

JPR

The
Journal of Pediatric Research

Official Journal of Ege University Children's Hospital



EDITORIAL

Dear Readers,

It is with immense pleasure and a profound sense of responsibility that I welcome you to the first issue of 2026 of The Journal of Pediatric Research (JPR). I am privileged to present a collection of articles that collectively underscore the dynamic and ever-evolving landscape of pediatric science. Our commitment at JPR remains steadfast: to disseminate high-impact research that not only advances our understanding of child health and disease but also directly informs clinical practice and public health initiatives.

This issue encompasses one comprehensive review and twelve original articles spanning a broad clinical spectrum. We would like to highlight our featured review: "Lipid Profile in Children and Adolescents with Type 1 Diabetes Mellitus: A Systematic Review and Meta-analysis." This piece provides a critical, evidence-based perspective on metabolic management, offering vital insights for clinicians striving to mitigate long-term cardiovascular risks in pediatric diabetic populations.

As a pediatric cardiologist, I wish to take this opportunity to draw your attention to Congenital Heart Disease (CHD) Awareness Week, observed from February 7th to 14th.

Congenital heart defects remain the most prevalent of all birth anomalies, affecting approximately 1 in every 100 live births. These statistics underscore a fundamental duty for all pediatricians: every newborn must be systematically evaluated for potential cardiac defects.

To ensure the early detection of life-threatening conditions, particularly ductal-dependent critical CHD, we must remain vigilant in our clinical protocols:

- Pulse Oximetry Screening: A non-invasive yet indispensable tool for identifying silent hypoxemia.
- Physical Examination: The meticulous assessment of femoral pulses is vital for diagnosing obstructive left heart lesions.
- Differential Diagnosis: CHD must be definitively ruled out in any neonate presenting with central cyanosis or impaired systemic perfusion.

By refining our screening practices and maintaining a high index of clinical suspicion, we can significantly improve the prognosis and quality of life for our youngest patients.

I hope you find the articles in this issue both intellectually stimulating and practically applicable to your clinical practice. I extend my sincere gratitude to the dedicated authors, diligent peer reviewers, and the entire editorial team whose unwavering commitment to scientific excellence has made this issue possible. Their collective efforts ensure that JPR continues to uphold its reputation as a leading voice in pediatric research. To our esteemed readership, I invite you to engage deeply with the impactful research presented herein. It is through your continued engagement and intellectual curiosity that we collectively drive forward the mission of improving child health worldwide.

With warmest regards,

Prof. Dr. Zülal Ülger Tutar