# AIIMS/JDH/PED/2021/246

Date: - 29/7/21

To,

The Member Secretary Institutional Ethical Committee AIIMS, Jodhpur

Subject: Submission of intramural (Non Funded) project for ethical clearance Dear Sir,

I am submitting a survey based study entitled "Post COVID neurological complications in children" for ethical clearance in 1 copy.

Kindly do needful.

Thanking you,

Yours Sincerely,

Dr. Lokesh Saini

Assistant Professor

Department of Pediatrics

AIIMS, Jodhpur

डॉ. युत्रधीन सिंह

Dr. Kuldeep Singh आचार्य व विभागाव्यक्ष, शिशु विकित्सा Professor & HOD, Pediatrics

एम्स, जोधपुर (राज.) AllMS, Jodhpur (Raj.)



## All India Institute of Medical Sciences Jodhpur, Rajasthan

## Format of submission of Research Project to Institution Ethics Committee (HR)

Note: Fill all columns neatly. Use additional sheets, if required

S.No.		
1.	Title of the Research Project	Post COVID neurological complications in children.
2.	Name, designation & address of Principal Investigator/Supervisor  Dr. Lokesh Saini Assistant Professor Department of Pediatrics, AIIMS, Jodhpur	Signature of Principalडाँ. लोकेश सेनी Dr. Lokesh Saini Investigator/Supervisor सहायक आचार्य Assistant Professor शिशु विकास विभाग Department of Pediatrics अखिल भारतीय आयुर्विज्ञान संस्थान, जोबाद्
3.	Name, Designation & address of Co-investigators (AIIMS)	Signature of Co-Investigatorsstitute of Medical Sciences, Jo
	a. <b>Dr. Kuldeep Singh</b> , Professor and Head, Department of Pediatrics	Dr. Kuldeep Singh आचार्य व विभागाध्यक्ष, शिशु चिकित्सा Professor & HOD, Pediatrics एम्स, जोधपुर (राज.) AHMS, Jodhpur (Pal)
	b. <b>Dr. Daisy Khera</b> , Additional professor, Department of Pediatrics <b>डॉ. जगदीश प्रसाद गो</b> <b>Dr. Jagdish Prasad</b>	Goyal Department of Pediatrics
	c. Dr Jagdish Prasad Goyal, Professoही वार्य Professor Department of Pediatrics क्षिणु चिकत्सा विभाग Department of Pediatri अखिल भारतीय आयुर्विज्ञान संस्था All India Institute of Medical Scie	अखिल भारतीय आयुर्विज्ञान संस्थान, जोषपुर All India Institute of Medical Sciences, Jodhpur ics
	d. <b>Dr Prawin Kumar</b> , Associate professor, Department of Pediatrics	्रिक्स विकास
	e. <b>Dr Ashwini Agarwal,</b> Additional Professor, Department of Microbiology. सॉ. सर्वेश वि	Additional Profession Sciences Jodh
	f. <b>Dr Sarbesh Tiwari</b> , Assistant professor (व्यक्त) Department of diagnostic and Assistant Printerventional radiology	all India Institute o ofessor नल रेडियोलोजी विभाग nterventional Radiology nterventional Gibrary
4.	Name of the department(s) where research/study will be carried out	Department of Paediatrics
5.	Name of the institutions (Other than AIIMS) collaborating in the study (MoU duly signed by the Principal Investigator & Head of the Institution should also be submitted)	NA
6.	Details of the centres involved in multicentre study (applicable to multicentric studies only).	NA
7.	Name & address of Funding Agency	None
8.	Does the project involve :	

-			
		a. Clinical trial with new drug(s)/device(s)	NO
		approved by DCGI.	
		b. Clinical trial with existing	
		drug(s)/device(s) approved by DCGI.	NO
		c. Traditional medicine(s)	
		(Ayurvedic/Unani/Homeopathic/Tribal	
A.	कुंग मन्	System).	NO
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	कत्वा विभा	(m-15/10/6/7-)	NO
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der same		(if "a" is yes, kindly provide details/evidence of	NO
		experimental & clinical safety of the	
		drug(s)/device(s))	
	9.	Permission from DGFT if applicable:	Not required
	10.	Will human material be collected:	
	10.	a. If "yes" please specify the tissue	No
		b. Mode of collection of tissue (operation /	1.0
	7	biopsy / autopsy / abortion/others)	
	EJUL.		
	TOPA	specify.	
	Por	c. Is the procedure to obtain the tissue	NE
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		justification if the answer of "c" is yes.	
		d. Will the tissue be collected by a method	uhtapi sabri IIA
		otherwise not required for the	NO
		management of the patient. (If "yes",	NO
		specify the method with justification)	
20 O	Is	e. Please also see S.No 6.	
mortiol is	11.	Are there any anticipated risk(s) during the course	No
Section 2	-	of the study (procedural/adverse drug reaction or	0
	\$773 TO TO	any other).	
in g		(If"yes", please provide details along with	
		management/compensation of the risk factors).	
	12.	Details of fees/honorarium payable to	None
		investigators/collaborator/volunteers/ patients, if	
		any.	
	13.	Is clearance required from any other agency.	NO
		(If "yes", kindly furnish the details)	
6	14.	Is there any provision to compensate the	NO
	€	volunteers/patients in case of mishap?	
		(If "yes", please provide details.	
	15.	Conflict of interest of any investigator (If "yes",	NO
		please furnish details.	

Please attach the complete Research Project along with this form and statement of budget (If applicable). Johnson

Date:	Signature of Principal Investigator/Supervisor ਵਿੱਢ
	Dr. Kuldeep Singh आर्चार्य व विभागाध्यक्ष, शिशु चिकित्सा Professor & HOD, Pediatrics
	अपनार्य व विभागाध्यक्ष, शिशु चिकित्सा
Date:	Signature of Head of concerned Departments (रাज.) AllMS, Jodhpur (Raj.)
	AllMS, Jodhpur (Raj.)

## All India Institute of Medical Sciences Jodhpur, Rajasthan

### Check List for submitting research proposals to Institute Ethical Committee

1. Title of the project

Post COVID neurological complications in children.

2. Name, Designation

: Dr. Lokesh Saini, Assistant Professor,

Address of Principal

: Department of Pediatrics, AIIMS Jodhpur

Investigator

.

S.No.	Particulars	Yes	No	If No, Give reasons
1.	Research project	Yes		
2.	Performa for IEC (duly filled)	Yes		
3.	Informed consent form  a. English  b. Hindi/Vernacular		No	Not required Retrospector while CONTRAT Review
4.	Patient Information Sheet a. English b. Hindi/Vernacular		No	Not required Rebelieve And Conner Reviews
5.	Declaration by Principal Investigator	Yes		
6.	Case record form	Yes		
7.	Any other document for consideration by IEC		No	
8.	Permission to use copyrighted questionnaire and proforma		No	
9.	Brief CV of Principal Investigator	Yes		

	Date:		डॉ. लोकेश सेनी Dr. Lokesh Saini Signature of Principal Investignet आचार्य Assistant Professor शिशु चिकित्सा विभाग Department of Pediatrics
	III.	4	Department of Pediatrics आखल भारतीय आयुर्विज्ञान संस्थान, जोधप् All India Institute of Medical Sciences
	Tr.	In la	For office use only
Spring.	Date of ro	I sibni IIA	

Signature (On behalf of IEC)

# All India Institute of Medical Sciences Jodhpur, Rajasthan

#### **Declaration by the Principal Investigator**

#### I hereby declare that:

- 1. The study will be done as per ICMR/ GCP guidelines.
- 2. The study has not been initiated and shall be initiated only after ethical clearance
- 3. Voluntary written consent of the volunteers/patients will be obtained.
- 4. In case of children and mentally handicapped volunteers/patients, voluntary written informed consent of the parents/guardians will be obtained.
- 5. The probable risks involved in the study will be explained in full to the subjects/parents/guardians in their own language.
- 6. Volunteers/patients/parents/guardians will be at liberty to opt out of the study at any time without assigning reason.
- 7. I will terminate the study at any stage, if I have probable cause to believe, in the exercise of the good faith, skill and careful judgement required for me that continuation of the study/experiment is likely to result in injury/disability/death to the volunteers/subject.

डॉ. लॉक्रेश सैनी	
Dr. Lokesh Saint	
क्रायक आकार्य	
Assistant Professor	
must meane Pate:	
Parket Joseph 15 Village 122	
Department	

(Signature of Principal Investigator)

डॉ. लाकेण मेनी Dr. Lokesh Sai**ni** सहायक आचार्य Assistant Profess**ज** शिशु विकित्स विभाग Department of Partmeters अखिल भारतीय आय<sup>ि</sup>

All India Institute of 6

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**Protocol** 

Title: Post COVID neurological complications in children.

Introduction:

The first case of COVID 19 was reported in December 2019 in Wuhan, China (1), Since then we have already had 2 waves of OCIVD 19. Even though the child appears to be immune or less affected during the acute infection, post covid complications in children like MIS-C, neurological complications, immune-mediated conditions, etc., proved to be a nightmare for the treating physician.

As we all know COVID 19 infection is caused by the SARS-CoV-2 virus which belongs to the coronavirus family and is transmitted by aerosols.

SARS CoV2 invades via ACE2 receptor and transmembrane serine protease 2 (TMPRSS2) both the receptors are present in the CNS. This triggers the pro-inflammatory and pro coagulable cascade and causes symptoms either by direct invasion of the virus or by inducing vasculitis (2–4).

However neurological manifestations in the post COVID period is attributed to the immune-mediated (cytokine storm) phenomena similar to MIS-C, in both the condition cytokine levels like interleukin-1 $\beta$  (IL-1 $\beta$ ), IL-6, IL-8, IL-10, IL-17, IFN- $\gamma$  are found to be elevated and also elevated acute phase reactants (5).

These cytokines cause blood-brain barrier disruption, activate glial cells, and initiate neuroinflammation leading to manifestations like seizure, fatigue, encephalopathy, etc.,

Also, molecular mimicry between coronavirus with gangliosides and myelin basic protein can cause demyelination and can present as GBS (6,7).

## **Review of literature:**

There are only few articles published till date regarding the neurological manifestations associated with COVID 19 infection.

Author,	Demographics	Study	Conclusion
Ray et al., Prospective cohort study 2021 (8)	Children & adolescent <18 years, H/o COVID 19 infection, presenting with neurological symptoms.	Neurological manifestations of SARS-CoV-2 infection in hospitalised children and adolescents in the UK: a prospective national cohort study	Compared with patients with a primary neurological disorder, more patients with PIMS-TS needed intensive care, but outcomes were similar overall.
Siracusa et al., Systematic review (9)	Systematic review which included 59 patients from 44 article.	Neurological complications in pediatric patients with SARS-CoV-2 infection: a systematic review of the literature	Nervous system involvement could be isolated, developing during COVID-19 or after its recovery, or arise in the context of a MIS-C.
Lindan et al., (10)	38 children with neurological disease related to SARS CoV2 infection were identified.	Neuroimaging manifestations in children with SARS-CoV-2 infection: a multinational, multi-centre collaborative study	Acute-phase and delayed-phase SARS-CoV-2-related CNS abnormalities are seen in children. Recurring patterns of disease and atypical neuroimaging manifestations can be found and should be recognized being as potentially due to SARS-CoV-2 infection as an underlying etiological factor.

Aims and Objectives:

• To know the possible association of COVID 19 and neurological manifestations in

children

To know the spectrum of neurological manifestations in children with COVID 19.

## **Materials and Methods**

Study Design: Retrospective study

Study period: January 2020 - August 2021

Study Site: Department of Pediatrics, All India Institute of Medical Sciences, Jodhpur.

**Study Population:** Retrospective data of all children aged 1month to 18 years who were admitted in AIIMS with neurological manifestations and either h/o COVID / COVID contact or positive COVID serology collected.

Sample size: Time dependent

**Study Participants:** 

#### **Inclusion Criteria**

1. Children 1 month to 18 years of age

2. Children with neurological manifestations like seizure, encephalopathy/encephalitis, neurovascular manifestations and immune mediated neurological conditions etc., with

prior h/o COVID 19 infection / contact.

3. Children with neurological manifestations like seizure, encephalopathy/encephalitis, neurovascular manifestations and immune mediated neurological conditions etc., with

positive serology.

### Methodology:

A retrospective data will be collected from the period of Jan 2021 to July 2021, including all children aged from 1month to 18 years of age who presented to our pediatric emergency or OPD with the neurological manifestation with h/o COVID 19 infection or positive COVID serology.

The details of the cases will be recorded (as mentioned in the case record form), which includes demographics, presentation, evidence of SARS-CoV-2 infection, investigations, treatment and outcome.

The neurological manifestations were further categorized into seizures, headache/meningism, cerebrovascular event (stroke ischemic or hemorrhagic and CSVT), encephalopathy/encephalitis, demyelinating pathology, peripheral nervous system involvement, neuropsychiatric manifestations or movement disorder.

Investigations of the patients including acute phase reactants, CSF examination (if done), neuroimaging and other investigations will be noted down.

Also, the course during the hospital stay like whether the child required PICU admission, ionotropic support and immunomodulatory therapy will also be entered in the case record form.

#### Ethics and disseminations:

- Research ethics approval: The study would be undertaken after the ethical clearance from institute's ethical committee.
- Confidentiality: The confidentiality of information obtained will be maintained and revealed only to doctor/auditor involved in study and if required to regulatory authorities.

# Case Record Form:

Name	
Age	
Sex	
Registration number (UHID)	
Diagnosis	
Underlying comorbidity	
Clinical features:	
Systemic features	
Respiratory involvement	
Encephalopathy	
Seizures	
Headache / meningism	
PNS involvement	
Focal CNS involvement	
Behavioural change	
Cerebrovascular disease	
Demyelination	
	Registration number (UHID)  Diagnosis  Underlying comorbidity  Clinical features:  Systemic features  Respiratory involvement  Encephalopathy  Seizures  Headache / meningism  PNS involvement  Focal CNS involvement  Behavioural change  Cerebrovascular disease

	Movement disorder	
	Neuropsychiatric	
	manifestation	
8.	Investigations:	
	SARS-CoV-2 PCR +ve	
	COVID serology positive	
	Hs CRP	
	IL-6	
	Ferritin	
	CSF (if done)	
	Neuroimaging	
	Other:	
9.	Treatment:	
	ICU admission	
	Immunomodulation	
	Ionotropic support	
10.	Outcome:	
	Discharged without disability	

	Disability	
	Death	
11.	Follow up	

#### References:

- 1. Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. N Engl J Med. 2020 Feb 20;382(8):727–33.
- 2. Gulko E, Overby P, Ali S, Mehta H, Al-Mufti F, Gomes W. Vessel Wall Enhancement and Focal Cerebral Arteriopathy in a Pediatric Patient with Acute Infarct and COVID-19 Infection. Am J Neuroradiol. 2020 Dec;41(12):2348–50.
- 3. Song E, Zhang C, Israelow B, Lu-Culligan A, Prado AV, Skriabine S, et al. Neuroinvasion of SARS-CoV-2 in human and mouse brain. J Exp Med. 2021 Mar 1;218(3):e20202135.
- 4. Klok FA, Kruip MJHA, van der Meer NJM, Arbous MS, Gommers DAMPJ, Kant KM, et al. Incidence of thrombotic complications in critically ill ICU patients with COVID-19. Thromb Res. 2020 Jul;191:145–7.
- 5. Carter MJ, Fish M, Jennings A, Doores KJ, Wellman P, Seow J, et al. Peripheral immunophenotypes in children with multisystem inflammatory syndrome associated with SARS-CoV-2 infection. Nat Med. 2020 Nov;26(11):1701–7.
- 6. Dalakas MC. Guillain-Barré syndrome: The first documented COVID-19-triggered autoimmune neurologic disease: More to come with myositis in the offing. Neurol-Neuroimmunol Neuroinflammation. 2020 Sep;7(5):e781.
- 7. Cataldi M, Pignataro G, Taglialatela M. Neurobiology of coronaviruses: Potential relevance for COVID-19. Neurobiol Dis. 2020 Sep;143:105007.
- 8. Ray STJ, Abdel-Mannan O, Sa M, Fuller C, Wood GK, Pysden K, et al. Neurological manifestations of SARS-CoV-2 infection in hospitalised children and adolescents in the UK: a prospective national cohort study. Lancet Child Adolesc Health. 2021 Jul;S2352464221001930.
- 9. Siracusa L, Cascio A, Giordano S, Medaglia AA, Restivo GA, Pirrone I, et al. Neurological complications in pediatric patients with SARS-CoV-2 infection: a systematic review of the literature. Ital J Pediatr. 2021 Dec;47(1):123.
- Lindan CE, Mankad K, Ram D, Kociolek LK, Silvera VM, Boddaert N, et al. Neuroimaging manifestations in children with SARS-CoV-2 infection: a multinational, multicentre collaborative study. Lancet Child Adolesc Health. 2021 Mar;5(3):167–77.



Name:	Dr. Lokesh saini
Designation:	Assistant Professor
Department:	Department of pediatrics
Instittute:	AIIMS, Jodhpur
Date Of Birth:	16/07/1982
Sex:	Male
SC/ST:	No

# II) Education Details:

Sno.	Institution Place	Degree Awarded	Year	Field of Study
1	PGIMER Chandigarh	MD	2012	Pediatrics
2	AIIMS, New Delhi	DM	2016	Pediatric Neurology

# III) Employment Details:

Sno.	Institution Place	Position	From (Date)	To (date)
		I make	Med (1994), Al (1994)	i the man on
1	DCIMED Chandings to			~
,	PGIMER Chandigarh	Assistant Professor	06/04/2017	30/06/2020

1	PGIMER Chandigarh	Assistant Professor	06/04/2017	30/06/2020
2	PGIMER Chandigarh	Associate professor Professor	01/07/2020	14/04/2021
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# IV) Honors/Awards:

Sno.	Reader	No.	Description
1.	International		International scholarship award 2020 by American academy of Neurology
2.	National	Mark Mark	FOR THE PARTY OF T

# V) Publications: 97

Sno.	total	No. 125
1.	International	85

2. National 40

Uploaded additional information

Not uploaded

#### Publication Details:

Uploaded list of Publication in the peer review Journal of impact factor 1 and above

- Dayal D, Saini L, Attri SV, Singh B, Bhalla AK. Daily versus alternate day thyroxine therapy to maintain euthyroidismin children with congenital hypothyroidism: Int J Endocrinol Metab. 2013 Oct 1;11(4):e9499
- Gulati S, Chakrabarty B, Kumar A, Jain P, Patel H, Saini L.Acquired demyelinating disorders of central nervous system: A pediatric cohort. Ann Indian Acad Neurol. 2015 Sep;18(Suppl 1):S48-55
- 3. Saini L, Chakrabarty B, Gulati S, Kumar A. A rare cause of occipital headache. J Pediatr Neurosci. 2015 OctDec;10(4):416-7.
- 4. Saini L, Kumar RM, Chakrabarty B, Gulati S. Recurrent headache in a five year old boy. Ann Indian Acad Neurol. 2016 Jan-Mar;19(1):143-5.
- Saini L, Chakrabarty B, Kumar A, Gulati S.A Mutation-Positive Child of Megalencephalic Leukoencephalopathy With Subcortical Cysts: Classical Imaging Findings. Pediatr Neurol. 2015 Aug 21
- 6. Saini L, Chakrabarty B, Kumar A, Gulati S.Cystic lesion of the fourth ventricle: Role of CISS.Neurology. 2015 Sep 29;85(13):1181-2.
- 7. Saini L, Chakrabarty B, Kumar A, Gulati S. A genetically proven case of Pelizaeus Merzbacher Disease: clinicoradiological clues.
- 8. Kumar M R, Saini L, Kaushik JS, Chakrabarty B, Kumar A, Gulati S. A Combination of Moyamoya Pattern and Cerebral Venous Sinus Thrombosis: A Case of Tubercular Vasculopathy. J Trop Pediatr. 2015 Oct;61(5):393-6.
- 9. Dubey R, Saini L, Manokaran RK, Chakrabarty B, Agrawal D, Kumar A, Gulati S. A Trembling Child at Rest, Action, and Intention: A Unique Treatable Entity. Pediatr Neurol. 2015 Sep;53(3):268-9.
- 10. Dubey R, Kaushik JS, Israni A, Saini L, Patel H, Chakrabarty B, Gulati S.Finger drop sign: Rare presentation of a common disorder. Brain Dev. 2015 Aug 28. pii: S0387-

- 7604(15)00158-8.
- 11. Dubey R, Chakrabarty B, Saini L, Madaan P, Gulati S.Bilateral ophthalmoplegia in a child with migraine.Brain Dev. 2015 Nov 11
- 12. Patel H, Chakrabarty B, Gulati S, Sharma MC, Saini L. A case of congenital myopathy masquerading as paroxysmaldyskinesia. Ann Indian Acad Neurol. 2014 Oct;17(4):441-3
- 13. 13. Psychotic symptoms in anti-N-methyl-D-aspartate (NMDA) receptor encephalitis: A case report and challenges. Asian journal of psychiatry. 22(2016)135-137.
- 14. Saini L et al.Dengue fever trigerring hemiplegia, hemiconvulsion and epilepsy in a child. Neorology India
- 15. Saini L et al.Microcephaly with generalized dystonia. exception to the rule.Neurology India
- 16. Banerjee A, Saini L. Addition of pyridoxine to prednisolone in the treatment of infantile spasms: The knowledge gaps. Neurology India. 2018;66(5):1524–1524.
- 17. Bhattacharya D, Sharawat IK, Saini L. Intraventricular haemorrhage and obstructive hydrocephalus in a term neonate: an uncommon presentation of haemophilia B. BMJ case reports. 2018;2018.
- 18. 18. Dhawan SR, Gupta S, Saini L. Unexplained Transaminitis and Hyperactivity: Do Not Forget the Musculoskeletal Examination. The Indian Journal of Pediatrics. 2018;85(8):682–3.
- 19. Jauhari P, Saini L, Chakrabarty B, Kumar A, Gulati S. Juvenile Canavan Disease: A Leukodystrophy without White Matter Changes. Neuropediatrics. 2018;49(06):420–1.
- 20. Keshavan S, Peruri G, Suthar R, Angurana SK, Saini L, Sahu J. A Neonate with Exaggerated Startle and Tonic Spasms. Journal of Pediatric Neurology. 2018;
- 21. Konanki R, Gulati S, Prasad K, Saini L, Pandey RM, Paul VK. Comparison of telephone with face to face consultation for follow up of Neurocysticercosis. Epilepsy research. 2018;145:110–5.
- 22. Kumar S, Dhawan SR, Saini L, Singh P, Verma S, Singh M. Recurrent paradoxical tuberculosis with chest wall abscess and optochiasmatic tuberculoma. Journal of Pediatric Neurosciences. 2018;13(4):500.
- 23. Prasad V, Sharawat IK, Saini L, Dekate PSR, Penchala S, Varma DR. Acute Flaccid

- Paralysis: Intravenous Immunoglobulin is Not the Drug of Choice Always! The Indian Journal of Pediatrics. 2018;85(12):1139–40.
- 24. Saini L, Dekate PS, Prasad VV, Varma DR. Triad of gloom in a girl child: Aicardi syndrome. Neurology India. 2018;66(1):265.
- 25. Saini L, Jauhari P, Chakrabarty B, Kumar A, Gulati S. Isolated striatal lesions: A rare imaging finding of neurofibromatosis type I. Neurology India. 2018;66(2):572.
- 26. Sharawat IK, Kesavan S, Subramani V, Vyas S, Sahu JK, Saini L. Unusual Cause of White Cerebellum. The Indian Journal of Pediatrics. 2018;85(7):591–2.
- 27. Sharawat IK, Saini L, Kasinathan A, Kaur A, Sankhyan N. Teaching NeuroImages: Distinctive imaging in a paucisymptomatic child with leukodystrophy. Neurology. 2018;91(14):e1368–9.
- 28. Sharawat IK, Saini L, Randhawa MS, Ahuja CK. Extensive Mongolian spots and normocephaly: an uncommon presentation of infantile Sandhoff's disease. BMJ case reports. 2018;2018:bcr-2018.
- 29. Sharawat IK, Subramani V, Kesavan S, Saini L. Rare vascular complication of acute meningococcal meningitis in a child. BMJ case reports. 2018;2018:bcr-2018.
- 30. Shruthi N, Konanki R, Singh M, Saini L, Sondhi V, Jauhari P, et al. Telephonic follow for chronic childhood neurological disorders: A Teach and Treat Initiative (S28. 001). 2018;
- 31. Shruthi N, Sondhi V, Chakrabarty B, Jauhari P, Patel H, Saini L, et al. Comprehensive Neurodevelopmental Care: Initiatives to empower health care professionals and care givers in resource constrained settings (P3. 156). 2018;
- 32. Srinivasan S, Sharawat IK, Saini L, Mahapatra A. Junctional Epidermolysis Bullosa in a Neonate. Indian Pediatrics. 2018;55(12):1107–8.
- 33. Vellarikkal S, Jayarajan R, Verma A, Ravi R, Senthilvel V, Kumar A, et al. A founder mutation MLC1 c. 736delA associated with megalencephalic leukoencephalopathy with subcortical cysts-1 in north Indian kindred. Clinical genetics. 2018;94(2):271–3.
- 34. Banerjee A, Mukherjee S, Shah S, Saini L. Unilateral Bowing of Legs-Do not Forget to Examine the Skin. Pediatric neurology. 2019;
- 35. Dhawan SR, Adhikari U, Singanamala B, Kumaran S, Saini AG, Saini L. Recurrent Cerebrospinal Fluid Pleocytosis. The Indian Journal of Pediatrics. 2019;86(3):308–9.
- 36. Dhawan SR, Kesavan S, Saini L, Singh P, Sahu JK, Sankhyan N. Diffuse White Matter Involvement in Subacute Sclerosing Panencephalitis. Neuropediatrics.

- 2019;50(01):068-70.
- 37. Dhawan SR, Saini L, Attri SV, Kumar A, Sankhyan N. Owl's Eye Sign in a Reversible Etiology of Spastic Quadriparesis. Neuropediatrics. 2019;50(02):135–6.
- 38. Dhawan SR, Saini L, Ramachandran RP, Sankhyan N. Joint Hyperlaxity, Proximal Contractures, and Facial Weakness in Child With Spinal Muscular Atrophy. Journal of Clinical Neuromuscular Disease. 2019;20(3):138–40.
- 39. Gulati S, Kaushik JS, Saini L, Sondhi V, Madaan P, Arora N, et al. Development and validation of DSM-5 based diagnostic tool for children with Autism Spectrum Disorder. PloS one. 2019;14(3):e0213242.
- 40. Kathiravan M, Dhawan SR, Singanamala B, Saini L, Sahu JK. Levetiracetam Induced Neuropsychiatric Manifestation in a 5-year-old Boy. The Indian Journal of Pediatrics. 2019;86(2):193–193.
- 41. Madaan P, Keshavan S, Saini L. Poor clinico-radiological correlation: A hallmark of acute flaccid myelitis. Brain and Development. 2019;
- 42. Madaan P, Krishnappa A, Yadav J, Saini L. Selective Eating: A Common Fuss in Neurodevelopmental Disorders. Pediatric neurology. 2019;
- 43. Madaan P, Saini L. Acute encephalopathy with brain swelling. Brain and Development. 2019;
- 44. Madaan P, Saini L. Focal status epilepticus with unilateral brain edema: An expanding spectrum. Pediatric Neurology. 2019;
- 45. Madaan P, Saini L. Methotrexate myelopathy. Brain and Development. 2019;
- 46. Madaan P, Saini L. Nerve transfers in acute flaccid myelitis: a beacon of hope. Pediatric neurology. 2019;93:68.
- 47. Madaan P, Singanamala B, Saini L. Diagnostic clue in repetitive hand movements. Pediatric Neurology. 2019;
- 48. Madaan P, Swamy D, Saini L. Stroke following trivial trauma. Pediatric Neurology. 2019;
- 49. Mukherjee A, Dhawan SR, Saini L. Muscle Hypertrophy in a Child With Progressive Weakness–Thinking Beyond Muscular Dystrophy. Journal of Clinical Neuromuscular Disease. 2019;20(3):140–1.
- 50. Saini L, Madaan P, Naik MR. General movements: Longitudinal assessment better than cross-sectional. Brain and Development. 2019;

- 51. Sharawat IK, Saini L, De D, Sankhyan N. Nature's Canvas: An Infant With Stripes and Whorls. Pediatric neurology. 2019;92:76–7.
- 52. Jadhav YP, Dekate PS, Prasad V, Saini L. Comparison of noninvasive oscillometric and intra-arterial blood pressure measurements in children admitted to the pediatric intensive care unit.
- 53. Nada R, Gupta K, Saini L, Kapatia G, Singh M, Bhatia A, et al. Clinicopathological Conference Report. Hemoglobin (gm/dL). 11(10.2):8–7.
- 54. Nada R, Gupta K, Saini L, Kapatia G, Singh M, Bhatia A, et al. CLINICOPATHOLOGICAL CONFERENCE REPORT (CPC) Little Heart had too much to Bear
- 55. Banerjee A, Mukherjee S, Shah S, Saini L. Unilateral Bowing of Legs—Do not Forget to Examine the Skin. Pediatr Neurol. 2019 Jul;96:81-82. doi: 10.1016/j.pediatrneurol.2019.01.022.
- 56. Sharawat IK, Saini L, Singanamala B, et al. Metabolic crisis after trivial head trauma in late-onset isolated sulfite oxidase deficiency: Report of two new cases and review of published patients. Brain Dev. 2020;42(2):157-164. doi:10.1016/j.braindev.2019.11.003
- 57. Kesavan S, Saini L, Madaan P, et al. An Unusual Masquerader of Progressive Myoclonic Epilepsy. Indian J Pediatr. 2020;87(3):242-243. doi:10.1007/s12098-019-03056-6
- 58. Singanamala B, Noolu R, Madaan P, Saini L. Rhythmic Tongue Thrusting: A Useful Clinical Sign. Pediatr Neurol. 2020;102:81-82. doi:10.1016/j.pediatrneurol.2019.08.006
- 59. Devi AK, Reddy C, Madaan P, Sankhyan N, Saini L. The Wrath of Severe Term Hypoxic-Ischemic Encephalopathy. Indian J Pediatr. 2020;87(1):86-87. doi:10.1007/s12098-019-03053-9
- 60. Shankarrao Dekate P, Reddy S, Prasad V, Boda S, Saini L, Patil P. An Uncommon Cause of Hypertensive Urgency in Young Adolescent: Case Report. Indian J Crit Care Med. 2019;23(7):339-341. doi:10.5005/jp-journals-10071-23210
- 61. Madaan P, Saini L. Acute encephalopathy with brain swelling. Brain Dev. 2020;42(1):98-99. doi:10.1016/j.braindev.2019.02.006
- 62. Sharawat IK, Bhattacharya D, Saini L, Singh P. Multiple cerebral sinus venous thrombosis and venous infarct: rare complication of tuberculous meningitis in a child. BMJ Case Rep. 2019;12(7):e231419. Published 2019 Jul 22. doi:10.1136/bcr-2019-231419
- 63. Madaan P, Rao Pala N, Saini L. An infant with epilepsy: don't forget the importance of skin examination. BMJ Case Rep. 2019;12(8):e231818. Published 2019 Aug 26. doi:10.1136/bcr-2019-231818
- 64. Dhawan SR, Saini L, Verma Attri S, Kumar A, Sankhyan N. Owl's Eye Sign in a Reversible Etiology of Spastic Quadriparesis. Neuropediatrics. 2019;50(2):135-136. doi:10.1055/s-0038-1675627

- 65. Reddy C, Bhattacharya D, Madaan P, Saini L. Corpus callosum agenesis with interhemispheric cyst: a neuroimage to remember. BMJ Case Rep. 2019;12(7):e231375. Published 2019 Jul 24. doi:10.1136/bcr-2019-231375
- 66. Kesavan S, Sharawat IK, Dhawan SR, et al. Teaching NeuroImages: Beaking in the brainstem: A diagnostic clue. Neurology. 2019;92(17):e2066-e2067. doi:10.1212/WNL.0000000000007374
- 67. Soni V, Sharawat IK, Kasinathan A, Saini L, Suthar R. Kluver-Bucy syndrome in a girl with anti-NMDAR encephalitis. Neurol India. 2019;67(3):887-889. doi:10.4103/0028-3886.263181
- 68. Randhawa M, Dhawan SR, Kumar S, et al. Wormian Bones and Dilated Scalp Veins in an Infant With Epilepsy. J Pediatr Neurosci. 2019;14(2):103-104. doi:10.4103/jpn.JPN\_151\_18
- 69. Madaan P, Saini L. Focal Status Epilepticus With Unilateral Brain Edema: An Expanding Spectrum. Pediatr Neurol. 2019;99:94. doi:10.1016/j.pediatrneurol.2019.02.002
- 70. Madaan P, Saini L. Nerve Transfers in Acute Flaccid Myelitis: A Beacon of Hope. Pediatr Neurol. 2019;93:68. doi:10.1016/j.pediatrneurol.2018.12.018
- 71. Kesavan S, Dhawan S, Saini L, Attri SV, Vyas S, Sankhyan N. Reversible Basal Ganglia Changes and Metabolic Crisis in Infantile Tremor Syndrome [published online ahead of print, 2019 Nov 28]. Indian J Pediatr. 2019;10.1007/s12098-019-03111-2. doi:10.1007/s12098-019-03111-2
- 72. Sharawat IK, Bhattacharya D, Saini L. Goldenhar Syndrome with Imperforate Anus: New Association or Coincidence!. Indian J Pediatr. 2019;86(12):1150. doi:10.1007/s12098-019-03038-8
- 73. Dhawan SR, Sharawat IK, Kasinathan A, Saxena A, Saini L, Sankhyan N. A Girl with Progressive Vision Loss: Diagnostic Clues. Indian J Pediatr. 2019;86(11):1074-1075. doi:10.1007/s12098-019-03002-6
- 74. Kesavan S, Prithvi AB, Yadav J, Madaan P, Saini L, Sahu JK. Short Stature in a Girl with Muscular Dystrophy: Double Jeopardy!. Indian J Pediatr. 2019;86(11):1076-1077. doi:10.1007/s12098-019-03010-6
- 75. Madaan P, Mukherjee S, Reddy C, Yadav J, Saini L. Multiple café-au-lait macules and movement disorder: think beyond neurofibromatosis [published online ahead of print, 2019 Jul 27]. Arch Dis Child. 2019;archdischild-2019-317497. doi:10.1136/archdischild-2019-317497
- 76. Sharawat IK, Kurup A, Sondhi V, Saini L. Boy with Dysarthria and Frequent Falls: A Treatable Disorder. J Pediatr. 2019;215:280-280.e1. doi:10.1016/j.jpeds.2019.06.068
- 77. Madaan P, Keshavan S, Saini L. Poor clinico-radiological correlation: A hallmark of acute flaccid myelitis. Brain Dev. 2019;41(5):480-481. doi:10.1016/j.braindev.2019.02.001
- 78. Madaan P, Krishnappa A, Yadav J, Saini L. Selective Eating: A Common Fuss in Neurodevelopmental Disorders. Pediatr Neurol. 2019;95:90. doi:10.1016/j.pediatrneurol.2019.01.007
- 79. Madaan P, Saini L, Sankhyan N, et al. Tuberous sclerosis and cutaneous stigmata: ever-expanding spectrum [published online ahead of print, 2019 May 9]. Arch Dis Child. 2019;archdischild-2019-317218. doi:10.1136/archdischild-2019-317218
- 80. Madaan P, Singanamala B, Saini L. Diagnostic Clue in Repetitive Hand

- Movements. Pediatr Neurol. 2019;101:88. doi:10.1016/j.pediatrneurol.2019.03.012
- 81. Saini L, Madaan P, Naik MRR. General movements: Longitudinal assessment better than cross-sectional. Brain Dev. 2019;41(6):563-564. doi:10.1016/j.braindev.2019.03.001
- 82. Sharawat IK, Kohli TS, Saini L. Trembling hands and trembling ECG. BMJ Case Rep. 2019;12(6):e230618. Published 2019 Jun 2. doi:10.1136/bcr-2019-230618
- 83. Madaan P, Reddy C, Saini L. Gaze Palsy: An Important Diagnostic Clue. J Pediatr. 2019;212:236. doi:10.1016/j.jpeds.2019.03.048
- 84. Madaan P, Swamy D, Saini L. Stroke Following Trivial Trauma. Pediatr Neurol. 2019;96:83. doi:10.1016/j.pediatrneurol.2019.03.013
- 85. Sharawat IK, Mohandoss V, Saini L. Port-wine stain, limb hypertrophy, dilated veins and blue sclera: Klippel-Trenaunay syndrome. BMJ Case Rep. 2019;12(8):e230146. Published 2019 Aug 15. doi:10.1136/bcr-2019-230146
- 86. Hosur B, Vyas S, Saini L, Kesavan S. Extensive cerebellar necrosis. BMJ Case Rep. 2019;12(5):e230470. Published 2019 May 31. doi:10.1136/bcr-2019-230470
- 87. Singanamala B, Saini L, Madaan P, Singh P, Vaidya PC, Sahu JK. Antitubercular therapy-induced psychosis. Neurology. 2019;93(23):1012-1013. doi:10.1212/WNL.0000000000008578
- 88. Sharawat IK, Yadav J, Saini L. Novel GRIN2B mutation: A rare cause of severe epileptic encephalopathy. Neurol India. 2019;67(2):562-563. doi:10.4103/0028-3886.257986
- 89. Madaan P, Saini L. Methotrexate myelopathy. Brain Dev. 2019;41(7):644-645. doi:10.1016/j.braindev.2019.01.003
- 90. Kaur A, Bhagwat C, Madaan P, et al. Dancing Eyes. J Pediatr. 2019;214:231. doi:10.1016/j.jpeds.2019.06.035
- 91. Kumar J, Saini L. Neonatal Jaundice: Correspondence. Indian J Pediatr. 2019;86(9):867-868. doi:10.1007/s12098-019-02964-x
- 92. Einspieler C, Bos AF, Krieber-Tomantschger M, et al. Cerebral Palsy: Early Markers of Clinical Phenotype and Functional Outcome. J Clin Med. 2019;8(10):1616. Published 2019 Oct 4. doi:10.3390/jcm8101616
- 93. Kesavan S, Saini L, Madaan P, et al. An Unusual Masquerader of Progressive Myoclonic Epilepsy. *Indian J Pediatr*. 2020;87(3):242-243. doi:10.1007/s12098-019-03056-6
- 94. Singanamala B, Noolu R, Madaan P, Saini L. Rhythmic Tongue Thrusting: A Useful Clinical Sign. *Pediatr Neurol.* 2020;102:81-82. doi:10.1016/j.pediatrneurol.2019.08.006
- 95. Devi AK, Reddy C, Madaan P, Sankhyan N, Saini L. The Wrath of Severe Term Hypoxic-Ischemic Encephalopathy. *Indian J Pediatr*. 2020;87(1):86-87. doi:10.1007/s12098-019-03053-9
- 96. Singanamalla B, Singh B, Saini L, et al. Disseminated Cysticercosis-A Tropical Curse. *J Pediatr*. 2020;217:213. doi:10.1016/j.jpeds.2019.09.019
- 97. Madaan P, Saini L. Acute encephalopathy with brain swelling. *Brain Dev.* 2020;42(1):98-99. doi:10.1016/j.braindev.2019.02.006
- VI) Project(s) submitted/being pursued/carried out by Investigator:

Title of the project	Role (Principal Investigator or Co- Investigator	Funding Agency/No funding Agency	Amount of the project	Duration of the project (specify period)
Organ low cost biomechatronic rehabilitative solutions for children with congenital hemiparesis	CO-INVESTIGATOR	DST	44.80LAKH	24 months
Evaluation and efficacy of virtual reality in improving visual perception and Hand-eye coordination in children with hemiplegic cerebral palsy: randomized open label controlled trial	CO-INVESTIGATOR	DST	41.36 LAKH	18 months
Analysis of neural	CO-INVESTIGATOR	CSIR	Salary of	36 MONTHS
networksunderlying west syndrome using functional MRI			senior research officer per month as per rules	
West syndrome – EAST Trial	Co -Investugator	ICMR		24 Months

- VII) Professional Experience and Training relevant to the Project:

  1. Dr. Lokesh Saini has received second Certification for advanced training in the field of "General Movements" 21st November 2019
  - 2. Received certification for DASII "DEVELOPMENTAL ASSESSMENT SCALE FOR INDIAN INFANTS" certification. 19th October 2019

