



Belg J Paediatr. 2026;28(3): p.205-344
Autumn 2026, Volume 28, number 3



COMPLETE



NAN Complete 0-12 mois, en cas de constipation, coliques et régurgitations

Une combinaison unique d'ingrédients

Prébiotiques GOS/FOS
améliore la consistance
des selles.⁴

Lactose réduit 67%
diminue crampes et coliques.⁷

Magnésium
améliore la consistance
et la fréquence des selles.⁵

Amélioration
significative des
troubles digestifs
chez **87%**
des bébés*

Amidon
diminue les régurgitations
en augmentant la viscosité.⁶

Hydrolysât partiel de lactosérum
favorise une vidange gastrique plus
rapide.⁷

L. reuteri
diminue les régurgitations,
la constipation et les coliques.^{1,2,3}



Diminution significative des
symptômes après 3 jours

1. Harb et al, Systematic review and meta-analysis confirm effectiveness of L. reuteri for infantile colic. J Pediatr Gastroenterol Nutr 2016. 2. Coccorullo et al, L. reuteri DSM 17938 in infants with chronic constipation: a double-blind, randomized, placebo controlled study. J pediatr 2010; 157: 598-602. 3. Indrio et al, L. reuteri accelerates gastric emptying and improves regurgitation in infants, Eur J Clin Invest 2010. 4. Vivatkin et al, Effect of a whey-predominant starter formula containing LCPUFAs and oligosaccharides (FOS/GOS) on GI comfort in infants. Asia Poe J Clin Nutr 2010; 19(4): 473-80. 5. Infante et al, Modification of stool's water content in constipated infants: management with an adapted infant formula. Nutr J 2011; 10:55-8. 6. Chevalier B et al. Arch Pediatr 2009; 16(4):343-352. 7. Flittner et al. Feeding commercial soy formula or partially hydrolysed, low lactose formula resolves symptoms in fussy infants. Pediatric research 2007; 62(4): 520.

* Nutrients 2021; 13:3336, Vandenplas et al. An observational Real-life study with a new Infant formula in infants with Functional gastro-intestinal disorders.

Ce document est exclusivement réservé à l'information des professionnels de la santé.

Avis important pour tous les (para) médicaux: L'Organisation Mondiale de la Santé (OMS) recommande d'informer les femmes enceintes et les mamans de nourrissons sur les avantages et la supériorité de l'allaitement maternel, et plus particulièrement sur le fait qu'il fournit la meilleure alimentation et la meilleure protection contre les maladies infantiles. Les mères devraient recevoir des conseils sur la préparation, et le maintien de la lactation, avec un accent particulier sur l'importance d'une alimentation équilibrée pendant la grossesse et après l'accouchement. L'introduction inutile du biberon, des aliments et boissons, doit être découragée car cela aura un effet négatif sur l'allaitement au sein. De même, les mères doivent être averties de la difficulté de revenir sur la décision de ne pas allaiter. Avant de conseiller une mère d'utiliser un lait infantile, elle doit être informée sur les conséquences sociales et financières de sa décision: par exemple, un bébé qui est exclusivement nourri au biberon nécessite environ 450g de poudre par semaine. Dès lors, les circonstances et le coût pour la famille doivent être pris en considération. Les mamans doivent savoir que l'allaitement au sein n'est pas seulement le meilleur aliment pour leur bébé mais aussi le plus économique. Si la décision d'utiliser une préparation pour nourrissons est prise, il est important de donner aux parents des instructions correctes sur les méthodes de préparation, en soulignant que l'eau non bouillie, des bouteilles non stérilisées ou une dilution incorrecte peuvent rendre le bébé malade. Avec les compliments de Nestlé. ER: K. Desmedt, Nestlé Belgique SA/NV, Rue de Birminghamstraat 221 - 1070 Bruxelles/Brussel, BCE/KBO 0402.231.383. PID4066 - Septembre 2026.

EDITORIAL (Christophe Chantrain & Marc Raes)	207-208
RESEARCH ARTICLES	
Quality Assessment of the Collaboration and Experiences of General Practitioners and Allied Healthcare Providers Supported by a Liaison Team in Pediatric Palliative Care: A Single-centre Survey... Kato Dens, Marlien Torfs, Linde Vanhessche, Ilse Ruysseveldt, Marleen Renard, Veerle Labarque	209-216
Bridging the Gap: A Survey of Emergency Staff Perspectives on Paediatric Pain Management in an Academic Hospital..... Saar Borloo, Marc Sabbe, David De Coninck, Dries Helsloot, Jaan Toelen	217-226
Evolution of Cerebral Palsy Diagnosis in a High-Risk Neonatal Population: A Cohort Study over Two Decades Ruth Demerre, Nathalie De Beukelaer, Sofie Vuylsteke, Anne Debeer, Gunnar Naulaers, Christine Vanhole, Katrien Jansen, Els Ortibus, Liesbeth Thewissen	227-238
Heated Cot Use during the First Postnatal Days in Term Neonates: A Multicentre Retrospective Observational Study..... Liselot De Cloedt, Sophie Bosteels, Janneke Theodora Dammers, Karima Soussi, Marisse Meeus, Edgar van Mil, Antonius Mulder	239-250
REVIEW ARTICLES	
Systematic Review on the Gastrointestinal Microbiome in the Diagnosis and Treatment of Anorexia Nervosa Emilie Mousson, Fieke Van den Broeck, Katrien Van der Vaerent, Jaan Toelen	251-262
Efficacy and Safety of Therapeutic Options in Children and Adolescents With Persistent or Chronic Primary Immune Thrombocytopenia: A Systematic Review Emma Van Den Dorpe, Hannah Van Roeyen, Veerle Labarque	263-292
CASE REPORTS	
Congenital Erosive and Vesicular Dermatitis (CEVD): A Rare Case and Review of the Literature Paulien Driesen, Anna Driesen, Ifigenia Spanoudi-Kitrimi	293-298
An Obstructing Ileal Duplication Cyst Masked by Campylobacter Gastroenteritis: a Rare Case Report Giliam March, Johan Fierens, Tine Van Ackere, Kim Van Der Eecken	299-302
Cervical Dystonia as an Underrecognised Feature of Gaucher Disease Type 3: Successful Treatment With Botulinum Toxin in Two Paediatric Siblings David Aktan, Charlotte Mouraux, Serpil Alkan, Frédérique Depierreux	303-308
Isolated Foetal Ascites Associated with a Urachal Cyst and Posterior Urethral Valves: A Case Report and Literature Review Hayat El Kaddouri, Lieselot Peremans, Ellen Roets, Ellen Vandamme, Amber Descamps, Daute De Brucker, Lara Garabedian	309-318
SHORT COMMUNICATION	
Paracetamol Syrups and Propylene Glycol Exposure in Children: A Reflection on the Current Belgian Context Karel Allegaert	319-322
MADE IN BELGIUM	
Impacts of Antenatal Exposure to a Mixture of Endocrine Disruptors on Cognitive and Neuromotor Functions in Preschool Children Christophe Barrea; Promoters: Anne-Simone Parent a,b, Laurence Rousselle	323-324
EXPERT'S OPINION	
Newborn Screening François Eyskens	325-326
INSIGHTS	
Genomic Newborn Screening in Belgium: Opening the Debate of Public Health Evaluation Valerie Jacquemin, Kristine Hovhannesian, Tamara Dangouloff, Davood Mashhadizadeh, Myriam Mni, Catherine Pieltain, Sebastien Grandfils, Vincent Rigo, Nadege Hennuy, Francois Boemer, Laurent Servais on behalf of the BabyDetect Expert Panel	327-332
Paediatric Pharmacotherapy for Common Obesity: Position Statement of a Tertiary Multidisciplinary Paediatric Rehabilitation Centre for Chronic Diseases Silke Stalpaert, Ann Tanghe, Evie Stremersch, Inge Gies, Jean-Paul Thissen, Koen Frederix, Véronique Beauloye	333-340
MINUTES	341-344

130
JAAR

NUTRICIA
ONDERZOEK



NIEUW

Nutrilon® Rice Pro

Dé plantaardige keuze*

bij koemelkeiwitallergie en
lactose-intolerantie



Rijst-eiwithydrolysaat
100% plantaardige eiwitten*



Klinisch bewezen **veilig en effectief**
bij koemelkallergie (KMEA)^{1,2}



Natuurlijk **lactosevrij**



Ingedikt met **zetmeel**

Terugbetaling
vanaf 1 september 2026
Voor actuele informatie
scan de QR code



0-36 maanden
498-4233



*100% plantaardige eiwitten met toegevoegde aminozuren. Belangrijk: Borstvoeding is de ideale voeding voor zuigelingen. Nutrilon Rice Pro is een voeding voor medisch gebruik. Dieetvoeding bij koemelkeiwitallergie en lactose-intolerantie. Te gebruiken onder medisch toezicht, na alle voedingsopties te hebben overwogen, met inbegrip van borstvoeding. Informatie uitsluitend bestemd voor het (para)medische korps.

Referenties: 1. Data on file, Danone, 2025. 2. Oude Nijhuis M, et al. Growth, safety and tolerance of a new hydrolysed rice formula in infants with CMA poster presentation p52 EAACI PAAM. V.U.: N.V. Danone Belux, Werkhuizenkaai 160, 1000 Brussel

The silent troublemakers... disruptors!

Since the 1960s, the environments in which children grow up have undergone profound changes, with plastics, food packaging, cosmetics, treated textiles, toys and building materials becoming commonplace. Among the tens of thousands of chemicals that surround us, it is estimated that between 800 and 1,400 possess endocrine-disrupting properties. These endocrine disruptors (EDs) are exogenous substances capable of interfering with the synthesis, secretion, transport or action of hormones. The paradox of their toxicity is that it does not follow the classic dose-response pattern: a low dose can be more harmful than a high one, effects can occur long after exposure and above all, the window of exposure rather than the dose often determines the type of damage. This is precisely why children, and even more so fetuses, are the most vulnerable. The first 1000 days, from conception to around the age of two, constitute a critical period of hormonal development, including sexual differentiation, brain maturation, and the establishment of the thyroid and metabolic axes. In utero, the placenta is not an impermeable barrier to these substances. In infants, diet and feeding containers, teether and toys brought to the mouth and the greater skin contact relative to body mass are additional factors of exposure. The effects of transgenerational exposure via parental gametes are also under discussion. Biomonitoring studies carried out in Belgium such as the Vlaams Humane-Biomonitoring Programme (VHBP) in Flanders and the biomonitoring campaign by the Public Service Scientific Institute (ISSEP) in Wallonia have confirmed the observation done in many countries: the entire population is impregnated with many substances such as bisphenols, phthalates, parabens, perfluorinated compounds (PFAS), flame retardants and glycol ethers and the higher impregnation levels are found in children (1, 2).

The paediatric data is gradually accumulating. Associations are described as plausible and, for certain substances, probable with cryptorchidism or hypospadias, precocious puberty (particularly in girls), neurodevelopmental disorders (ADHD, autism spectrum disorders, reduced IQ), obesity and metabolic disorders, thyroid diseases, and even certain types of leukaemia and childhood cancers (3, 4). None of these associations amounts to perfect experimental causality, but all call for caution, responsibility and greater awareness. This issue of the Belgian Journal of Paediatrics aims to address this concern. Our "Made In Belgium" section summarises the thesis of Christophe Barrea on the "Impacts of antenatal exposure to a mixture of endocrine disruptors on cognitive and neuromotor functions in preschool children". His work supports negative associations between prenatal exposure to EDs and specific cognitive functions in children. As often reported in the literature, his findings illustrate a sex-specific effect and highlight the value of analyses that more closely reflect real-world health scenarios by assessing the effects of mixtures rather than the effect of an isolated substance. The journal also wants to highlight the awareness campaign recently launched by the Federal Public Service for Public Health, Food Chain Safety and the Environment on protecting children from endocrine disruptors (5).

Due to the complexity of this subject, it is essential that first-line practitioners and the entire paediatric community are involved. Three potential pitfalls must be avoided. The first is denial: using the lack of absolute proof as an excuse to say nothing, when, as toxicologists remind us, the absence of evidence of harm must not be confused with evidence of the absence of harm. The second is alarmism: turning every consultation into a catalogue of dietary restrictions, making parents feel guilty for not having chosen the chemical composition of their environment. The third, undoubtedly the most insidious, is delegation: treating this as an issue for toxicologists and regulators alone and failing to pass the message on to our patients and their families. Paediatricians have an irreplaceable

UW VRAGEN OF COMMENTAAR
VOS QUESTIONS OU COMMENTAIRES



Comité de rédaction - Redactieraad
M. Raes - C. Chantrain
Cliniques universitaires Saint-
Luc- Paediatric Department, Avenue
Hippocrate 10, 1200 Brussels
E-mail: bjp@baop.be

role that neither the epidemiologist nor the legislator can fulfil. They know the history of the child and the family, they watch the windows of vulnerability pass one by one — conception, pregnancy, breastfeeding, complementary feeding, starting school — and they remain a trusted source of health information for parents. Counselling on environmental health should gradually achieve the same status as advice on nutrition, sleep, or screen time. Concrete levers exist and only need to be relayed: prefer glass and stainless steel to plastics, in particular when heating food; limit young children's contact with non-essential cosmetics; ventilate and dust interiors, where EDs accumulate in household dust; favour fresh, minimally processed foods, less exposed to food-contact materials. These simple, realistic messages must be accompanied by an essential reminder: the benefits of breastfeeding far outweigh the risks associated with the low levels of contamination in breast milk.

This approach by local stakeholders does not absolve health authorities and regulators of their responsibility. For a long time, the European Union has been a pioneer in introducing regulations based on a reversal of the burden of proof, requiring the industry to demonstrate the safety of a substance before it is placed on the market. Today, the European Commission has launched a series of legislative simplification “Omnibus packages”. Some amendments have been introduced or are under discussion to relax labelling requirements, facilitate temporary derogations for previously banned substances and weaken the precautionary principle on which European plant health regulations were founded (6,7).

EDs call for a paradigm shift: at a time when we are gaining ever better control of the infectious and nutritional diseases in children, it is their chemical environment that is silently becoming one of the major determinants of their future health. Paediatrics still has a role to play in raising awareness of this issue and ensuring it is heard at every consultation and at all levels of our societies. With this editorial introduction, we hope you enjoy reading our autumn issue and find it informative.

Christophe Chantrain and Marc Raes

REFERENCES

1. Hans R, Ann C, Bert M, Maja M, Dries C, Gudrun K, et al. The added value of a surveillance human biomonitoring program: The case of FLEHS in Flanders (Belgium). *International Journal of Hygiene and Environmental Health*. 2017;220(2, Part A):46-54.
2. ISSEP. Biomonitoring: les enfants trop exposés aux substances chimiques. Liège, Belgium: Institut Scientifique de Service Public; 2023 [cited 2026 October 2]. Available from: <https://www.wallonie.be/fr/actualites/biomonitoring-les-enfants-trop-exposes-aux-substances-chimiques>.
3. Kahn LG, Philippat C, Nakayama SF, Slama R, Trasande L. Endocrine-disrupting chemicals: implications for human health. *Lancet Diabetes Endocrinol*. 2020;8(8):703-18.
4. Mary HW, Jessica MM, Rebecca T, Heljä-Marja S, Hanna Ö, Juha K, et al. Maternal serum concentrations of persistent organic pollutants and childhood acute lymphoblastic leukemia in the Finnish Maternity Cohort. *Environmental Research*. 2026;299:124280.
5. SPF. Protégez les enfants des perturbateurs endocriniens dès les 1000 premiers jours. Brussels, Belgium: SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement; 2026 [cited 2026 October 2]. Available from: <https://www.health.belgium.be/fr/actualites/2026-4-protegez-enfants-perturbateurs-endocriniens-1-000-premiers-jours> (FR) or <https://www.health.belgium.be/nl/nieuws/2026-4-bescherm-kinderen-tegen-hormoonverstoorders-vanaf-eerste-1000-dagen> (NL).

UW VRAGEN OF COMMENTAAR
VOS QUESTIONS OU COMMENTAIRES



Comité de rédaction - Redactieraad
M. Raes - C. Chantrain
Cliniques universitaires Saint-
Luc- Paediatric Department, Avenue
Hippocrate 10, 1200 Brussels
E-mail: bjp@baop.be