Tonsils and adenoids help your child fight infection by trapping germs entering the body through the mouth and nose. But sometimes these small masses of tissue in the throat seem to do more harm than good. They can frequently become infected, or when they are enlarged, make it hard for your son or daughter to breathe and rest properly.

“Recurrent infections and enlarged tonsils that cause breathing, swallowing and sleep problems are very common among young children,” says Ronald Jason Vilela, M.D., an ear, nose and throat (ENT) specialist on staff at Children’s Memorial Hermann Hospital. “Parents should work closely with their child’s pediatrician to determine the appropriate treatment.”

**SIGNS OF INFECTION**

The tonsils are located at the back of the throat. The adenoids are higher up, behind the nose. Symptoms of infected tonsils and adenoids include:

- Sore throat
- Fever
- Difficulty swallowing
- Ear pain

Doctors treat bacterial infections with antibiotics. If your son or daughter has recurrent infections, your pediatrician may refer you to an ENT specialist.

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“My husband noticed it first,” says Melisa Dion about the ridge that developed on their daughter Cecilia’s forehead near the age of 4 months. “Our pediatrician told us that she had craniosynostosis, a condition in which her head was developing at a slower rate than her body.”

The Dions took their daughter to several specialists to discuss treatment but were dissatisfied with the answers. Then, while seeking treatment for Cecilia’s twin brother for a minor illness, they found John Teichgraeber, M.D., a professor of pediatric plastic and craniofacial surgery at The University of Texas Medical School at Houston and codirector of the Texas Cleft-Craniofacial Team. Dr. Teichgraeber performs surgeries at Children’s Memorial Hermann Hospital.

“We couldn’t get an immediate appointment with our pediatrician and instead saw one of his partners who had practiced with Dr. T. does a minimal incision procedure for craniosynostosis using a microscope.”

The microscopic minimal incision approach to surgery results in less scarring, less blood loss, less patient discomfort and a shorter hospitalization than traditional open corrective surgery. “With the microscope, we’re able to remove the affected portions of the skull through very limited incisions,” says Dr. Teichgraeber. “Surgery normally lasts one to two hours, with a hospitalization of one to two days.”

Dr. Teichgraeber and his partner James Baumgartner, M.D., a pediatric neurosurgeon affiliated with Children’s Memorial Hermann Hospital and a research collaborator at the UT Medical School, use the operative microscope to correct craniosynostosis in infants who are 4 months old or younger. “The ideal timing for surgery is before 3 months of age,” Dr. Teichgraeber says. Although the procedure should be done early in life, there is no upper age limit.

Cecilia’s surgery took 40 minutes, and she left the hospital after a two-day stay. One week later Cecilia was fitted with a helmet that helps normalize the shape of the skull. She wore her helmet for five months. “Cecilia is 2 now, and you can’t tell a thing,” says Dion. “She looks fantastic.”

If you think your child may suffer from craniosynostosis, call the Texas Cleft-Craniofacial Team at 713.500.7302.
Could Your Child Have High Blood Pressure?

High blood pressure isn’t just for grown-ups. One study in the Journal of the American Medical Association found that 3.6 percent of young people had hypertension. The report included more than 14,000 children ages 3 to 18.

Unfortunately, many cases of high blood pressure go unnoticed in children. In the study, high blood pressure was not properly diagnosed in 75 percent of young people.

COULD YOUR CHILD BE AT RISK?
One factor that puts young people at risk of developing high blood pressure is obesity. As many as 30 percent of obese children have high blood pressure.

As a parent, it can be tough to tell if your child is overweight. The only way to know for sure is to ask your doctor.

Doctors determine healthy weight using a number called body mass index (BMI). BMI in children is different from BMI in adults. In children, it takes into account age as well as gender.

WHAT YOU CAN DO
There’s no way you can tell if your child has high blood pressure without seeing a doctor or nurse. So make sure your child gets a blood pressure test at the next checkup – or see a doctor sooner if you think your child could be at risk.

When doctors check a child’s blood pressure, they look at more than just the numbers. They also look at what’s considered normal for the child’s gender, age and height. This helps doctors factor in body size so they don’t misread blood pressure in a child who is very tall or short.

Helping your child stay at a healthy weight is the best way to reduce the risk for high blood pressure. You’ll be ensuring a healthy future, too. By helping keep your child’s blood pressure in check, you may lower the chances for heart disease, stroke and other problems later in life.

Talk with your child’s doctor about the risk for high blood pressure. For treatment, call the Pediatric Hypertension Clinic at UT Medical School at Houston at 832.325.6516.

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**Italian Vegetable Casserole**

This is a quick and easy way to add a vegetable serving into your family’s daily meal plan.

1. **Spray** casserole dish with nonstick cooking spray.
2. Mix vegetables and dressing together in the casserole dish.
3. **Cook** vegetables in microwave for 10 minutes, stirring every two to three minutes.
4. **Sprinkle** soy parmesan cheese over the top of the vegetables.
5. **Serve** vegetables over rice.

**Serves four;** serving size is 1 cup vegetables and ½ cup rice.

**Nutritional analysis** (per serving):
- 165 calories, 2 g fat (0 g saturated fat), 0 mg cholesterol, 278 mg sodium, 11 g carbohydrate, 117 mg calcium, 1.4 mg iron and 7 g protein.

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### Ingredients

- 1 zucchini, sliced
- 1 yellow squash, sliced
- ½ red bell pepper, chopped
- 2 tomatoes, chopped
- ¼ cup fat-free Italian dressing
- 2 cups brown rice, cooked
- ¼ cup soy parmesan cheese

### Directions

- **Spray** casserole dish with nonstick cooking spray.
- Mix vegetables and dressing together in the casserole dish.
- Cook vegetables in microwave for 10 minutes, stirring every two to three minutes.
- Sprinkle soy parmesan cheese over the top of the vegetables.
- Serve vegetables over rice.

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Look under Kids Health at childrensmemorialhermann.org for more healthy family recipes.
for consultation. “The ENT specialist may try another antibiotic or recommend that the tonsils and adenoids be removed,” says Dr. Vilela. Surgery is performed under general anesthesia. Children typically leave the hospital the same day and take liquid pain medication and antibiotics for several days after.

UNEASY BREATHING
Another common problem involving the tonsils and adenoids is known as sleep-disordered breathing. This condition occurs when enlarged tonsils and adenoids block the airways and cause breathing problems. Sleep-disordered breathing makes it difficult for children to get a good night’s rest, which in turn can affect their growth, behavior and learning.

Chronic nasal congestion, mouth breathing, snoring and restless sleep are all symptoms of sleep-disordered breathing. Sometimes children appear to be gasping for air when they sleep.

“I encourage parents to watch and listen to their children when they sleep,” says Dr. Vilela. “If you think something isn’t right, call your pediatrician so that your child can be thoroughly evaluated and a plan of care developed.”

Keeping your child healthy can sometimes be a challenge. Visit childrensmemorialhermann.org for valuable information about your child’s health and development. Select Kids Health under the Learn More section.

TREATING INFECTED TONSILLS AND ADENOIDS
CONTINUED FROM PAGE 1

AUTISM: EARLY TREATMENT KEY TO COMPLEX PROBLEM

 Autosim is a developmental, brain-based disorder that causes impairment in several areas, including communication skills, social interaction and repetitive behaviors. The disorder usually appears in children before age 3, although some children with mild symptoms may not be diagnosed until later. Early intensive treatment can help manage symptoms and help children overcome some difficulties created by the disorder.

There are several types of autistic spectrum disorders (ASDs) that cause a variety of problems ranging from mild to serious. Signs of autism often can be noticed by 18 months of age. Sometimes, however, a child with autism appears to be maturing normally for the first few months or years of life but then develops symptoms.

SIGNS OF THE DISORDER
Young children with autism usually have difficulty in three areas:

■ Social interaction – Children often are unresponsive to people and avoid eye contact. They may have difficulty imitating actions or be uninterested in social games like peekaboo.

■ Communication – Often those with autism are significantly delayed in learning to talk, and some do not speak at all. Others start using words between 12 and 24 months but then stop speaking.

■ Behavior – Autistic children may repeat words or actions like twirling or rocking, or become obsessed with routines. Abnormally sensitive to sound, touch or other sensory stimulation, they may resist cuddling.

THERAPY, MEDICATION CAN HELP
Autism appears to run in families, and environmental exposures may affect the brains of genetically vulnerable children during fetal development. But the exact causes are still unknown. Research has not shown any relationship between the measles and mumps immunization and ASD.

Although there’s no cure for autism, specific treatments can remedy certain problems. For example, therapists can teach social and communication skills. Medication may help with behavioral symptoms. The earlier a child gets help, the better, so if your child shows any signs of autism, talk with your child’s doctor.

To contact the Medically-Based Autism Clinic at The University of Texas Medical School at Houston, call 832.325.7151.