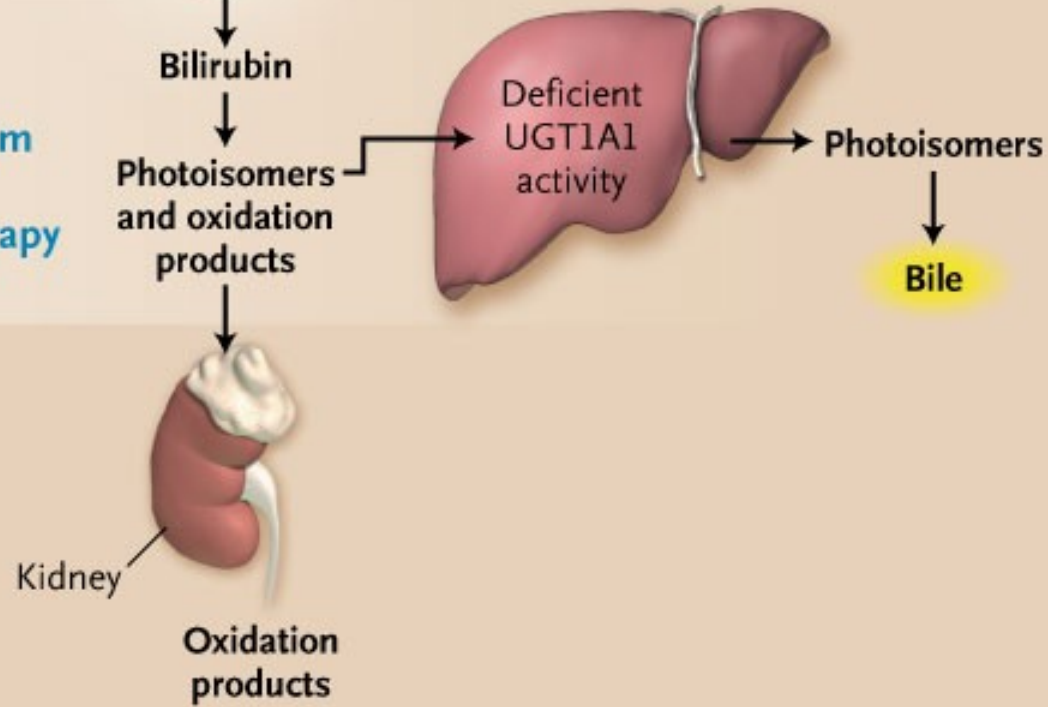
- Immediately after birth the only means for ridding the neonate of bilirubin is through the neonate's own liver, which for the 1st weeks has poorly functions (without any reserves), and decrease capacity for conjugating system of bilirubin and its excretion into the bile

- The plasma bilirubin concentration rises during the first 3 days of life and then gradually falls back to normal as the liver becomes functional
- This condition called **physiologic hyperbilirubineamia** and it is associated with a mild jaundice of the infant's skin and especially of the sclerae of its eyes

Normal bilirubin metabolism

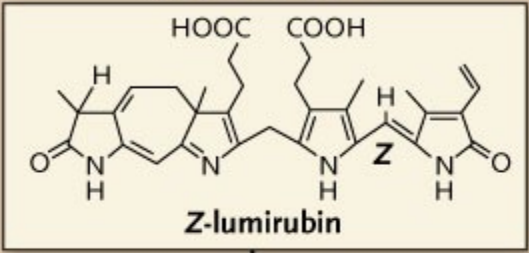


Bilirubin metabolism during phototherapy

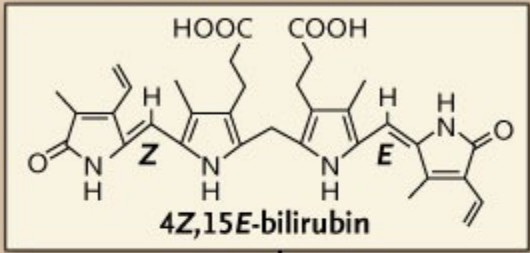


Light

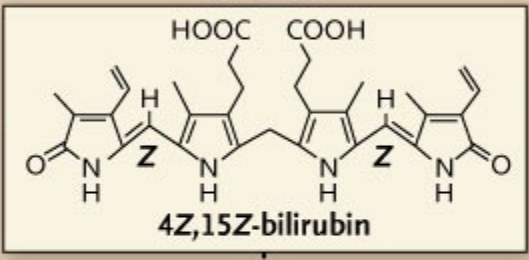
Structural isomers



Configurational isomers



Bilirubin



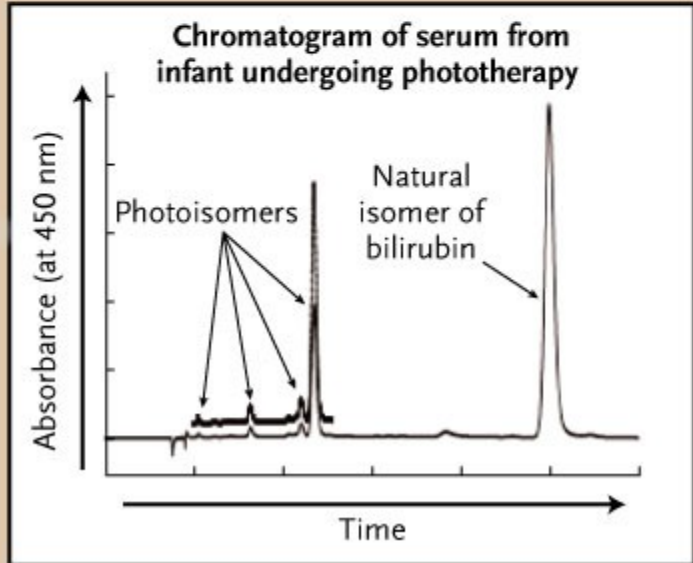
Bile, urine

Bile

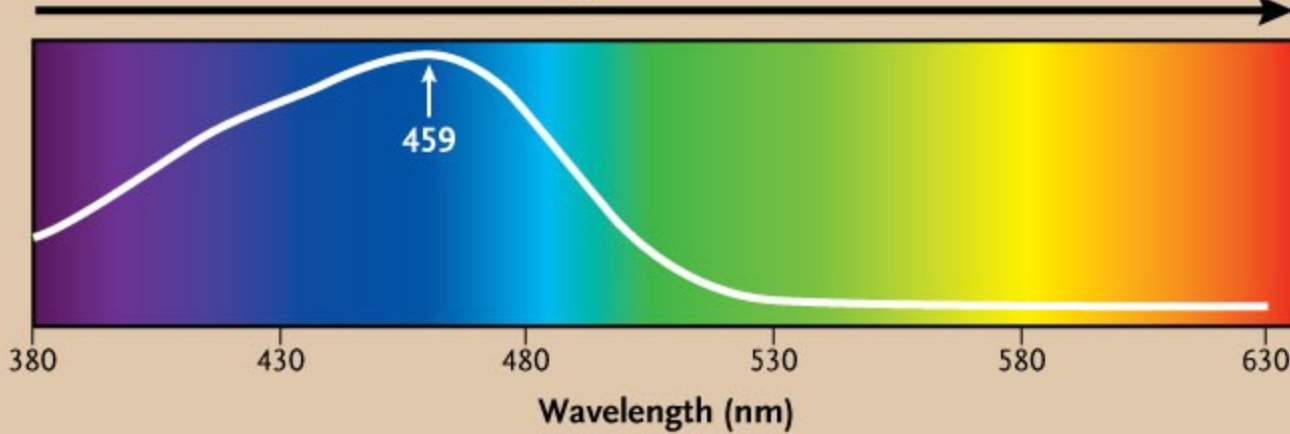
Urine

Colorless oxidation products

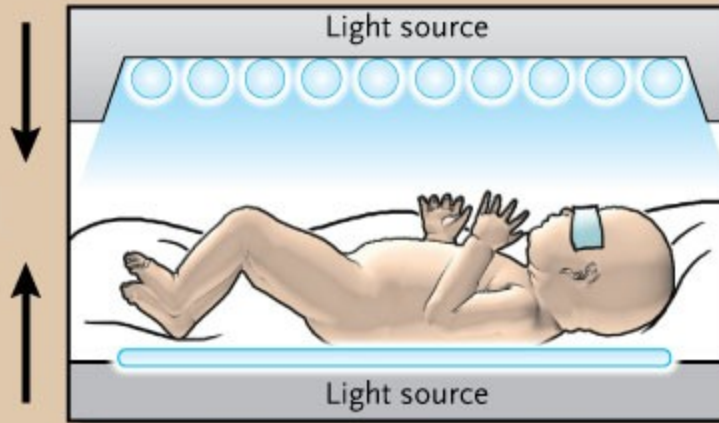
O₂



Increasing skin transmittance



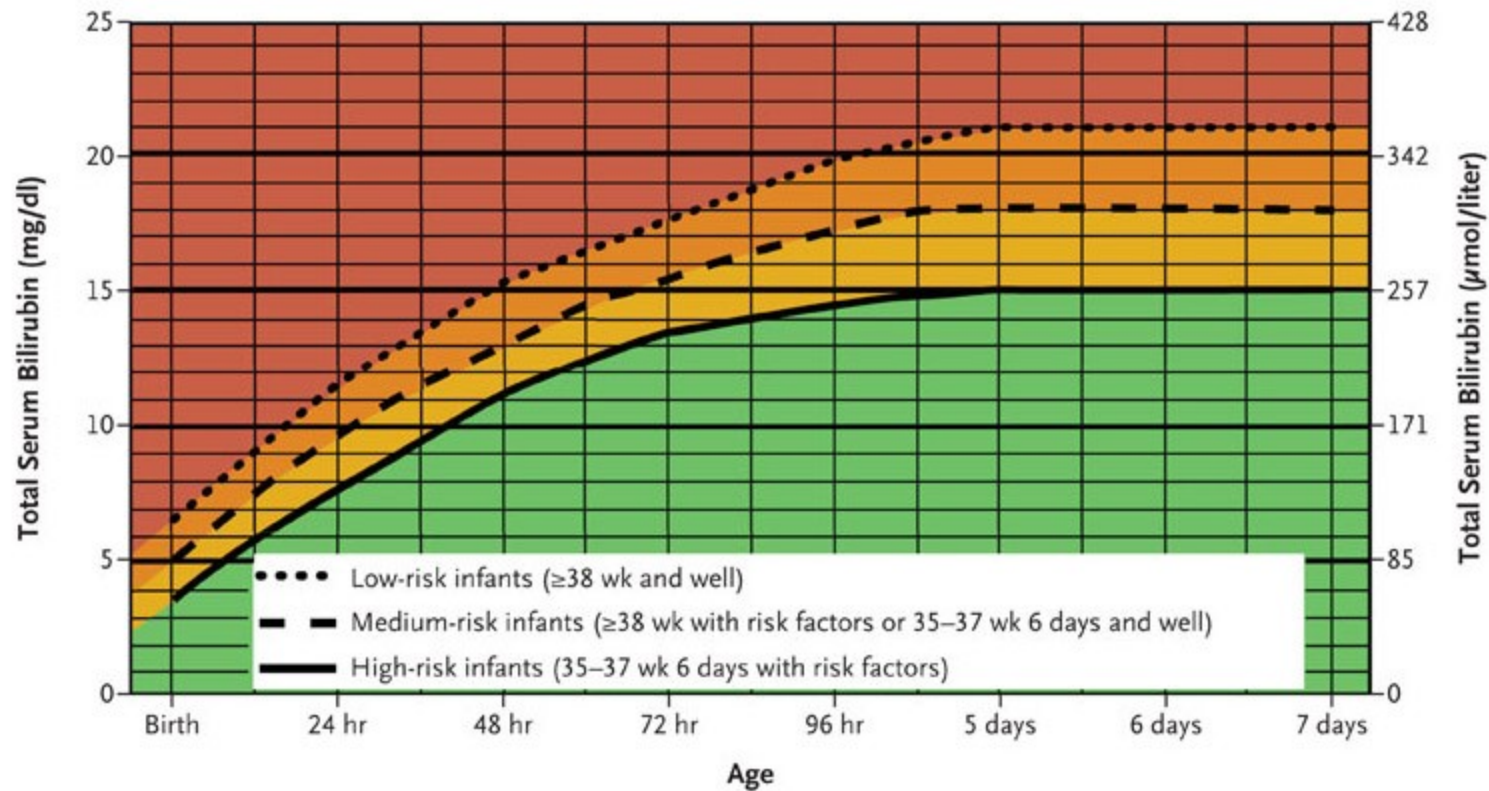
Distance
Maximize irradiance
by minimizing
patient-to-light-source
distance



Irradiance
Standard PT:
about $10 \mu\text{W}/\text{cm}^2/\text{nm}$

Intensive PT:
 $\geq 30 \mu\text{W}/\text{cm}^2/\text{nm}$
(430–490 nm)

Skin area exposed
Maximize for intensive phototherapy
with additional light source below infant



TEMPERATURE

- **In utero** thermoregulation of the fetus is performed by the placenta, which is as an efficient heat exchanger
- **Fetal temperature** is higher than the mother's temperature: about 38.5 °C
- **After birth**, the newborn infant begins life covered by amniotic fluid and situated in a cold environment: 20-25 °C
- An infant's skin temperature may fall 0.3 °C/min and the core temperature may decline 0.1 °C/min in the delivery room

- Because the body surface area is large in relation to body mass, **heat is readily lost from the body**
- The ideal environmental temperature is called as **the neutral thermal environment**: the ambient temperature resulting in the lowest rate of heat production and the lowest consumption of oxygen by the infants while maintaining normal body temperature
- 1 hour after birth: 33-34 °C
- 1 day after birth: 31-33 °C
- 1 weeks after birth: 27-33 °C

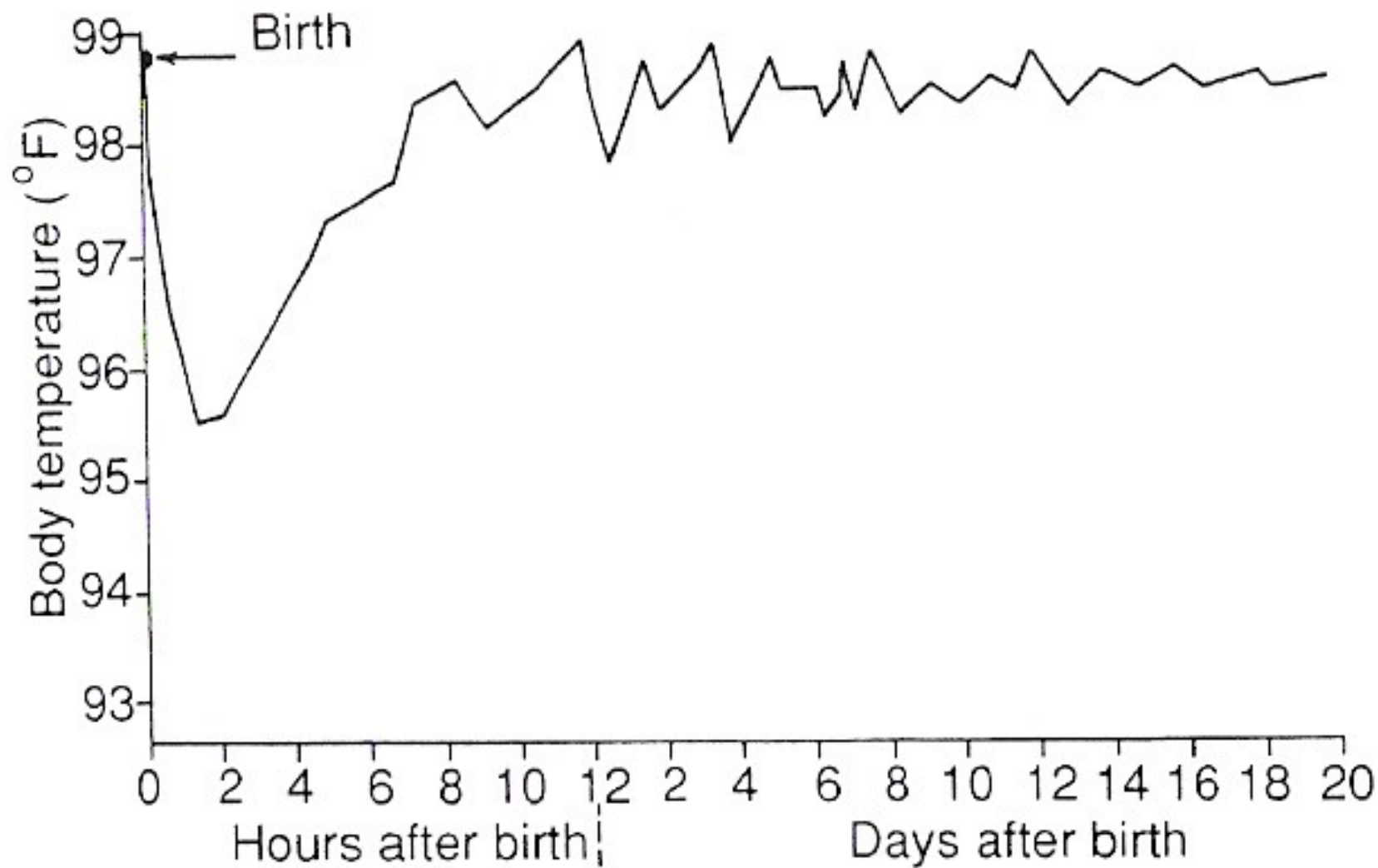
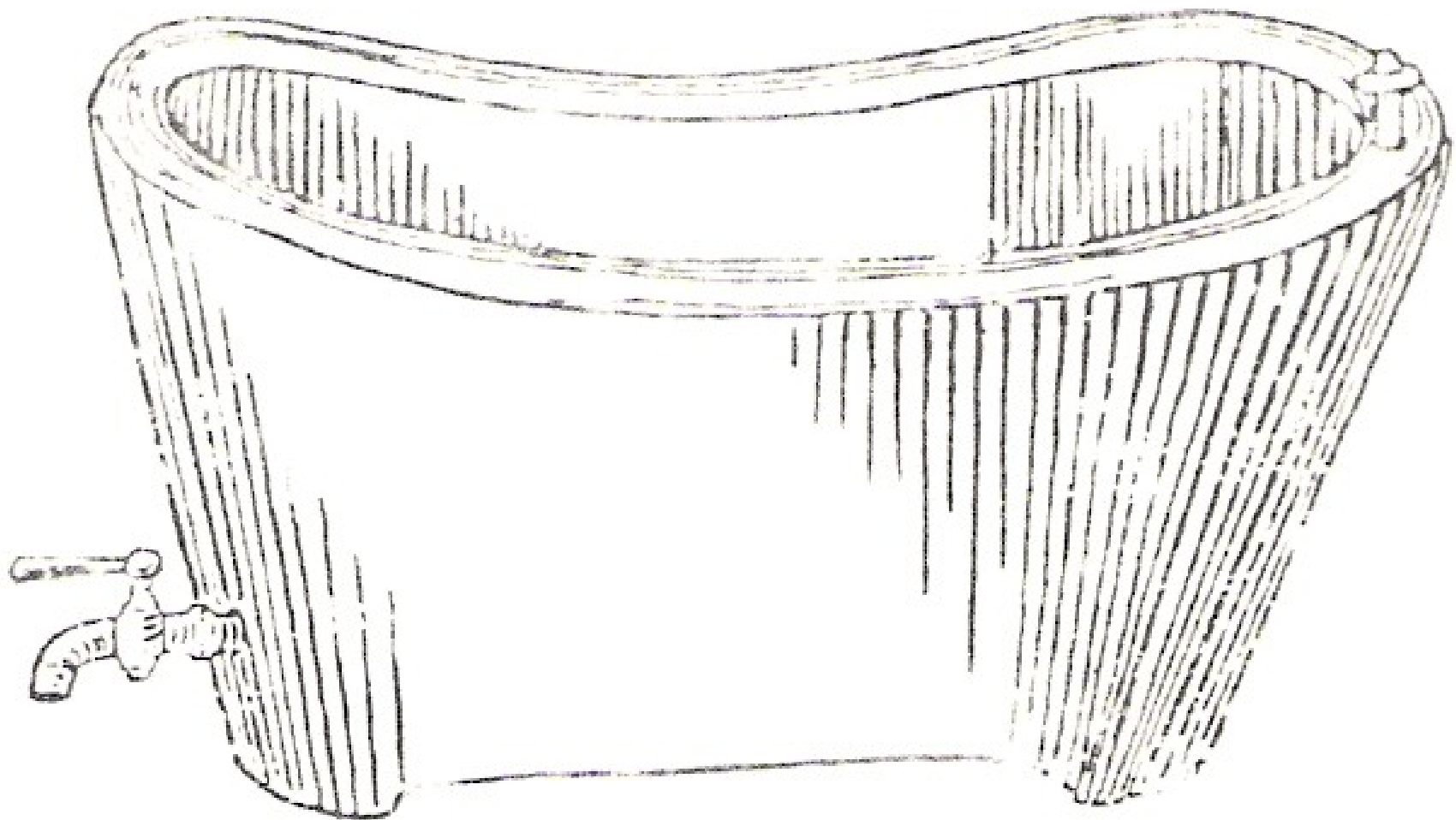
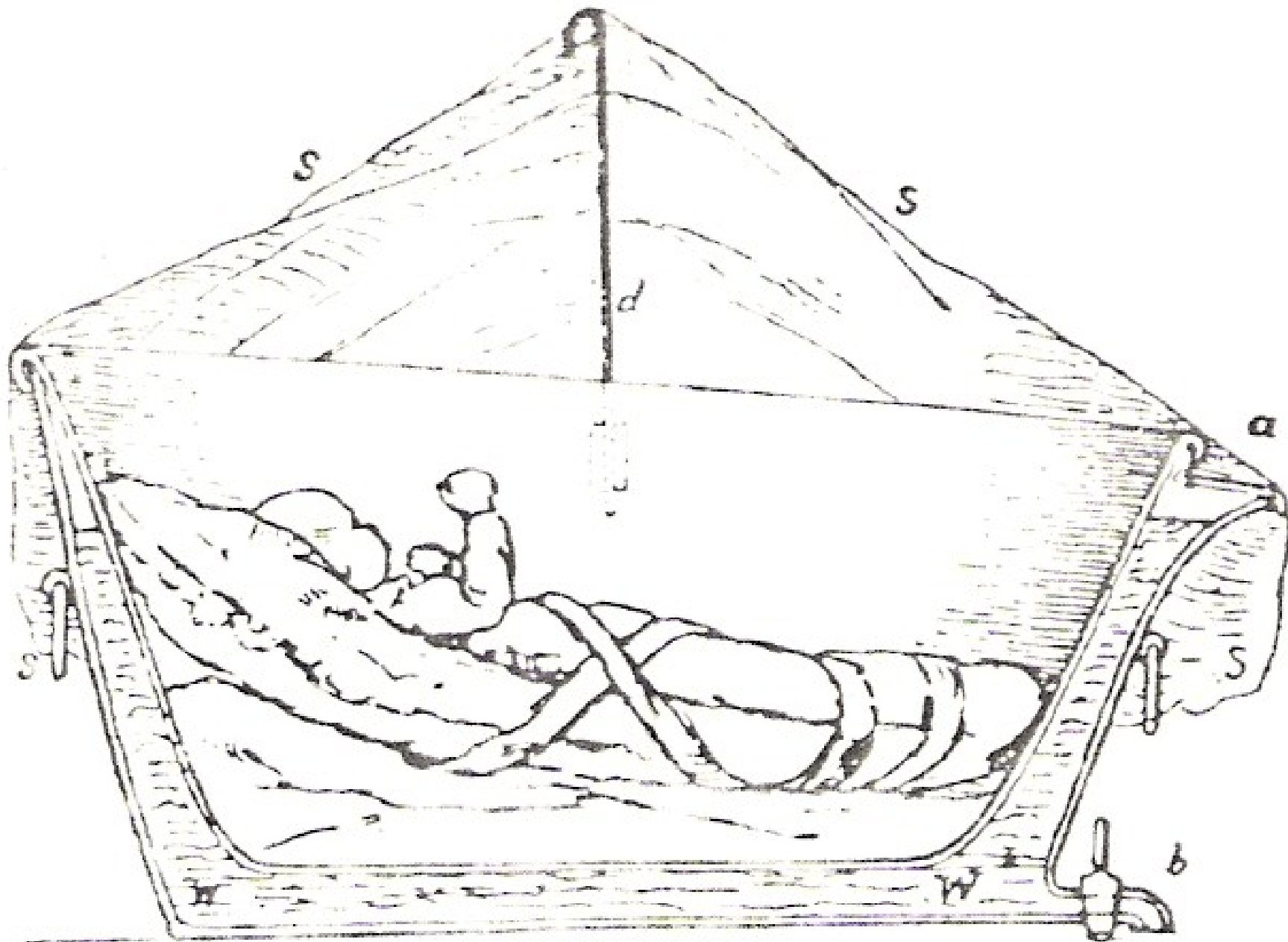
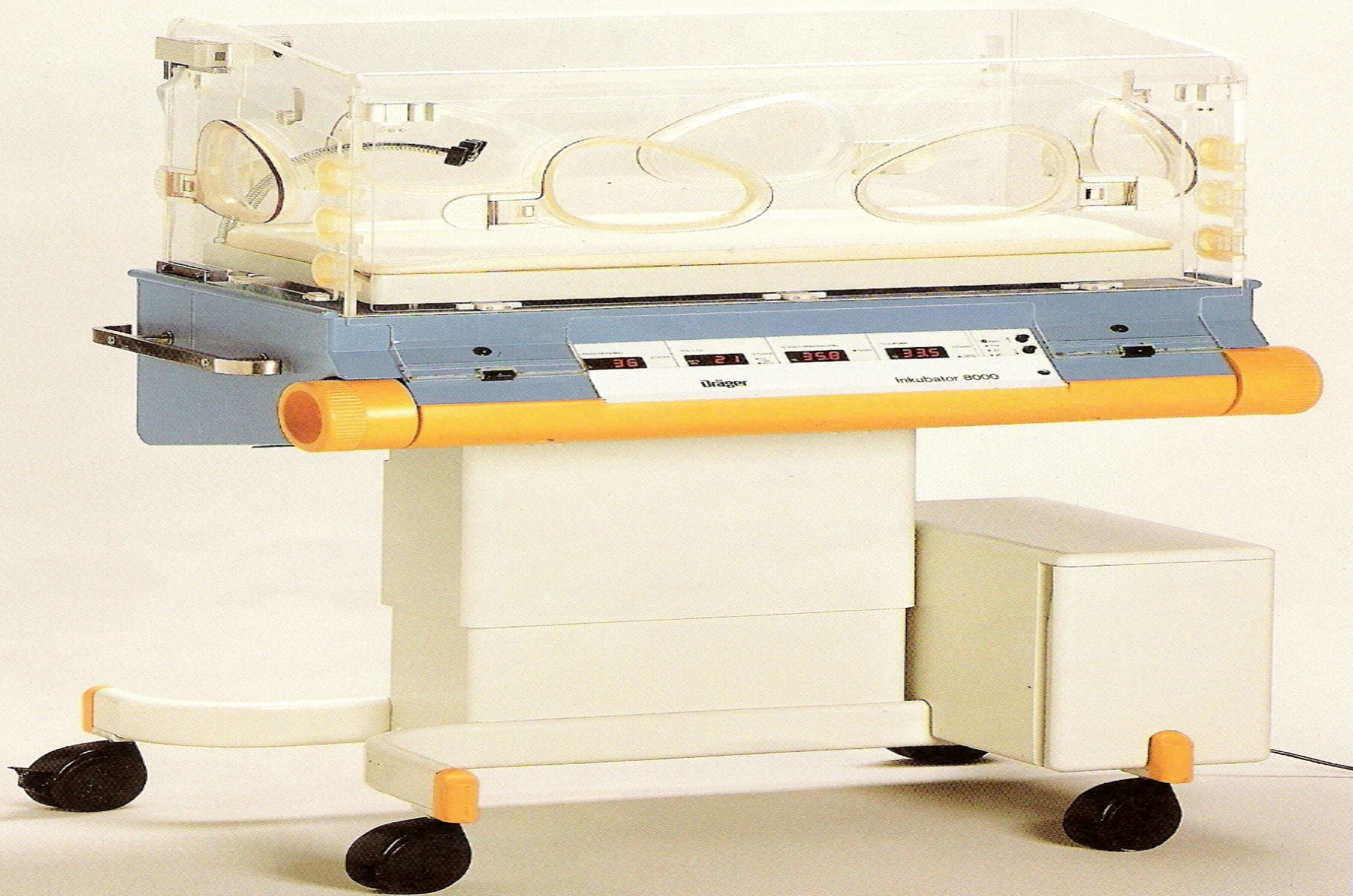


Figure 83-7. Fall in body temperature of the neonate immediately after birth, and instability of body temperature during the first few days of life.





Empress Catherine the Great, Russia, 18th century
survival against the russian winter



Immune system

- a main prenatal immunoglobulin = **IgG**:
 - passes through the placenta
 - At the birth – the same level as in mother
 - at birth is the same concentration as in the mother's body
 - gradually decreasing its concentration
 - in 3rd to 10th week reached the lowest values then again levels increase

- **IgM** forms newborns aged 1-2 weeks
- **IgA** occurs at the age of one month, then the concentration slowly increases
(IgA is rich colostrum and breast milk)

BLOOD - composition

- **After birth:**

- ✓ **Erythrocytes = $5-6 \times 10^{12}/l$**

- ✓ **Leukocytes = $20-22 \times 10^9 /l$**

- ✓ **Hemoglobin = 190 g/l**

- **At 3 month of live:**

- ✓ **Erythrocytes = $4 \times 10^{12}/l$**

- ✓ **Leukocytes = $10.5 \times 10^9/l$**

- ✓ **Hemoglobin = 110 g/l**

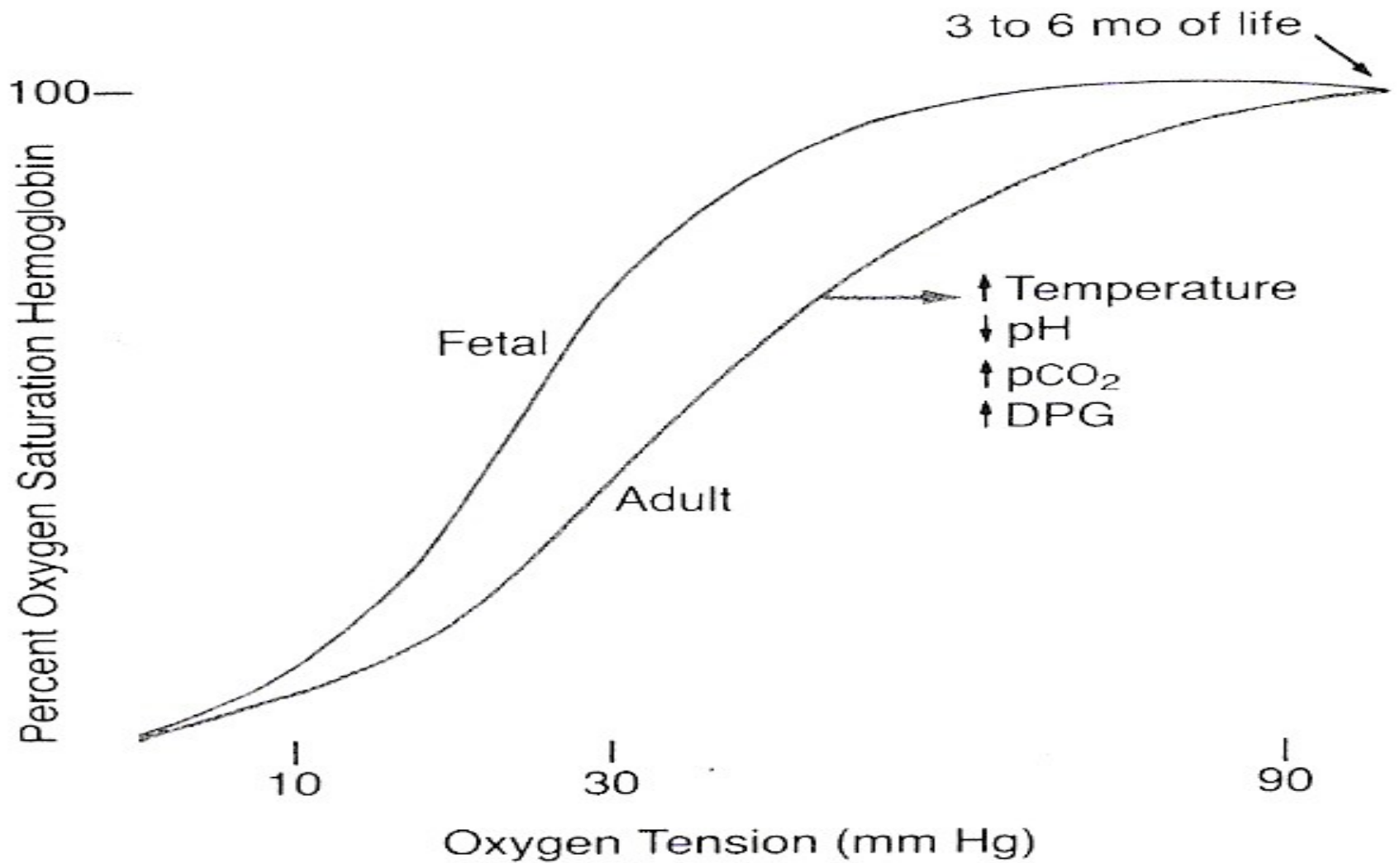


Figure 5-2. Hemoglobin-oxygen dissociation curves. The position of the adult curve depends on the binding of adult hemoglobin to 2,3-diphosphoglycerate (DPG), temperature, carbon dioxide tension ($p\text{CO}_2$), and hydrogen ion concentration (pH).

CARDIOVASCULAR SYSTEM

Heart rate according age

- Newborn 135-140 beat per minute
- 6 month 130-135
- 1 year 120-125
- 2 years 110-115
- 5 years 98-100
- 8 years 80-85
- 15 years 70-76

Elektrocardiography

- More difficult evaluation than in adult
- The ECG curve is changing with respect to:
 - Ratio between right ventricle muscle/left ventricle muscle
 - Spred of activation from atrium to ventricle myocardium
 - repolarization

Evaluation of ECG curve in children is nescesary made with respect to anamnesis, clinical state and laboratory view

- **Generally accepted:**

- In newborn – predominance of the right ventricle
- To 3 month after birth – increase of left forces
- At 2 years – right and left ventricle in equilibrium
- 3 years to adult – prevalence (superiority) of left ventricle

Blood pressure

- Immediately after birth – high blood pressure:
 - Stress after delivery, increase concentration of catecholamine and cortizol
- After 1st day 70/50 mmHg:
 - Open of pulmonary and intestine circulation
- During pubertas:
 - Development of regulatory mechanism
 - Stimulation of external world

- Newborn **80/46 mmHg** 10.6/6.1 kPa
- 3 years **100/67** 13.3/8.9
- 10-11 years **111/58** 14.8/7.7
- 13-14 years **118/60** 15.7/8.0

The size of cuffs

<u>Body weight</u>	<u>age</u>	<u>size of cuff</u>
1 500 g	*	2.5 cm
5 kg	3 month	4.5 cm
10 kg	15 month	6 cm
30 kg	9 year	7.5 cm
30 kg and more	10 year and more	12 cm

GIT and NUTRITION

- In general, the ability of the neonate to digest, absorb, and metabolize foods is not different that of the older child, with the following 3 exceptions:
 - ✓ 1. Secretion of pancreatic amylase is deficient
 - ✓ 2. Absorption of fats from the gastrointestinal tract is somewhat less than that in the older child (milk with a high fat content - such as cow's milk, is inadequately absorbed)
 - ✓ 3. The liver function during at least the 1st week of life, the glucose concentration in the blood is unstable and low

GIT

- **Intrauterine:** motor, secretory and resorption activity of the GIT is low
- **At birth:**
 - digestive enzymes for breast milk prepared
 - the structure of the mucosa is no different from that of an adult
 - weaker layer of muscles - susceptibility to meteorism
 - content of meconium in the intestine - it is possible to excrete it by the 4th day of life
- Decreased control of intestinal motility by the enteric nervous system with easy return of food to the oral cavity, imperfect sucking and swallowing, slower gastric emptying - frequent blinking and vomiting

THEORY of AGE



Elderly period

- **Earlier senior: 65 - 75 years old**
 - **Middle senior: 75 - 85 years old**
 - **Late senior: above 85 years old**
-
- **The „AGING“ is programming biological process**

Theory of „aging“

- „Free radicals“

– primary reason for aging is: damages of macromolecules and structures of cells by biochemistry reactions of free oxygen radicals

(oxygen free radicals damaging our bodies are „taxes“ that people breathe oxygen on the Earth)

- **Neuroendocrine theory**

- This theory is based on the fact, that the secretion of hormone melatonin is reduce with age (as „youth hormone“; pineal gland – coordinates of circadian rhythms)

- **Gene theory**
- Increase a lot of mutations in the cells during all of the lifetime, the mutations are a primary cause of the aging
- Theory of programming of aging is based on the idea that the function of genes is reduced in time (e.g. Apoptosis – programming death of the cells)
- Theory based on the hypothesis that exist „any genetic programme“ (Hayflick 1985 – observing the families with longevity)

The symptoms of aging

- **Reduction of function of all organ systems:**
- | loco-motor function – as general and final, decreases of forces of skeletal muscles
- reduction of capacity of the lungs, cardiac output, cardiac reserve, function of excretory system, liver, metabolism
- reduction of number of neurons in the brain (central nervous system)

- **The other symptoms:**
- Changes in places of fat deposits
- Changes of the skin hair
- Changes in the memory – main in the short-term memory
- Changes of the behavior – non-tolerance, depression

„Everyone is old, depending on how he/she feels to be old“

Thank you for your attention

