

Difficult Issue for Child Disease Diagnosis, Treatment and Drug Development

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Abstract

Child disease diagnosis is more difficult than that of adults. Due to their young age, they cannot express their illness, symptoms and feeling in correct words and language. Children are often more vulnerable to drug treatment. This may lead to falsified diagnosis and treatment in the clinic. More care should be paid for child disease diagnosis, treatments and drug development. This Editorial discusses this issue of child disease diagnosis and treatment in general.

Keywords: Pediatrics; Clinic Symptoms, Disease Diagnosis, Biotechnology

Introduction

Child disease diagnosis and treatment is more difficult than that of adults. Due to their young age, they cannot express their illness, symptoms and feeling in correct words and language. This may lead to falsified diagnosis and treatment in the clinic. More care should be paid for child disease diagnosis, treatments and drug development. This Editorial discusses this issue of child disease diagnosis and treatment.

Methods

To counteract the issue of diagnostic dilemma, doctors should be more care about the data of image, color and expressive characters of child faces or overall condition. New guideline and education should be allocated for this limitation and dilemma for child disease treatment.

Financial status

Financial condition of children families is an important issue for disease treatment choice. In developing countries, diagnosis by expensive instruments is unbearable for parents. In addition, licensed drugs for children is much less than licensed drugs for adults. Many low-tier hospitals has much less preparedness for child drugs.

Results

Since child diseases are more difficult to identify, clinical diagnosis and treatments should be more reliance on doctor's experience and modern technology. New diagnostic systems and technology should be designed for children.

Discussion

In rural areas, doctors are not specialists for child. Its therapeutic experience and outcomes are compromised for child treatment. These problems may be improved by further education, researches and clinical study. The delay of child disease diagnosis and treatment should be noticed. Medical, scientific, educational and technique progresses should be made for overcoming such dilemma and challenge.

Drug development

Drug development is not the same between children and adults. It contains the study in both animals and human beings [1-4]. Many other unidentified knowledge and modern technology should be explored [5,6]. They may be represented as:

- Genomic study
- Discovery of aberrant molecules
- Drug toxicology study in children
- Meta-analysis between treatment of children and adults
- Absorption, distribution, metabolism and excretion of drug study in children
- Personalized or precision medicine.

Conclusion

A lot of different pathways cancer help our capabilities to diagnosis and treat young patients. Experience exchange, knowledge accumulation and global conference can be issues for treatment promotion of child diseases.

Bibliography

1. Lu DY, *et al.* "Anticancer drug development, system updating and global participation". *Current Drug Therapy* 12.1 (2017): 37-45.
2. Lu DY, *et al.* "Anticancer drug development, getting out from bottleneck". *Medicinal Chemistry (LA, US)* 7.1 (2017): 423 (739-744).
3. Lu DY, *et al.* "Perspectives of personalized cancer therapy". *Advances in Biotechnology and Microbiology* 4.3 (2017): 555637.
4. Lu DY, *et al.* "Type 2 diabetes treatment and drug development study". *The Open Diabetes Journal* 8.1 (2018): 22-33.
5. Lu DY, *et al.* "Medical treatment for chronic or aggressive diseases, palliative therapy and nursery". *Novel Research in Sciences* 3.2 (2020): 556.
6. Lu DY, *et al.* "Cardiovascular emergency, sign notice". *EC Emergency Medicine and Critical Care* 5.5 (2021): 44-46.

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