stimulus feature of the nipple, but is also supported by function of feedback inhibition of lactation for those newborn mammals who fixate on one nipple only so that the breast tissue of the non-stimulated nipple ceases to function as in those human societies where it is thought normal to breastfeed on one breast only and also for many other mammals.

Freudian displacement theory of innate genetically based behaviour being displaced when the biological target is not available is thus supported. Oral tactile fixation or imprinting is the first emotional relationship in the development of mammals. Only problem solving human reared newborn mammals can survive when oral tactile imprinting is displaced. The behaviour or oral tactile imprinting demonstrates human evolutionary link to other mammals.

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HAVE YOU DIAGNOSED CELIAC DISEASE RECENTLY?: ATYPICAL PRESENTATIONS OF CELIAC DISEASE IN CHILDREN

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Aim: Educate pediatric primary care providers on the varied presentation of celiac disease in children and the need for screening of children for this common autoimmune condition.

Method: Review of the current literature on the presentation of clinically silent or atypical celiac disease in children and the diagnostic procedure.

Results: Celiac disease is an autoimmune response resulting in intestinal mucosa inflammation, malabsorption, and numerous secondary symptoms and autoimmune diseases. Recent research has found a prevalence of celiac disease in approximately 1:70 and 1:200 people in the United States, Western and Middle Eastern countries. This condition remains undiagnosed or misdiagnosed in 95% of those affected.[i] It currently takes an average of ten years and numerous tests before celiac disease is diagnosed. Undiagnosed or inadequately treated celiac disease can result in unnecessary debilitating symptoms, life-threatening illness and gastrointestinal malignancies.

Children and adolescents with undiagnosed celiac disease may present with varied symptoms including, but not limited to, abdominal pain, diarrhea, constipation, weight loss, obesity, developmental

delays, learning problems, symptoms associated with attention deficit, depression, anxiety, skin lesions, anemia, osteoporosis, dental enamel dysplasia, and associated autoimmune conditions. The only treatment for this autoimmune disorder is the implementation of a life-long gluten-free diet.

Conclusion: Awareness of pediatric primary care providers of the varied presentation of celiac disease is necessary to increase the number of children screened. Serological screening by IgA antibody to human recombinant tissue transglutaminase (tTG IgA) is the screening test of choice. Small bowel biopsy and/or genetic screening verify the diagnosis.

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ROLE OF INTEGRATED WELL CHILD CARE PROGRAM IN IDENTIFICATION OF HEALTH RISK FACTORS IN CHILDREN UNDER EIGHT YEARS OLD

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Background and aims: Integrated well child care program is one of the most important changes in children growth monitoring. The aim of this study was to determine health risk factors of children under eight years old.

Methods: This is a descriptive study which obtained data from 1874 children's health records. Samples were chosen through cluster sampling which included eight health centers. Health risk factors assessed included :potential bacterial infection , icter , malnutrition or severe low weight , dysfunctional weight growth, severe low height, dysfunctional height growth, abnormal and unsatisfactory head circumference, nutritional problems, dental problems, developmental problems, incomplete vaccination, incomplete use of complements and abnormal laboratory tests. Also demographic characteristics such as sex, birth weight and age at health care received were assessed.

Results: Most common health risk factors respectively included : weight growth problems 56.8%, nutritional problems 22.3% and unsatisfactory head circumference 10.4%. A significant relationship between dysfunctional weight growth, nutritional problems, unsatisfactory head circumference and birth weight , age of health care received.