JPR
The
Journal of Pediatric Research
Official Journal of Ege University Children's Hospital

EDITORIAL

Dear JPR Readers,

It is a privilege to introduce the September 2026 issue of The Journal of Pediatric Research. Across metabolism, genetics, neonatology, immunology, neurology, complex care, family support, and artificial intelligence, the articles ask a practical pediatric question: how can we recognize meaningful signals early, translate them into safer care, and equip families to act? In children, every signal is shaped by development, clinical context, and change over time.

The issue opens with a review of amino acid patterns in pediatric obesity, dysglycemia, and fatty liver disease. Elevations in branched-chain and aromatic amino acids and glutamate, together with reductions in glycine and serine, may provide earlier metabolic signals of insulin resistance and related risk, but their interpretation must remain sensitive to age, sex, puberty, and the IGF-1 axis. This leads naturally to the study of congenital adrenal hyperplasia, which found overall concordance between genotype and phenotype alongside discordant presentations and novel variants. The findings support integrating molecular information with hormonal findings, clinical expression, and longitudinal follow-up.

Recognition also requires understanding normal developmental variation. A prospective study provides descriptive blood-pressure values for healthy term Turkish newborns during the first postnatal week, demonstrating the expected increase over time. Although several maternal and neonatal factors were associated with first-day blood pressure, these relationships were weak and of limited clinical significance. The next study broadens recognition beyond familiar warning signs: children with immune dysregulation often presented with lymphoproliferation, cytopenias, autoimmunity, and dermatologic disease rather than infection alone. Its reported diagnostic delay reminds us that earlier diagnosis may depend on recognizing a wider phenotype.

From a pediatric neurologist's perspective, the value of following patterns over time is especially clear in childhood occipital epilepsies. Electroclinical and imaging findings support a dynamic spectrum rather than rigidly separated self-limited and symptomatic categories, reinforcing the importance of longitudinal EEG and neurocognitive follow-up. Heart-rate variability in children receiving palliative care may likewise offer a complementary window into autonomic regulation. Yet palliative care also reminds us that time can be measured in more than heartbeats. As clinicians attend to physiologic intervals, families may be trying to slow another kind of time. They may wish to be fully present, to hold a hand, and to create space for closeness with a precious child. Physiologic measures may help us understand the body, but they should also return us to the human purpose of palliative care: protecting comfort, presence, and meaningful time together.

Two acute-care studies continue this theme by examining clinical signals associated with cerebral edema in diabetic ketoacidosis and virus-specific patterns of early hospitalization after discharge from the pediatric emergency department. Both address which children may require closer observation, reassessment, or follow-up, without assuming that every child within a diagnostic category carries the same risk.

The issue then turns from recognition to preventing treatment-related harm. Research on central venous catheter complications in pediatric neurosurgical care emphasizes procedural risk and surveillance. After tracheostomy, outcomes differed according to etiology; chronic respiratory failure was associated with longer ventilation and

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less successful weaning. Etiology-specific trajectories can guide individualized management and more realistic, compassionate conversations with families.

Equipping families to act is the next essential step. Higher breastfeeding self-efficacy was associated with more positive infant-feeding attitudes, making caregiver confidence a meaningful target for support. Two studies examine artificial intelligence as a source of pediatric information. Large language models provided generally guideline-concordant, readable answers about pediatric penile conditions in English and Turkish; Turkish responses about children's oral health showed high information quality but variable readability. As families increasingly turn to AI for health information, pediatric clinicians should serve as a trusted counterbalance, helping them weigh accuracy, relevance, and uncertainty. Our role is not simply to add another voice to an already crowded landscape. Journals such as JPR strengthen this work by building the evidence base from which trustworthy guidance can be translated. Looking ahead, teaching families how to ask informed questions, evaluate information, and advocate for their children will be an increasingly important part of pediatric care.

The issue concludes with a case of Ochoa syndrome associated with a novel homozygous HPSE2 deletion. The characteristic phenotype, recurrent urinary tract infections, and molecular finding form a relationship between genotype and phenotype with immediate clinical relevance. Early recognition and timely intervention may prevent progressive renal injury. This is a fitting conclusion to an issue centered on turning signals into thoughtful action.

We thank the authors, reviewers, editorial team, and Galenos Publishing House for their contributions. We hope this issue encourages readers to notice earlier signals, reduce avoidable harm, and help families translate an expanding body of information into informed advocacy and care.

Warm regards,

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