Inaugural Editorial

I am honored to humbly accept the position of Editor-in-Chief for this new open access, peer reviewed journal, ***Asian Journal of Clinical Pediatrics and Neonatology***. Aim of the ***Asian Journal of Clinical Pediatrics and Neonatology* is** to promote scientific communication among medical researchers worldwide especially in the field of pediatrics and neonatology. Authors from various sub-specialties are encouraged to submit their articles, which will undergo peer-review by qualified reviewers under the inspection of the renowned and dedicated editors who have been selected from all over the world based on their reputation and interest.

After the many months of preparation, we are excited to release the first issue of the ***Asian Journal of Clinical Pediatrics and Neonatology.*** Publishing the first issue of a new journal is similar to birth of the first child in a family and the editors of a new journal have to work hard to achieve the stage where it meets the expectation of readers similar to hard work done by whole family, especially mother, to optimize the growth and development of a baby. Presently, journal shall be published quarterly but in future we may attempt to publish it monthly, depending on the constant support and liking by its readers.

The present issue of the ***Asian Journal of Clinical Pediatrics and Neonatology*** has six interesting articles. First article is an example of recent advances in antenatal diagnosis of fetal anomalies which describes the role of fetal MRI to diagnose tetralogy of fallot's with absent pulmonary valve syndrome as an adjuct to fetal echocardiography thus helping in postnatal management of the baby. Ultrasound (US) is still the modality of choice to follow the fetal development thorughout the pregnancy, especiallly in resource-limited settings. However, prenatal MRI has emerged as an important adjunct to US to detect various fetal anomalies, including those of central nervous system (CNS), pulmonary, cardiac, abdomen and other regions. Experience with fetal MRI is gradually increasing due to the advantages of excellent tissue contrast, high resolution, multiplanar capabilities, and simultaneous visualization of fetal and maternal structures.[1]

When compared with US, newer MRI sequences improved the diagnosis, prediction of prognosis as well as planning and care of patients undergoing fetal surgery due to various anomalies such as those with CNS and spinal anomalies (e.g. ventriculomegaly), thoracic anomalies (e.g.congenital diaphragmatic hernia) and abdominal or pelvic anomalies (e.g. sacrococcygeal teratoma). As compared to fetal echocardiography, fetal cardiac MRI has shown additional benefits in detecting congenital heart dieases by enabling measurement and calculations of ventricular volumes, and mass, as well as ejection fraction, cardiac output, and cardiac index.[2]

MR spectroscopy and functional MRI may help in assessment of third-trimester brain hypoxia or ischemia by assessing change in composition of fetal tissues and fluids, and study of fetal metabolism by liver assessment. Limitations of fetal MRI include fetal position and gestational age effects (poor visualization, skull ossification), cost, relatively longer duration of examination and limited availability of the technology as well as the expertise.[1-2]

Second report is on a rare congential bleeding disorder which led to intracranial hemorrhage in a neonate. Congenital Factor VII deficiency is a rare autosomal recessive bleeding disorder with an estimated incidence of 1/500,000 among the general population and severe life-threatening hemorrhages are even rare (about 5% of the bleeds) which occur most frequently during the first six months of life. The hallmark of this hemorrhagic disorder is clinical heterogeneity, poor correlation between FVII coagulation activity (FVII: C) and bleeding tendency, and isolated prolonged prothrombin time.[3]

Next two articles are on the renal problems. First one describes a case of isolated diffuse mesangial sclerosis (DMS) presented after one year of age as steriod resistant nephrotic syndrome (NS). DMS, one of the two important causes of congenital NS (second being the Finnish type of NS), usually presents in the first year of life. Usual presentation of DMS is as a part of syndromes e.g. Denys-Drash and Pierson syndrome and non-syndromic isolated DMS is rare with an autosomal recessive inheritance.[4-5] Second one is a case of acute kidney injury following snake bite in a child with congenital renal anomaly. He developed acute renal injury due to acute tubular necrosis despite anti-snake venom administration. A recent study from the north India reported acute renal failure in 5.1% of patients.[6]

Another interesting article is on Joubert syndrome (JS). Joubert syndrome and related disorders (JSRD) are a group of rare disorders with the characteristic finding of cerebellar vermis hypoplasia with “molar tooth sign”, a complex brainstem malformation visible on brain imaging. They usually have autosomal recessive inheritance with widley variable phenotypes leading to frequently delayed diagnosis. Causative genes encode for proteins of the primary cilium or the centrosome, therefore JSRD have been included in an expanding group of diseases called "ciliopathies".[7]

Last report describes another rare congenital disorder i.e. pulmonary agenesis. Pulmonary agenesis is defined as complete absence of the lung parenchyma, bronchi, and pulmonary vessels. Clinical presentation varied so widely that symptoms can present at birth as respiratoy distress or pateints can remain asymptomatic till adulthood. Prognosis is also variable and depends on the presenting symptoms and associated congenital malformations e.g. cardiovascular, musculoskeletal, gastrointestinal, and renal malformations which are common in right sided agenesis.[8]

We hope that the first issue of the ***Asian Journal of Clinical Pediatrics and Neonatology*** will be helpful for the authors to get insight about these interesting conditions. We also hope that ***Asian Journal of Clinical Pediatrics and Neonatology*** will become a forum that receives high-quality papers in the field of pediatrics and neonatology. Quite naturally, you may see a fair amount of

experimentation in the journal's first year, and there are likely to be successes as well as mistakes both. However, as the journal grows and new directions unfold, we hope that it will provide a forum for continuing expansion of new knowledge that ultimately will increase our understanding of pathophysiology and translate into improved care for our little tender patients.

I look forward to your submissions in the nearest future as well as a long and successful partnership with you, our authors and readers. In the end, I owe a great debt of gratitude to all my editorial and reviewer board members for their tremendous support and unprecedented help to bring the first issue. As like parents of the first child, we would be anxiously waiting for the comments of the readers and well wishers to improve the ***Asian Journal of Clinical Pediatrics and Neonatology***. Please feel free to write to us at editor.ajcpn@gmail.com about anything, anytime.

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Dr.Amit Agrawal
Editor-in-cheif
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