



VFN PRAHA
VŠEOBECNÁ FAKULTNÍ
NEMOCNICE

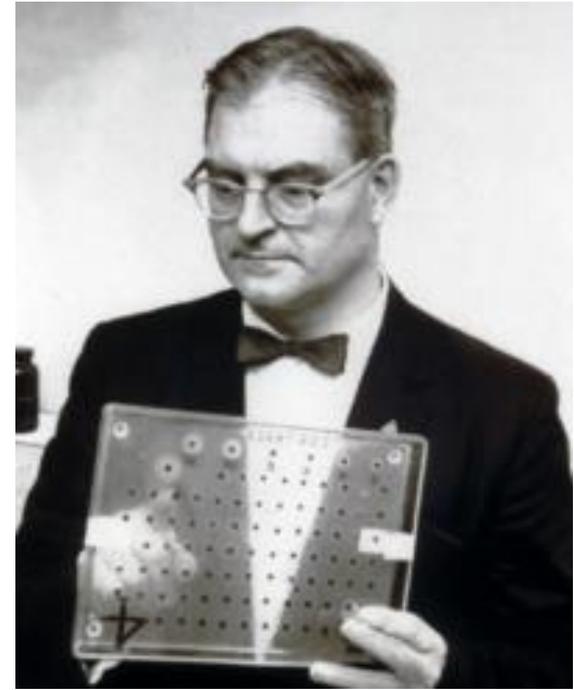
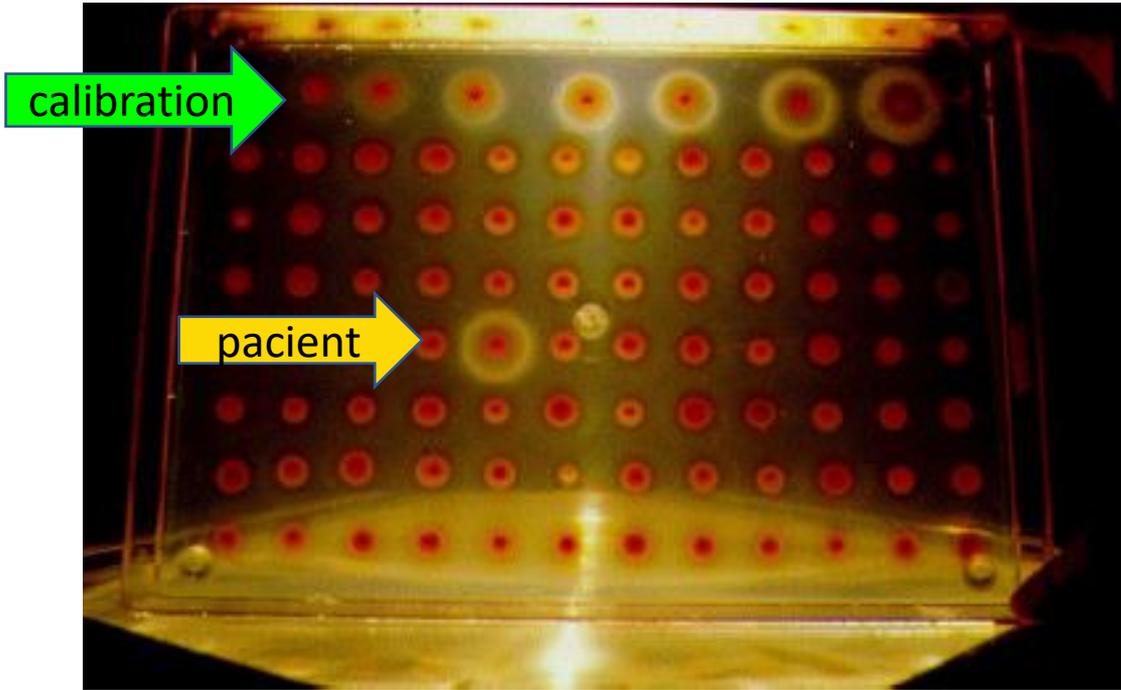
Screening in paediatrics

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Laboratory newborn screening (NBS)

First screening program for neonates



- Dry blood spot testing
- Beta-2-thienylalanin - B.subtilis growth inhibition
- ↑Phe enables bacteria to growth

Prof. Robert Guthrie 1916-1995

Pediatrics 1963

Principles of screening for diseases

PRINCIPLES AND PRACTICE OF SCREENING FOR DISEASE

J. M. G. WILSON

*Principal Medical Officer, Ministry of Health,
London, England*

G. JUNGNER

*Chief, Clinical Chemistry Department, Sahlgren's Hospital,
Gothenburg, Sweden*



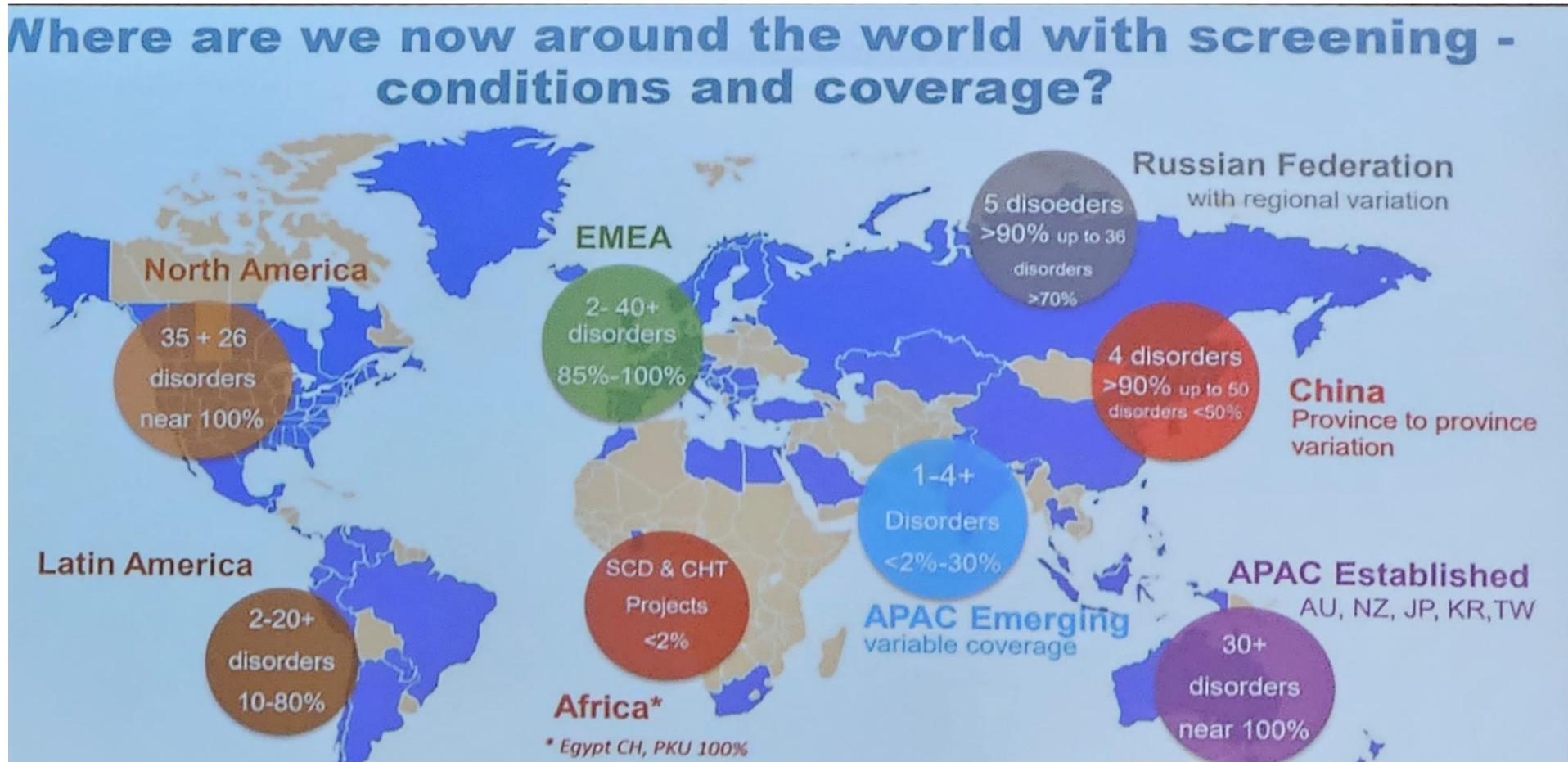
WORLD HEALTH ORGANIZATION

GENEVA

1968

- **An important health problem and there should be a recognisable latent stage**
- **A suitable and acceptable test to the population**
- **An accepted treatment and agreed policy on whom to treat**
- **The cost of screening should be economically balanced in relation to expenditure on medical care**

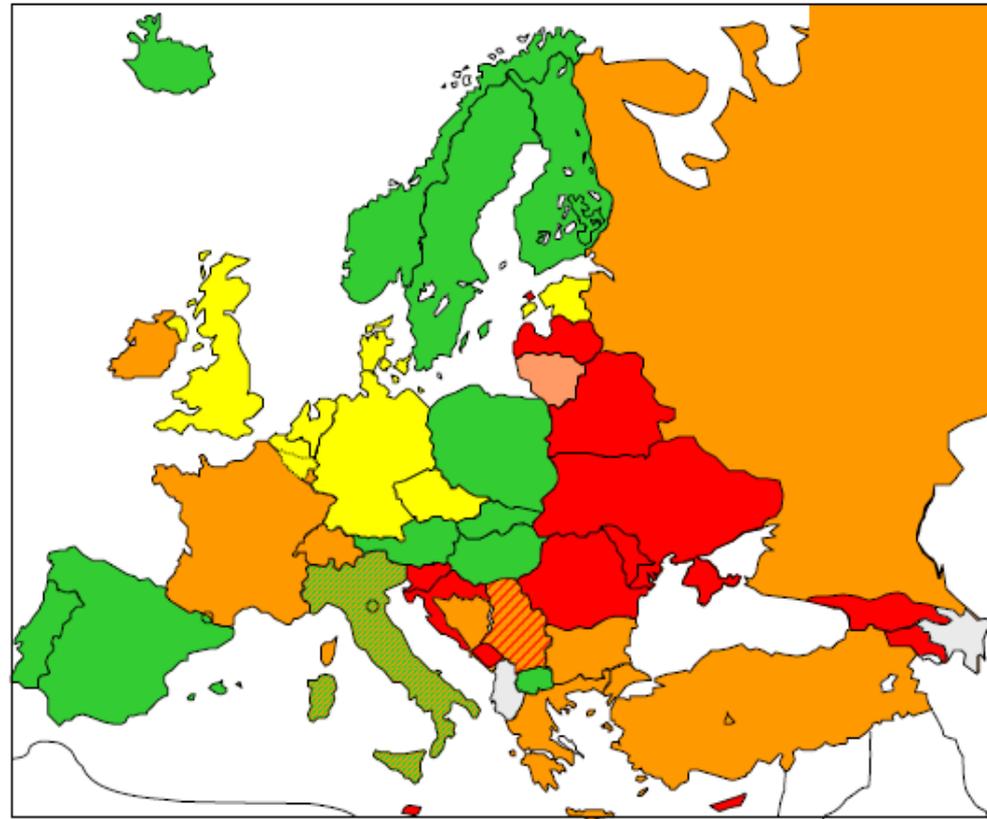
Coverage of populations with NBS



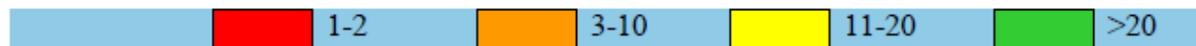
28 % of newborns born

Among-country variation of NBS

Number of conditions per country



2016, G.Loeber, ISNS



Newborn screening in the Czech Republic

Newborn screening (NBS) since 2024

n=20

Endokrinopathies

hypothyreosis
cong. adrenal
hyperplasia

Cystic fibrosis

SMA
SCID

IMD (IEM)

PKU/HPA

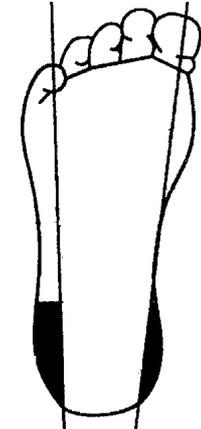
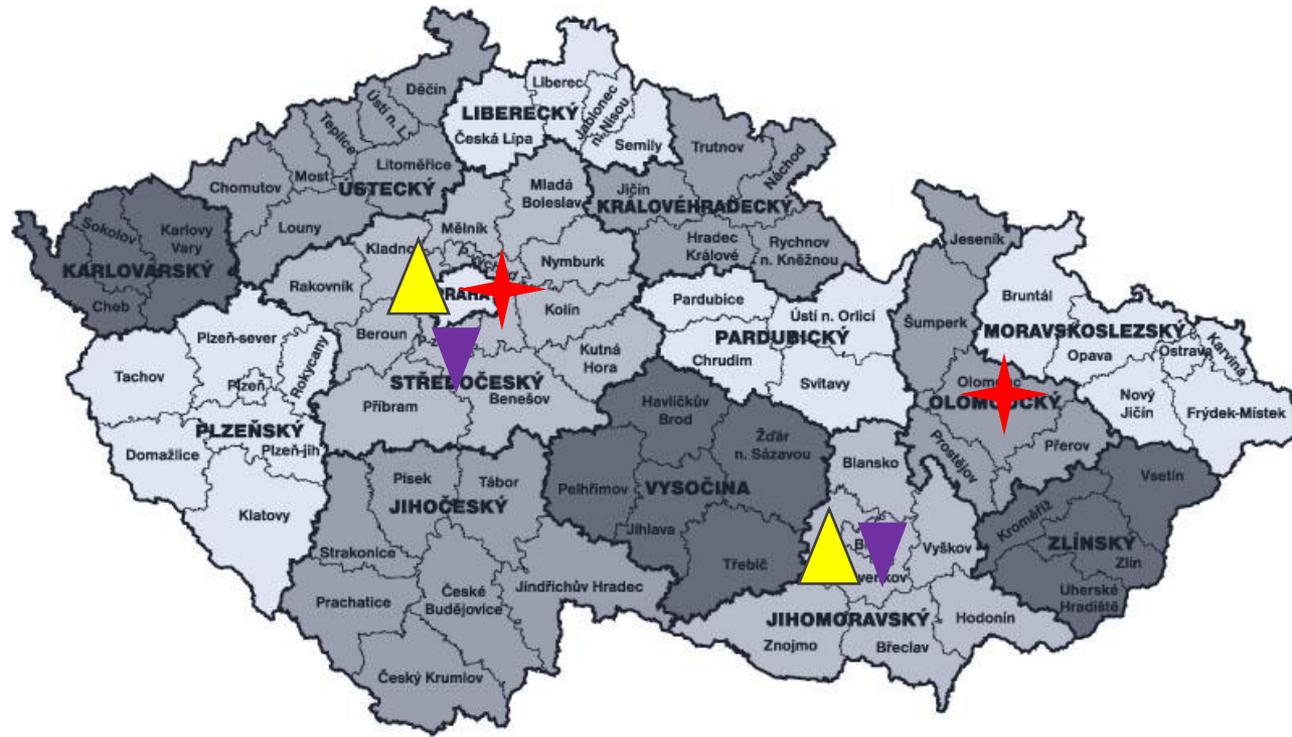
4 aminoacidopathies

3 organic acidurias

6 fatty acid
ox.disorders

*biotinidase
deficiency*

NBS blood sampling



| | |
|---|---|
| | |
| <p>0050598</p> <p>Kartičku vyplnit před odběrem Nedotýkat se oblasti pro kapky krve Při poškození kartičku nepoužít</p> <p>Jméno novorozence: 153173</p> <p>Rodné číslo, pečlivě: 075902/1972</p> <p>Datum a čas narození: 03.06.00</p> <p>Kósově číslo odběru: 29204-18</p> <p>Praktický otevírák: 02013107</p> <p>Jméno matky: M. Novotná</p> <p>Telefon matky (rodina): 77</p> <p>Adresa matky (pobytu): M. Novotná, Mladobátarův 767/II</p> <p>Odeslatel vzorku: Podolská nábřeží 157, PČ 147 00 PRAHA - PODOLÍ, pediatrická pracoviště / POK /</p> | <p>0050598</p> <p>Kartičku vyplnit před odběrem Nedotýkat se oblasti pro kapky krve Při poškození kartičku nepoužít</p> <p>Jméno novorozence: 153173</p> <p>Rodné číslo, pečlivě: 075902/1972</p> <p>Datum a čas narození: 03.06.00</p> <p>Kósově číslo odběru: 29204-18</p> <p>Praktický otevírák: 02013107</p> <p>Jméno matky: M. Novotná</p> <p>Telefon matky (rodina): 77</p> <p>Adresa matky (pobytu): M. Novotná, Mladobátarův 767/II</p> <p>Odeslatel vzorku: Podolská nábřeží 157, PČ 147 00 PRAHA - PODOLÍ, pediatrická pracoviště / POK /</p> |



endocrinopathies



CF genetics



IEMetab (Inborn Errors of Metabolism)

1.62 milion newborns (2010-2023)

| | |
|--------------------------|----------|
| Endokrinopathie | 1:3,000 |
| PKU/HPA | 1:5,199 |
| CF | 1:6,000 |
| BTD* | 1:9,000 |
| FAOD | 1:15,500 |
| Other IEM* | 1:77,500 |
| *since 2016 | |
| SMA& | 1:8,400 |
| SCID£ | 1:59,100 |
| &£ pilot study 2022-2023 | |

PILOT PROJECT FROM 1.1.2022

SCID – Severe
or T cell fu

A
A

SMA – Spi

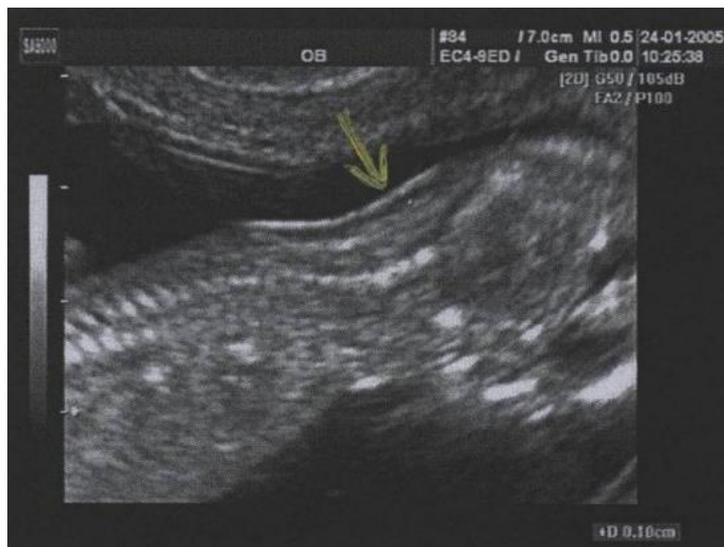
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Nusinersen (S

| | | |
|-----------|--|---------|
| Dg. | SMA | 7 |
| | SCID | 1 |
| | DiGeorgův syndrom | 1 |
| | Brutonova agamaglobulinemie | 2 |
| | AR agamaglobulinemie | 2 |
| | Sekundární iatrogenní deficit | 5 |
| | Tranzientní porucha vývoje B lymfocytů | 1 |
| INCIDENCE | SMA | 1:8400 |
| | SCID | 1:59100 |
| | DiGeorgův syndrom | 1:59100 |
| | Brutonova agamaglobulinemie | 1:29500 |
| | AR agamaglobulinemie | 1:29500 |
| | Primární imunodeficiencie | 1:9800 |
| | Sekundární imunodeficiencie | 1:9800 |

disorder a

Screening in neonatology and paediatrics



PAPP-A, AFP, bHCG
estriol/inhibin A



Screening – 1. trimestr

| | Euploidní | T21 | T18 | T13 |
|-------------------|-----------|-----|-----|-----|
| NT mm | 2,0 | 3,4 | 5,5 | 4,0 |
| Fb hCG | - | ↑ | ↓ | ↓ |
| PAPP-A | - | ↓ | ↓ | ↓ |
| Abs.nosní kosti % | 1,4 | 69 | 53 | 45 |



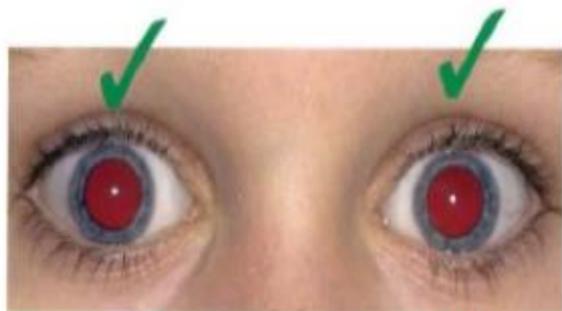
Screening – 2. trimestr

↑AFP - VVV nekryté kůží

↓AFP ↓ uE3 ↑ hCG riziko T21

↓AFP ↓ uE3 ↓ hCG riziko T18, T13

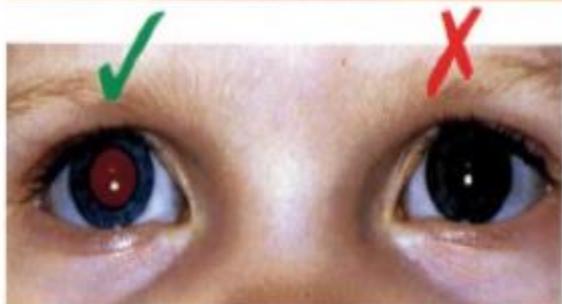
Screening in neonatology



Normal reflex



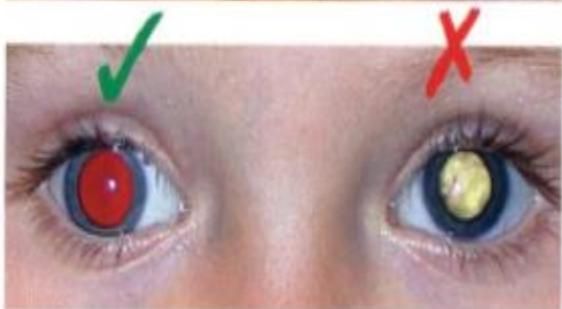
No action required



Red reflex absent



See your GP urgently



Red reflex abnormal

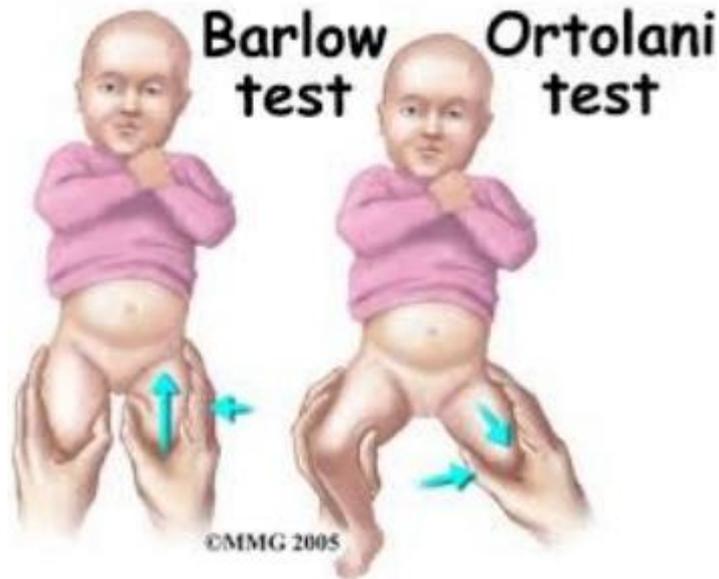


See your GP urgently

Screening in neonatology

Developmental Displasia of the hip – the „triple sieve“ method

Dislocation maneuver/provocative test Repositioning maneuver



According to USG: (bony acetabulum, labrum, femoral epiphysis)
Ia, Ib – fyz.; IIa+ – immature hip; IIa-, IIb – mild displasia;
IIc – displasia; IIId, IIIa, IIIb, IV – decentration

Frejka pillow



Pavlik harness



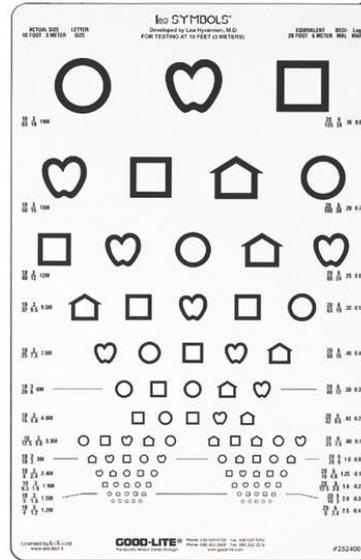
Screening in pediatrics

Plusoptix



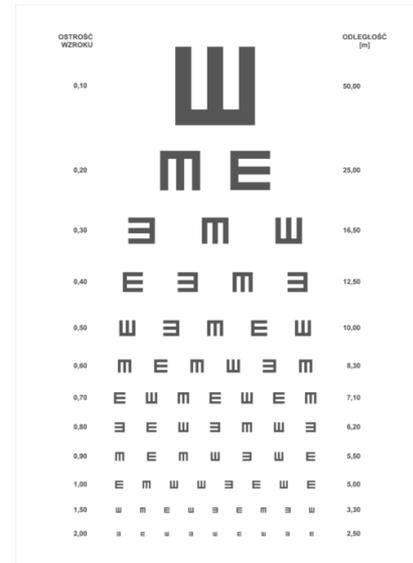
1-2 yrs

Lea symbols



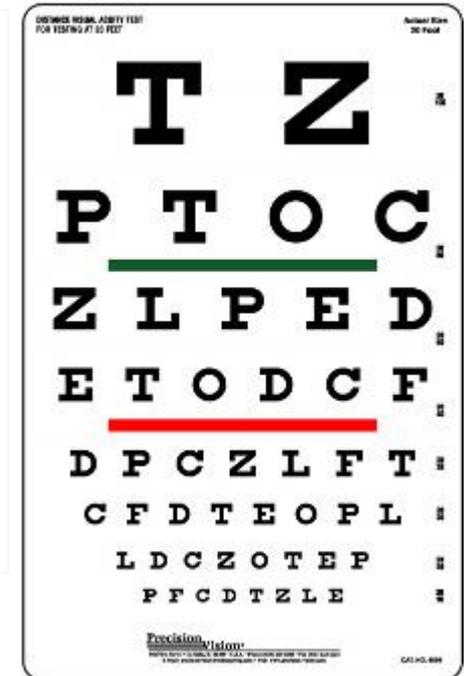
3 yrs

Pflüger hooks



4-6 yrs

Snellen optotype



7 yrs

- Otoacoustic emissions
- USG of the kidney
- hearing and sight examination in GP
- Evaluation of psychomotor dev., blood pressure in GP
- Lipidogram at 5yrs and 13yrs if pos. family history