Changing prevalence of allergic diseases in the Asia-Pacific region

Adenovirus respiratory infection in hospitalized children in Hong Kong: serotype-clinical syndrome association and risk factors for lower respiratory tract infection

Recent advances in asthma biomarker research

Severe respiratory syndromes: Travel history matters.

Relationship between passive smoking exposure and urinary heavy metals and lung functions in preschool children

Effects of passive smoking on snoring in preschool children

Respiratory viruses and atypical bacteria triggering severe asthma exacerbation in children

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Answers to X-ray Quiz on page 23

Spontaneous haemopneumothorax.
JY had chest drain inserted after admission. However there was persistent haemothorax and haemoglobin dropped from 14 to 11. Video assisted thoracoscopic surgery (VATS) was done the next day and 1 litre of blood was drained from the pleural cavity. An apical adhesion band was found but no active bleeding vessel was seen. Adhesion band catheterization, wedge resection of site of air leaking and abrasive pleurodesis was performed. JY recovered uneventfully.

Spontaneous haemopneumothorax can be life-threatening if not treated promptly. It complicates 3-7% of spontaneous pneumothorax and occurs mostly in young male patients aged between 20-34 years old. Although spontaneous pneumothorax is often accompanied by a limited amount of blood in the pleural space, spontaneous haemopneumothorax is diagnosed when more than 400 ml of blood has accumulated in the pleural cavity in association with spontaneous pneumothorax. The most common presenting symptoms are chest pain and shortness of breath. Bleeding can be from ruptured pleural adhesion with aberrant vessel or from a ruptured vascular bulla. Chest X-ray will show pneumothorax with fluid level and thoracentesis shows frank blood or haematocrit of the pleural fluid being greater than 50% of the peripheral blood. Patients can have sudden severe bleeding and die of hypovolaemia and shock. Treatment is immediate volume and blood replacement as indicated and placement of large bore chest drain. Early surgical intervention (VATS or open thoracotomy) should be undertaken if there is persistent bleeding.

References
Practical Beginner Ultrasound Workshop for PNICU
8 December 2013 (Sunday) at Kwong Wah Hospital

PROGRAMME (9am - 5pm)
The aim of the programme is to introduce practical bedside ultrasound to paediatric/neonatal intensive care units staffs.

The programme will start with lectures including (i) echocardiogram and real time demonstration; (ii) chest sonography and real time demonstration; (iii) ultrasound guided central line insertion and real time demonstration; (iv) ultrasound neonatal brain and real time demonstration; (v) abdominal and pelvic sonography and real time demonstration.

Followed by hands-on sessions. Participants will be divided into 4 groups, and attend 4 stations by rotation: (a) echocardiography; (b) chest sonography; (c) ultrasound guided central line insertion; (d) abdominal and pelvic sonography.

FACULTY
• Dr. Eric YT Chan
  (Consultant, Department of Paediatrics, Kwong Wah Hospital, Hong Kong)
• Professor Kai-sheng Hsieh
  (Professor, Department of Paediatrics, Veterans General Hospital, Taiwan)
• Dr. Carrie KL Kwok
  (Senior Medical Officer, Department of Paediatrics, Kwong Wah Hospital, Hong Kong)
• Dr. Maurice Ping Leung
  (Specialist in Paediatrics, Private Practice, Hong Kong)
• Ms. Vivian YF Leung
  (Senior Radiographer, Department of Imaging & Interventional Radiology, Prince of Wales Hospital, Hong Kong)
• Dr. Chris KC Wong
  (Associate Consultant, Department of Radiology, Kwong Wah Hospital, Hong Kong)

AUDIENCE
Paediatric and Neonatal ICU Staff
(Limited spaces, first-come-first-served.)

CO-ORGANIZERS
Department of Paediatrics
Kwong Wah Hospital

Department of Radiology
Kwong Wah Hospital

ENQUIRY
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Registration Fee:
[ ] HKD 500 per person for full-time staff working at Department of Paediatrics or Department of Radiology in Kwong Wah Hospital.
[ ] HKD 1,000 per person for all kind of HKSPR paid-up member.
[ ] HKD 2,000 per person for other categories.

Please fill in the registration form and make cheque payable to “Hong Kong Society of Paediatric Respirology” and mail to “Room 303, Nurses’ Quarter, Department of Paediatrics, Kwong Wah Hospital, 25 Waterloo Road, Yauatei”.

CME, CNE and CPD points will be applied for from relevant colleges.