

Nutrition

| Macro nutrition | Water | Micro nutrition |
|---|--------------|--|
| 1. Carbohydrate (CHO) 2. fat 3. protein | | 1. trace minerals as iron , NA 2. vitamins 3. fibers 4. essential F.A |

| Balanced Diet | Caloric requirements | Used for |
|-----------------------------------|--|---|
| 50% CHO 35% fat 15% protein | neonate 120 Infant 110 kcal/kg/day 1 to 3 years 100 After 3 years decrease 10 kcal/kg/every 3 years. | Basal metabolic rate 50% physiological activities 25% Growth 12% Others activities 5% Fecal loss 8% |

How you can calculate milk requirements?

| Breast feeding | Bottle feeding | | | | | | | | | | | | | | | | | | |
|--|---|----------------------|--|-------------------|----------------------|----------|---------------------------------------|-------|-------|-------|-------------------------------|--------|---------------------|-----------|-------------------|----------|------------------|-----------|--|
| below 4 mts → every 2 hrs above 4 mts → every 4 hrs (rang changed with age) + presence of Evidence of adequate feeding: | By using calorie requirements $100 \div 67 \times (110 \times \text{wt}) = \text{milk requirements ml/day}$ Or by using fluid maintenance | | | | | | | | | | | | | | | | | | |
| Evidence of adequate feeding: هام 1. Adequate wt gain on serial assessment= growth chart 2. Satisfaction after feeding 3. Normal bowel habit 4. Normal urine flow | <table border="1"> <thead> <tr> <th colspan="2">M=maintenance</th></tr> <tr> <th>In neonate</th><th>Above neonate</th></tr> </thead> <tbody> <tr> <td>D1=60-75</td><td>if the wt below 10 kg=wt x 100</td></tr> <tr> <td>D2=90</td><td>.....</td></tr> <tr> <td>D3=90</td><td>if the wt above 10 kg=</td></tr> <tr> <td>D4=120</td><td>first 10x100</td></tr> <tr> <td>D5 → to 1</td><td>2th 10x 50</td></tr> <tr> <td>year=150</td><td>Other x20</td></tr> <tr> <td>ml/kg/day</td><td></td></tr> </tbody> </table> | M=maintenance | | In neonate | Above neonate | D1=60-75 | if the wt below 10 kg=wt x 100 | D2=90 | | D3=90 | if the wt above 10 kg= | D4=120 | first 10x100 | D5 → to 1 | 2th 10x 50 | year=150 | Other x20 | ml/kg/day | |
| M=maintenance | | | | | | | | | | | | | | | | | | | |
| In neonate | Above neonate | | | | | | | | | | | | | | | | | | |
| D1=60-75 | if the wt below 10 kg=wt x 100 | | | | | | | | | | | | | | | | | | |
| D2=90 | | | | | | | | | | | | | | | | | | | |
| D3=90 | if the wt above 10 kg= | | | | | | | | | | | | | | | | | | |
| D4=120 | first 10x100 | | | | | | | | | | | | | | | | | | |
| D5 → to 1 | 2th 10x 50 | | | | | | | | | | | | | | | | | | |
| year=150 | Other x20 | | | | | | | | | | | | | | | | | | |
| ml/kg/day | | | | | | | | | | | | | | | | | | | |

| requirements | |
|-------------------------|---|
| protein | below 1 year → 2.5 g/day 1 to 5 years → 3-4 g/day |
| CHO requirements | 10 g/Kg/day |
| Fat requirements | 3-4 g/kg/day |
| Vitamins | Vit D → 400 iu/day (term) Vit A → 1500-2000 iu /day Vit C → 30-50 mg/day B1-B2 → 1mg/day |
| Minerals: | Iron → 10-15 mg/day |

Breast feeding

| Production | Maintainance of milk flow |
|--|---|
| Estrogen → + duct system Progesterone → + gland system Prolactin → + milk production Oxytocin → +milk secretion | <ul style="list-style-type: none"> • Sucking (more sucking more milk) • Maternal nutrition: sugar-fluids-vitamins (B) -helba=lactagogues • Maternal psychological state • Hormonal balance: • Prolactin-GH-thyroxin-sex H • Rooming in (baby and mother in same room) |

Breast milk composition:

| Colostrum | Transient milk | Mature milk |
|--|-----------------------|--|
| birth → 5th day | 5th day → 21 | After 21 days |
| Colostrum is ↑ proteins, vitamin A, and sodium chloride ↓ carbohydrates, lipids, and potassium than mature milk | | |
| Thick \yellow\ creamier | | Thin → thick |
| value: 1.nutritional :as above 2.protective : high IgA PMLNS Laxative: prevent jaundice | | Foremilk: first= thinner =lower fat Hind milk:second=high-fat |

Differents between human-cows-Goats milk:

| | | human | cows | Goats |
|--------------|-------------------|--|-------------------------------------|--|
| Protein | Soluble (whey) | 60% α lactoalbumin | 20% β lactoglobulin | 1.low calorie 2.low folic acid→high % of megaloplastic anemia 4.hypoallergenic=good effect in allergic pts 5.high essential FA 6.high risk of Brucellosis |
| | insoluble(casein) | 40% casein | 80% casein | |
| fat | amount | Content of fat in breast milk is variable but in general low than cows milk <small>(source: Illustrated.Textbook.of.Paediatrics.4th paper206)</small> | | |
| | Lipase enzyme | High (help digestion) | low | |
| | Essential FA | high | low | |
| carbohydrate | | High (β lactose) | Less (α lactose) | |
| Ig | | High and specific to human pathogen | Low and specific to animal pathogen | |
| minerals | | Cow's milk contain more minerals than breast milk except: 1.iron: more in breast milk with high bioavailability due (lactoferrin) 2.ca:phosphate ratio: 2:1 best ratio for Ca absorption 3.zinc and NA bioavailability: Breast milk contain less amount but more bioavailability | | |

- Ass milk near in composition to human milk
- In winter (cold weather) fat composition of breast milk increase
- in summer (hot weather) water composition of breast milk increased
- If Mom has a cold , anti-bodies against whichever virus she's fighting will appear in her breast milk
- Breast milk fat composition has diurnal variant (increased at evening and end of feed)

| Breast feeding | |
|---|--|
| Advantage | Disadvantages |
| <ul style="list-style-type: none"> • To mother <ul style="list-style-type: none"> ✓ Reduce risk of post-partum hge and help in birth canal involution ✓ Natural contraception ✓ Reduce incidence of breast cancer ✓ Increase relation between mother and baby • To baby <ul style="list-style-type: none"> ✓ Anti-infective contain: IgA\lactoferric lysozymes) ✓ Perfect balance of milk constituents ✓ Reduce risk of atopic disorder ✓ Sterile with taste=little risk of bacterial contamination ✓ Reduce risk of: <ul style="list-style-type: none"> A.IDDM B.NEC C.AGE D. respiratory infection E.SIDS-obesity • To father <ul style="list-style-type: none"> 1.always available Without cost | <ul style="list-style-type: none"> • Some drugs secreted in breast milk Ex: <ul style="list-style-type: none"> A-Cytotoxic B-antithyroid C-antibiotics as chloramphenicol-tetracycline-sulphonamides... • Transmit infection EX: CMV-HIV • Breast milk jaundice-breast feeding jaundice • Deficient content of vit K-vit D |

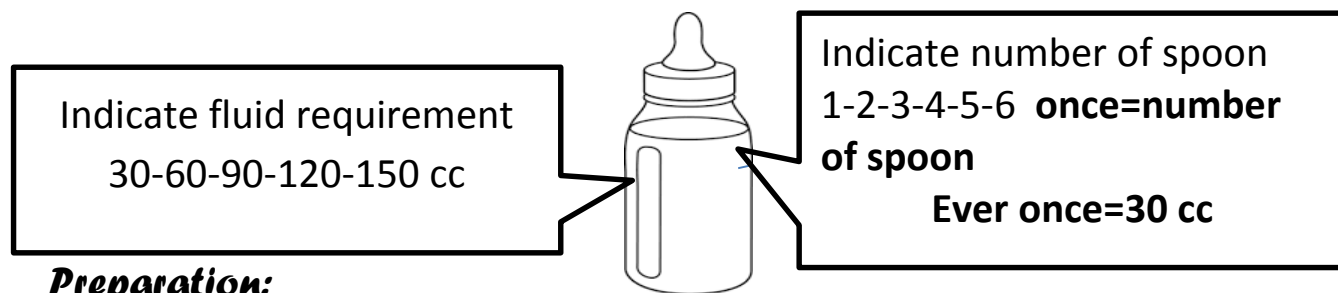
| contraindication of Breast feeding | | |
|--|--|--|
| Maternal temporary | Maternal Permanent | Infant causes |
| 1.bilateral nipple fissuring 2.bilateral herpes simplex mastitis,abscess 3.mother receiving some drugs that secreted in milk | 1.active CMV infection 2.active TB 3.HIV 4.malignancy and mother treated with chemo or radiotherapy | 1. Galactosemia 2. Phenylketonuria 3. Lactose intolerance 4. Milk Allergy |

- Hepatitis B and C is not contraindication for breast feeding
- HIV mother not absolute CI of breast feeding in third-world or developing countries
(unless safe formula is available)

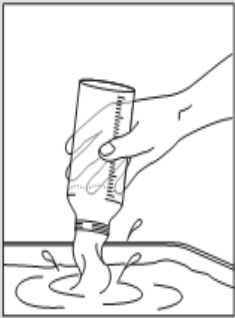




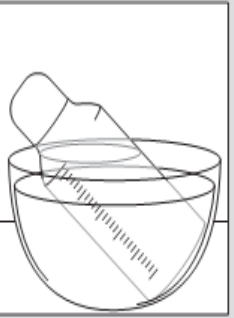
Artificial (bottle) feeding

Indication:

| Complementary feeding (breast>bottle) | Supplementary feeding (bottle>breast) | Substitutive feeding (only bottle) |
|---|---|--|
| used when breast milk is not enough | used with working mother-twin delivery | used if breast feeding is CI |



Preparation:

| | | | | | |
|---|--|--|---|--|--|
|  |  |  |  |  |  |
| 1. Sterilize the feeding bottle | 2. Add appropriate volume of cooled boiled water | 3. Add 1 level spoon of milk to each 30 ml of water | 4. Shake bottle | 5. keep in fridge until ready to feed | 6. Rewarm |

Types of Artificial (bottle) formula:

| | |
|------------------------|---|
| ordinary | babylack-liptomel |
| Special formula | <ul style="list-style-type: none"> • AR→ used in GERD • HA→used in cow milk allergy • Lactose free→in lactose intolerance • Lactose galactose free→in galactosemia • PKU→? • selective aminoacid →? • others |

| Weaning | |
|--|---|
| Introduce of semisolid food beside breast milk or bottle feeding | |
| Value: | 1. Compensate increasing of infant needs 2. Supply vitamins A.D.C and minerals as iron.CA 3. Train gastrointestinal tract and train baby to use spoon and cup |
| Ideal time | 4 to 6mts early weaning→ increase risk of celiac late weaning→increase risk of rickets-iron deficiency anemia |
| Start 1wk apart | Start with cereals→vegetables-fruits→meat and fish→egg→yogurt-cheese avoid alts-spices-cow milk-white of egg(allergenic) |
| Notes: | Cow milk not given to baby below 1 yrs→high content of fat→baby cannot digest it (un absorbed parts of fat) Don't give honey to baby below 1 yrs of old because it contain Botulism spore→botulism poisoning |

Nutritional disorders

| definitions | |
|-----------------------------|---|
| Under nutrition | chronic caloric deficiency Ex: marasmus |
| Overnutrition | caloric excess Ex: obesity |
| Malnutrition | deficiency of one or more with normal or even increase total caloric intake Ex: protein or vitamin deficiency |
| Nutritional dwarfism | underweight (wt and length)affected |
| Nutritional marasmus | underweight(wt mainly affected) |

| Gomez Classification | | |
|--|-------------|--|
| WFA= [(patient weight) / (weight of normal child of same age)] x 100 | | |
| Mild=grade 1 | 75%–90% WFA | |
| Moderate=grade 2 | 60%–74% WFA | |
| Sever=grade 3 | <60% WFA | |

Wellcome Classification

| | | |
|------------------------|----------------------|----------------|
| Weight for Age (Gomez) | With Edema | Without Edema |
| 60-80% | kwashiorkor | undernutrition |
| < 60% | marasmus-kwashiorkor | marasmus |

Waterlow Classification

Percent weight for height =




$[(\text{weight of patient}) / (\text{weight of a normal child of the same height})] * 100$

Percent height for age =

$[(\text{height of patient}) / (\text{height of a normal child of the same age})] * 100$

Severe malnutrition is defined as a weight for height more than 3 standard deviations below the median plotted on the WHO standard growth chart.

=weight for height <70% below the median.

| | Normal | Wasted | Stunted |
|-----------------|--|--|---|
| |  |  |  |
| Weight/age % | 100 | 70 | 70 |
| Weight/height % | 100 | 70 | 100 |
| Height/age % | 100 | 100 | 84 |

Classification of marasmus:

| according to | Site of fat loosed | % of body wt loosed |
|--------------|--------------------------|----------------------------------|
| 1th degree | abdominal wall | Loss of 15-25% of body Wt |
| 2th degree | buttocks-thigh | Loss of 25-35% of body Wt |
| 3th degree | involve face=senile face | Loss of more than 35% of body Wt |

| Protein calorie malnutrition (PCM)=protein energy malnutrition (PEM) | | |
|---|---|---|
| | Marasmus | Kwashiorkor |
| defini | Sever chronic undernurtion in which there deficiency in calorie intake | Sever acute form of PEM with normal caloric intake (mainly in form of CHO) |
| age | 6mts to 2yrs -low socioeconomic state | |
| Patho | Decrease calorie intake→decrease physical activity and growth (arrested growth)→body utilize fat and then protein to keep BMR→marasmus | Normal calori→growth ↓protein→edema and others problems |
| causes | <p>Dietetic causes</p> <ol style="list-style-type: none"> 1. Scanty breast milk or formula 2. delay weaning or prolonged breast feed 3. Diluted formula in artificial feed Babies <p>Non dietetic cause</p> <ol style="list-style-type: none"> 1. Preterm –twins (high growth Rate+ limited fat store) 2. Chronic infection 3. Malabsorption and metabolic 4 . Maternal neglect 5. congenital anomaly-chronic Illness Ex:CP | <p>low protein and high CHO</p> <ol style="list-style-type: none"> 1. Maternal deprivation 2. (neglected 2th baby) 3. Sudden weaning on high CHO – low protein diet 4. Infection Ex: Measles-pertussis-chronic diarrhea |
| C\P | <ol style="list-style-type: none"> 1. Cachexia 2. Crying irritability and hunger 3. Constipation 4. Feature of underline cause 5. Feature of complication <p>1. features of low calorie:</p> <p><u>On examination:</u></p> <p><u>1.decrease calori:</u></p> <p>A.loss of subcutaneous fat: skin become thin –wrinkled-bone become prominent</p> | <p><u>1.pitting edema:</u> started in dorsum of hand and feet → upper and lower limbs→checks And face then generalized (Anasarca) Due: change in osmolarity Pitting edema</p> <p><u>2. mentality changes:</u> Lethargic-dull-miserable- Disinterested in surrounding with marked anorexia</p> |

| | | |
|---------------|---|--|
| | <p>B.Hypothermia → loss of sub</p> <p><u>2. Feature of low protein intake:</u></p> <p>A.growth failure</p> <p>B.ms wasting (more severe than in Kwashiorkor)</p> <p><u>3. low minerals and vitamins and dehydration:</u></p> <p>A.Iron deficiency → anemia=pale</p> <p>B.s\ of dehydration</p> <p>C.Low vitamin D → rickets But S\ of rickets does not appear with Marasmus (in marasmus growth is arrested) هام</p> <p><u>4.General feature:</u></p> <p>A. weak slow pulse (bradycardia)</p> <p>B. hypotension</p> <p>C. Scaphoid or distended abdomen</p> <p>D. Skin fold thickness and MAC=↓</p> | <p>its due nicotinic amino acid deficiency-disturbed amino acid</p> <p><u>3. Growth retardation:</u></p> <p>1. Failure of gaining wt (length not affected because its acute illness)</p> <p>2.Wt loss (may masked by edema)</p> <p><u>4.ms wasting</u></p> <p><u>5.hair and skin changes:</u></p> <p>Hair become dry easy to Deattach</p> <p>Flag sign: alternating bands of light color appear during treatment</p> <p>Due melanin and tyrosine deficiency</p> <p>Skin: Due vit A and zinc deficiency</p> <p>1. dry- hyper pigmented-fissuring-ulceration especially at buttock-knee-ankle</p> <p>2. 'faky-paint'skin rash with hyperkeratosis (thickened skin) and desquamation</p> <p>3. Skin infection is common</p> <p><u>6.Git:</u></p> <p>1. Hepatomegaly = fatty</p> <p>2. Abdominal distention</p> <p>3. diarrhea</p> <p><u>7. anemia: all types may present</u></p> <p><u>8. Feature of vitamin deficiency?</u></p> <p><u>9. Infection?</u></p> |
| complications | <ol style="list-style-type: none"> 1. Dehydration 2. Infection Ex: AGE-TB-pneumonia) 3. Electrolyte disturbance Ex: ↓ NA and K 4. Hypoglycemia-Hypothermia 5. Heart failure 6. DIC and purpura-Atrophic ulcer | <ol style="list-style-type: none"> 1. Dehydration 2. Infection 3. Electrolyte Ex: ↓ NA and K 4. Hypoglycemia 5. Heart failure |

| Management of (PEM) | | |
|--|--|--|
| Indication of admission | 1. 3th degree marasmus 2. Kwashiorkor Marasmus Infection Ex: diarrhea | |
| Control complication | 1. Hypoglycemia→ correct urgently 2. infection→antibiotics 3. Hypothermia→clothing - external heat 4. Anemia→ blood transfusion 5. Shock and electrolyte (specially K) and dehydration | |
| marasmus | Kwashiorkor | Marasmus Kwashiorkor |
| Increase food intake 150-200 kcal/kg/day Then increase gradual | If on milk→start with lactose free formula then gradual shift to standard formula If on normal diet→increase intake of high protein diet Ex: 1.Vegetables 2.Meat Protein 4-6 g/kg/day | Give vitamins and minerals Vit A and folic acid Treat parasite infection if present treat as marasmus-Kwashiorkor |

Vitamin D deficiency

- **Vit D is fat soluble vitamin** presented in 2 natural forms:
 1. cholecalciferol (Vit D3) →animal origin= fish liver oil,fatty fish and egg yolk
sunlight is the most important source of VitD
 - 2.ergocalciferol (Vit D2) → plant origin= margarine -butter
- **Daily requirements:**Breast feed –full term: 200-400 IU/day
Preterm: 1000 IU/day
- **Physiology of ca and vit D:**
 ↓vitd→↓ca→+PTH→kidney-intestine→↑ca-↓phosphate

Rickets

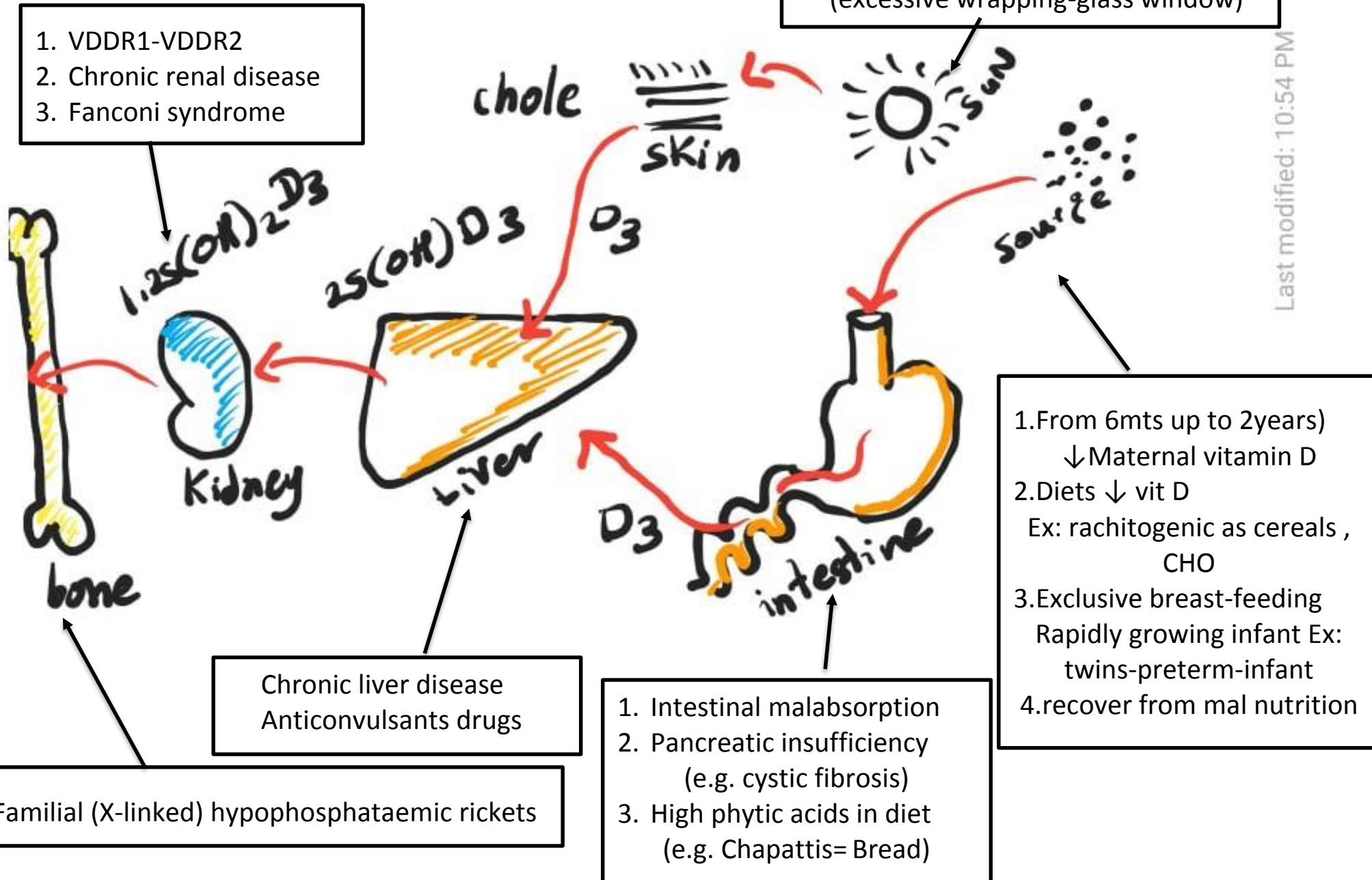
- Metabolic disorder due failure of mineralization of osteoid tissue of growing bone

Types:

- 1.vit D deficiency rickets=nutritional
- 2.non vit D deficiency = non nutritional

Metabolism and causes:

1. VDDR1-VDDR2
2. Chronic renal disease
3. Fanconi syndrome



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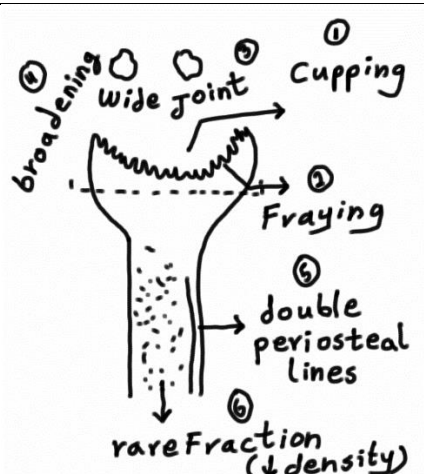

Clinical pictures:

| | | |
|-------------------------------|--|--|
| Early rickets | <p>1.anorexia-irritable-↑sweating</p> <p>2.craniotables=thinning of inner table of skull-Its earliest brain change in rickets It is seen mostly in the occipital and parietal bones. Give ping pong sensation can be a normal finding in infants, especially premature infants D-D: مهم</p> <ol style="list-style-type: none"> 1. Preterm 2. Hydrocephaly 3. Rickets 4. osteogenesis imperfect <p>3.racketic rosaries:Palpable enlargement of costochondral junction</p> | |
| Late= advanced rickets | symptoms | <p>delayed sitting –standing-walking due hypotonia delayed teeth eruption</p> |
| | head: | <ol style="list-style-type: none"> 1. craniotapes :usually disappear at age of 1 year 2. wide ,delay closer Anterior fontanelle 3. frontal possing and square shaped head 4. large head=macrocephaly 5. delayed eruption of teeth |
| | thorax: | <ol style="list-style-type: none"> 1.ricketic rosary 2.chest deformity : pigeon chest-funnel chest 3.Harrison sulcus=transverse groove at insertion of diaphragm |
| | Spinal | <p>Kyphosis-scoliosis</p> |
| | Extremes | <ol style="list-style-type: none"> 1.Widening of wrist and ankle joints 2.Marfan sign=transverse groove at medial maiolus 3.Deformity: |

| | | |
|--|---------------------|--|
| | | In crawling infant: cubitus varus or valgus Walking infant: genu varum=bow legs Genu valgus=knock knee |
| | Muscle | Hypotonia |
| | Neurological | 1.Tetany due to hypocalcaemia 2.Convulsion stridor carpopedal spasm |

| | |
|----------------------|--|
| Investigation | 1.S.ca→normal (due compensatory ↑parathyroid H) or low 2.serum phosphate: low (due compensatory ↑parathyroid H) 3. Ca x phos solubility product (Holland product): low (below 30) 4. Serum alkaline phosphatase:↑(most sensitive for activity) 5. s. calcidiol and s.calcitriol: low |
|----------------------|--|

6. Radiological finding: x-ray at lower end of long bone (wrist)

| Active rickets | Healing rickets | Healed rickets |
|--|--|--|
| During the disease | After 2 wks of treatment | After 4 wks of treatment |
|  | <ul style="list-style-type: none"> • Less evident of active rickets • No(straight) line of treatment | <ul style="list-style-type: none"> • No feature of active rickets • transverse (straight) line of treatment transverse line of R₂  |

| Treatment | |
|---------------------|---|
| Curative | <p>1.vit D D3 (cholecalciferol): If no compliance: give single high dose 600.000 IU orally or IM if compliance presented: Orally→3000 to 5000 IU daily for 2 to 4 wks after 4 wks repeat x ray and lab study specially (alkaline Phosphatase) (Indicate response to treatment) Toxic effects of excessive chronic vitamin D may include hyperkalemia, Muscle weakness, polyuria, and nephrocalcinosis.</p> <p>2.Ca supplements →in severe cases or with tetany</p> |
| Prophylactic | <p>Frequent exposure to sun light (U.V rays) Supply daily requirements of vitamin D AAP recommends vitamin D supplementation of all breastfeed infants.</p> |

| Vit D Resistance Rickets | |
|--------------------------|--|
| Definition | Failure of treatments after 4 wks |
| Causes | <p>1. malabsorption 2. Chronic liver disease as biliary atresia or Hepatocellular disease 3. Antiepileptic drugs Ex: phenytoin- phenobarbitone</p> |
| Clinical picture | Feature of rickets +underline cause Ex: jaundice-hepatomegaly |
| Investigation | Ca=normal or low\ Phos=low \ PTH=high \ alk.phos=high \25(oh)D3=low |
| Treatment | treat underline cause-IM vit D not oral if there malabsorption |

| | VDDR1 | VDDR2 | Familial hypophosphatemic rickets | Renal osteodystrophy (ROD) |
|---------------|---|--|--|--|
| definition | AR disorder defect in 1 α hydroxylase enzyme | AR disorder lead to End organ resistance to 1.25(oH)D3 | X linked dominant low renal tubular reabsorption of phosphate \rightarrow loss of phosphate in urine | its rickets + chronic renal failure (CRF) |
| | develop early in life | develop early in life | Appear in first 2 years of life | CRF \rightarrow low vit D \rightarrow low ca \rightarrow increase PTH \rightarrow high phosphate nut low ca |
| investigation | serum vit D: 25 oh D3= normal 1.25 oh D3=low | 2.serum vit D: 25 oh D3= normal 1.25 oh D3=high 3.associated with short stature –Alopecia totalis | Ca= normal\ phos=low\ alp=high\ PTH=normal | |
| treatment | Oral ca+1.25(oh)2 D3 | Oral Ca + calcitriol high dose | oral phosphate and vit D | 1.treat CRF 2.low phosphate diet 3.oral phosphate binders Ex:ca carbonate 4.Ca supplements 5.In resistance cases \rightarrow partial parathyroidectomy |

OTHER VITAMINS DEFICIENCY:



| vitamin | Deficiency lead to: | Notes: |
|--|---|---------------------------------------|
| Vit A =retinal | 1.physical and mental delay 2.night blindness 3.dry scaly skin 4.keratomalacia-xerophthalmia 5. Bitot's spots 6.depress the immunity | |
| Vit k | 1.bleeding tendency↑→hemorrhage | |
| Vit E= tocopherols and tocotrienols | 1.heamolytic anemia 2.opthalmoplegia 3.ataxia-peripheral neuropathy 4.small for date | High dose in preterm lead to NEC |
| Vit D (calciferol) | 1.Rickets | |
| Vit B1 (thiamine) | 1.beri beri syndrome: A.wet type=cardiomyopathy→HF→edema B.dry type=neurological anomaly Ex: peripheral neuritis Sensory loss | Found in milk vegetables Cereals eggs |
| Vit B2 (riboflavine) | 1.stomatitis- Glossitis 2.anemia (normocytic normochromic) 3.seborrhic dermatitis 4.corneal vacuolization-conjunctivitis | |
| Vit B3 (niacin) | (pellagra)=rough skin→4D 1.dermatitis 2.diarrhea 3.dementia 4.death | |
| Vit B6 (pyridoxine) | 1.stomatitis 2.peripheral neuropathy-convulsion 3.Anemia→microcytic | Essential for synthesis of GABA |

GABA= inhibitory neurotransmitter

| vitamin | Deficiency lead to: | Notes: |
|----------------------------------|---|----------------------------------|
| Vit B12 (cobalamin) | 1.anemia→megaloblastic 2.subacute combined degeneration syndrome(spinal cord) | |
| Vit C (ascorbic acid) | Scurvy 1.pseudoparalysis 2.bone tenderness 3. Easy bruising→gum bleeding 4.Spots that look like tiny, red-blue bruises on the skin 5.Irritability 6.Joint swelling 7.Rib rosary | Important for collagen synthesis |

OBESITY

- major health issue for children predisposing them to a wide range of medical And psychological problems especially type 2 DM and cardiovascular disease
- Defined as a BMI >95th centile of the UK
- causes include:
 1. fatty high calorie food
 2. decreased activities (TV-videogames)
 3. Hypothyroidism and Cushing syndrome)
 4. Genetic disorder
- Successful management requires changes in lifestyle, with healthier eating, Increased physical activity
- Drug treatment and surgical intervention are only appropriate in a small Number of children.



لاتنسونا من صالح الدعاء
بالتوفيق للجميع
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