



Editorial

The 2018 *Pediatric Neurology* Trainee Publication Award

Please join the journal's selection committee and the editors in congratulating Dr. Guilia Benedetti (Figure) from the C. S. Mott Children's Hospital in Ann Arbor, the recipient of the 2018 *Pediatric Neurology* Trainee Publication Award. The committee selected her article on the effects of neuroactive medications in critically ill children¹ from the articles published in 2018 by child neurology and neurosurgery residents and fellows who participated in the journal's trainee mentoring program. Dr. Benedetti also contributed an excellent review of the use of targeted temperature management in the care of critically ill neonates and children with acute brain injury.² There were several outstanding trainee submissions last year, making the selection process even more difficult than usual. We hope that this award, which recognizes an outstanding scholarly publication by an individual in training, will encourage and motivate other residents and fellows who aspire to make scholarly contributions to clinical pediatric neuroscience.

Benedetti and colleagues summarized 300 consecutive patients who underwent neurology consultation while in the pediatric intensive care unit.¹ The research group assessed neuroactive medication use in these critically ill children. They assessed the effects of medication use, utilizing continuous electroencephalography (EEG) and seizure frequency assessment. Seventy-one percent of the initial cohort underwent continuous EEG monitoring, and 32% of those who were monitored had electrographic seizures. Ninety-two percent of these were recorded during the first 24 hours of the recording, and 99% were recorded within the first 48 hours. Young age was the only variable associated with a higher risk of seizures.

The authors concluded that critically ill infants and children are frequently treated with sedatives, anesthetics, analgesics, and paralytics, making the bedside neurological assessment difficult. This



FIGURE. Guilia M. Benedetti, MD.

important work emphasizes the importance of utilizing continuous EEG within the first 24 to 48 hours after admission to diagnose seizures in critically ill children requiring neuroactive medications. Their results underscore the need to study the effects of medications in these individuals and highlight the value of continuous EEG monitoring to assist in clinical care as well as to predict long-term outcome.

References

1. Benedetti GM, Silverstein FS, Rau SM, Lester SG, Benedetti MH, Shelhaas RA. Sedation and analgesia influence electroencephalography monitoring in pediatric neurocritical care. *Pediatr Neurol.* 2018;87:57–64.
2. Benedetti GM, Silverstein FS. Targeted temperature management in pediatric neurocritical care. *Pediatr Neurol.* 2018;88:12–24.

Mark S. Scher, MD^{a,*}, Galen Breningstall, MD^b, Donald Gilbert, MD^c,
Lori Jordan, MD, PhD^d, Yasmin Khakoo, MD^e,
Jean-Baptiste LePichon, MD, PhD^f
^a Division of Child Neurology,
Department of Pediatrics, Rainbow Babies and Children's Hospital,
Case Western Reserve University, Cleveland, Ohio

^b Division of Neurology, Department of Pediatrics, Gillette Children's
Specialty Healthcare, St. Paul, Minnesota

^c Division of Neurology, Department of Pediatrics, Cincinnati
Children's Hospital, University of Cincinnati, Cincinnati, Ohio

^d Division of Child Neurology, Department of Neurology, Vanderbilt
University Medical Center, Vanderbilt University, Nashville, Tennessee

^e Department of Pediatrics, Sloan-Kettering Cancer Center, Weill
Cornell Medical College, New York, New York

^f Department of Pediatrics, Children's Mercy Hospital, University of
Missouri-Kansas City School of Medicine, Kansas City, Missouri

* Communications should be addressed to: Dr. Scher; Division of
Child Neurology; Department of Pediatrics; Rainbow Babies and
Children's Hospital; Case Western Reserve University, 1100 Euclid
Avenue; Cleveland, OH 44106.

E-mail address: Mark.Scher@UHhospitals.org (M.S. Scher).

Available online 5 September 2019

Conflict of interest: All authors have no conflicts of interest to disclose.