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Research Article

Global Insights into Academic Leadership in Clinical Pediatric Neurology: A Bibliometric Analysis

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Abstract

Background: This study delves into the historical foundations and contemporary landscape of pediatric neurology, tracing the contributions of key figures and the emergence of scholarly inquiry into conditions such as cerebral palsy and muscular dystrophy.

Materials and methods: Through bibliometric analysis of over 1000 Google Scholar Citation profiles from 174 developing countries, the study identifies academic leaders in clinical pediatric neurology based on their H-index. Notable clinicians from diverse regions with an H-index of 20 or higher are highlighted, shedding light on disparities in academic productivity and opportunities for collaboration and knowledge exchange. Results: The analysis revealed notable clinical pediatric neurologists from several developing countries, including Aamir Jalal Al-Mosawi from Iraq (H-index 23), Asindi A. Asindi from Nigeria (H-index 23), and José Luiz D. Gherpelli from Brazil (H-index 21). Additionally, individuals from Malaysia, United Arab Emirates, Egypt, Indonesia, and other countries demonstrated substantial academic impact, with H-indices ranging from 10 to 17.

Conclusion: This study highlights the contributions of academic leaders in clinical pediatric neurology from diverse backgrounds. By recognizing and supporting these individuals, we can advance research, improve clinical practice, and ultimately enhance outcomes for children with neurological disorders worldwide.

Keywords: Pediatric neurology, evolution, pioneers, bibliometrics.

Introduction

Pediatric neurology encompasses a spectrum of disorders affecting the developing nervous system, including the brain, spinal cord, peripheral nerves, and muscles. The roots of this specialized field trace back to the pioneering work of individuals such as William John Little, Sir William Richard Gowers, and Sigmund Freud, who laid the foundation for understanding conditions like cerebral palsy and muscular dystrophy.

In the mid-19th century, William John Little (Figure-1A) provided one of the earliest accurate descriptions of cerebral palsy, highlighting its association with birth-related factors such as prematurity and birth asphyxia. His insights paved the way for further exploration into the etiology and classification of this complex condition. Little's contemporaries, including Sir William Richard Gowers and E. Mansel Sympson, further contributed to the understanding of cerebral palsy, emphasizing its congenital and acquired forms.

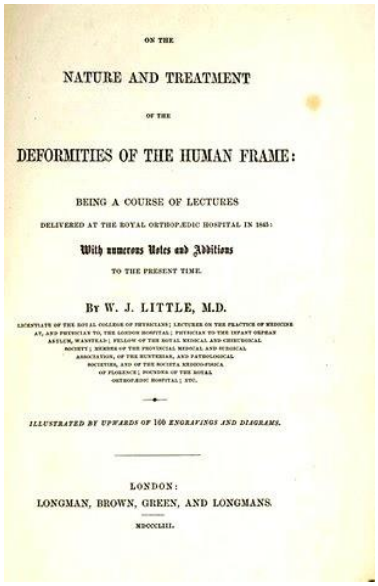
Figure-1A: William John Little (1810-1894) was the first to provide an accurate description of cerebral palsy

In 1843, William John Little provided his description of cerebral palsy in a series of lectures on the skeletal deformities given on the Royal Orthopedic Hospital. He called the condition "Spastic rigidity of the newborn children". In 1953, he published a detailed description of this childhood neurologic condition in a book entitled "Nature and Treatment of Deformities (Figure-1B)".

Early during the 1860s, he suggested the influence of parturition and labor abnormalities, premature birth, and birth asphyxia on the mental and physical condition of the child, and the development of deformities based on his clinical experience with more than 200 patients.

William John Little presented his notions in 1861 in a of the Obstetrical Society of London meeting. He underscores that the disorder was caused by problems occurring throughout pregnancy and labor. Little highlighted the contributory effects of placenta praevia and prematurity to the development of the condition.

William John Little underscored that cerebral palsy can result birth asphyxia through distorting the blood flow to the brain and causing brain damage.



ON THE

NATURE AND TREATMENT

OF THE

DEFORMITIES OF THE HUMAN FRAME:

BEING A COURSE OF LECTURES

DELIVERED AT THE ROYAL ORTHOPÆDIC HOSPITAL IN 1843:

With numerous Notes and Additions

TO THE PRESENT TIME.

By W. J. LITTLE, M.D.

ILLUSTRATED BY UPWARDS OF 100 ENGRAVINGS AND DIAGRAMS.

LONDON:

LONGMAN, BROWN, GREEN, AND LONGMANS.

Figure-1B: Little's book "Nature and Treatment of Deformities"

Dr Little thought that lack of oxygen during delivery is more important factor than birth injuries.

During the 1880s, Sir William Richard Gowers (Figure-C), called the disorder "Birth palsy" and supported Little's idea about its relation to difficult birth and classified it into central and peripheral".

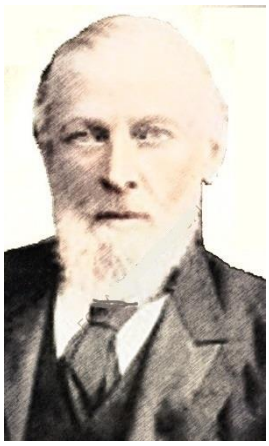


Figure-1C: Sir William Richard Gowers (March 20, 1845 - May 4, 1915)

Patients and methods

In 1888, in a series of lectures, William Osler (Figure-1D) called the condition cerebral palsy of children

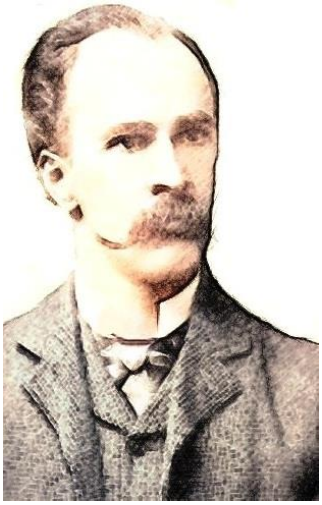


Figure-1D: Sir William Osler (July 12, 1849-December 29, 1919), a Canadian physician and one of the four founders of Johns Hopkins Hospital

Results

In 1890, E. Mansel Sympson (Figure-1E) suggested that cerebral palsy can be congenital and apparent at birth or becomes apparent later during infancy. E. Mansel Sympson reported two cases of spastic hemiplegic cerebral palsy; one congenital and one became apparent during infancy. He attributed the congenital form to localized cerebral palsy.

Figure-1E: E. Mansel Sympson

Sigmund Freud (Figure-1F) linked the site of the changes the brain with types of paresis and the location of the affected limb and described the motor disorder associated with cerebral palsy [1].

Simultaneously, the Neapolitan physician Giovanni Semmola and his successors shed light on severe childhood muscular dystrophy, later known as Semmola-Meryon-Duchenne syndrome. Edward Meryon's detailed observations of familial muscle disorders and Guillaume-Benjamin-Amand Duchenne's groundbreaking work on progressive muscular atrophy advanced our understanding of neuromuscular pathology

.

Figure-1F: Sigmund Freud (1856-1939), an Austrian physician who became later a psychiatrist

Discussion

The Neapolitan physician Giovanni Semmola (1793-1866) was probably the first to describe severe childhood muscular dystrophy (Semmola-Meryon-Duchenne syndrome) in a lecture to Academia Pontaniana in Naples in 1834.

In 1852, Dr. Edward Meryon (Figure-1G) reported a familial disorder affecting males causing significant muscle disease without central nervous system abnormalities. The disorder was associated with early degeneration of muscles with fatty infiltration. Edward Meryon suggested that the disorder was caused by a sarcolemmal defect and the disorder was genetically transmitted through females and affected males only.

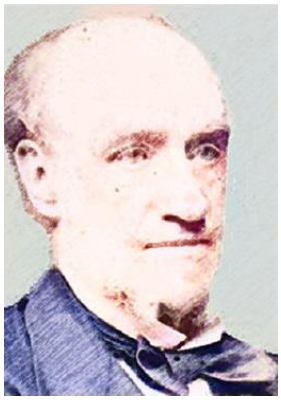


Figure-1G: Dr. Edward Meryon, an English physician

In a communication to the Royal Medical and Chirurgical Society in December 1851, Edward Meryon described in detail eight boys in three families with Semmola-Meryon-Duchenne syndrome.

This communication was published in the Transactions of the Society in 1852. In the same paper published in the Transactions of the Medical and Chirurgical Society in 1852, Edward Meryon described two more families afflicted by the disorder. Edward Meryon also published in 1864 a long chapter entitled paralysis from granular degeneration of the voluntary muscles in a book (Figure-H) entitled practical and pathological researches on the various forms of paralysis published. In this chapter, Meryon included two families from his earlier publication.

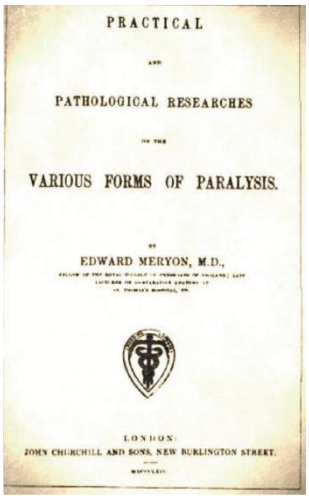


Figure-1H: The book entitled practical and pathological researches on the various forms of paralysis published by Edward Meryon

In, 1861, the French physician Guillaume-Benjamin-Amand Duchenne, provided a detailed description of the disorder and pictures of an affected patient. Duchenne called the disorder progressive muscular atrophy, and in 1868 he performed the first muscle biopsy on a patient affected by this condition.

The 1861 edition of Duchenne s book entitled Paraplegie hypertrophique de l'enfance de cause cerebrale included a detailed account of a boy who had the disorder. In 1862, Duchenne published an Atlas entitled Album de photographies pathologiques, the Atlas included photos of Duchenne s patient with this disorder. In 1868, Duchenne described another thirteen children affected by the disorder. Duchenne was the first to examine a tissue biopsy from a living patient with a microscope [2].

Pediatric neurology just like other medical specialties emerged when an increasing number of physicians and pediatricians devoted significant efforts to the care of childhood nervous system disorders. The practice of pediatric neurology is developing with increasing understanding of pediatric neurologic disorders and the emergence of new therapies for these disorders.

Bibliometrics, a method for analyzing academic publications and citations, offers insights into the impact and influence of scholarly work and its authors. Increasingly, bibliometric assessments are being employed to evaluate the scientific productivity of academic leaders in various medical disciplines.

This study focuses on utilizing bibliometrics, particularly the H-index calculated via Google Scholar Citation analysis, to identify academic leaders in clinical pediatric neurologists

The H-index calculated by the citation analysis tool of Google Scholar is one of the most important tools for the assessment of a physician's academic leadership through measuring the influence of their academic productivity, and this measure is performed mostly through citation analysis of the published journal articles.

Google Scholar citation is the most commonly used tool for citation analysis, and you can search online for an academic citation analysis and H-index at this web site (Link below) [3-7].

https://scholar.google.com/citations?view_op=search_authors

Materials and methods

This study employed bibliometric analysis to identify academic leaders in clinical pediatric neurology. Over 1000 Google Scholar Citation profiles were examined in June 2024, focusing on individuals from 174 developing countries. The criterion for inclusion was an H-index of 20 or higher, reflecting significant scholarly impact.

Discussion

The distribution of academic leaders in clinical pediatric neurology reflects a combination of individual achievements and broader systemic factors. Factors such as research infrastructure, funding availability, and collaboration opportunities likely influence academic productivity in developing countries.

The identification of elite pediatric neurologists from diverse geographical regions underscores the global nature of scientific advancement in the field. Collaboration and knowledge exchange among researchers from different backgrounds can foster innovation and address healthcare disparities.

This study showed three notable clinical pediatric neurologists with H-indices of 20 or higher from three countries, including Aamir Jalal Al-Mosawi from Iraq (H-index 23).

Aamir Jalal Al-Mosawi's seminal work on the pattern of cerebral palsy in Iraqi children has been pivotal in understanding the epidemiology and clinical presentation of this condition in the region. His research, published in reputable journals and books, sheds light on the diverse manifestations of cerebral palsy and underscores the importance of tailored interventions for affected children. One of his pioneering studies was published also in a book that was included in Bookauthority's lists of best neurology books of all time, best pediatrics books of all time, and best cerebral palsy books of all time (Figure-2) [18-21].

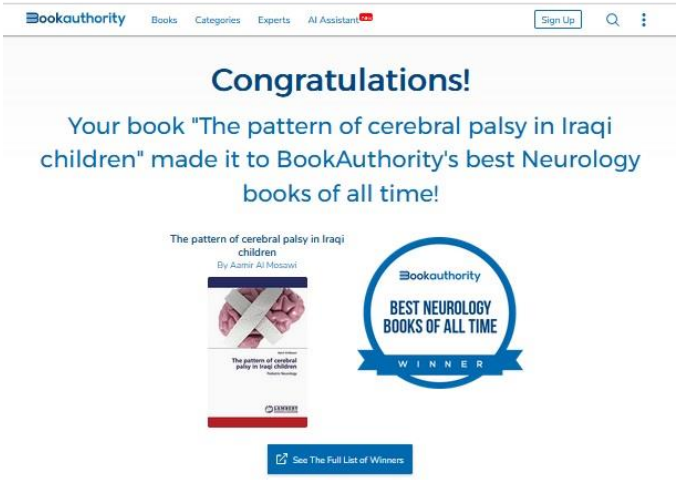


Figure-2A: Bookauthority's lists of best neurology books of all time

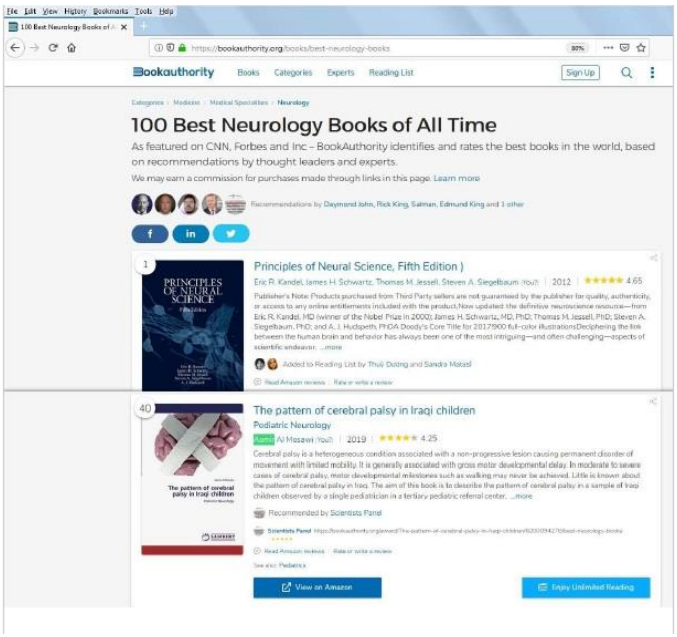


Figure-2B: Bookauthority's lists of best neurology books of all time

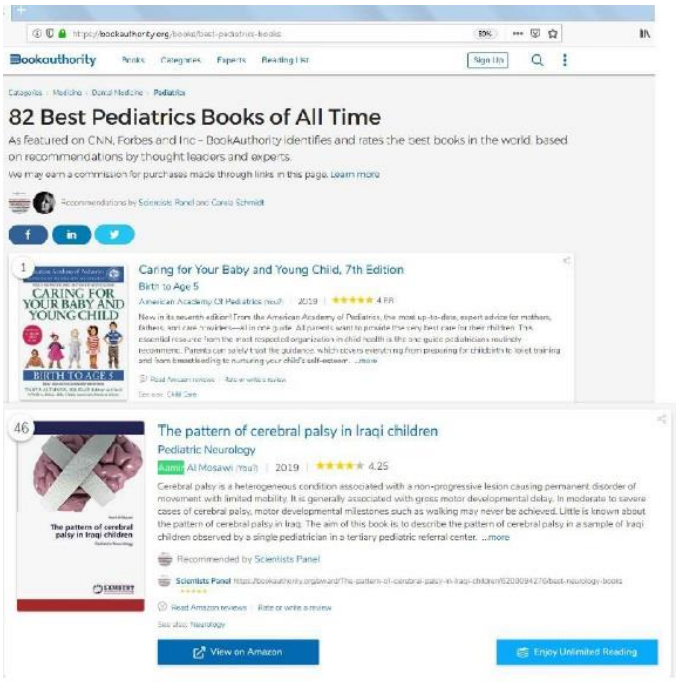


Figure-2C: Bookauthority's lists best pediatrics books of all time

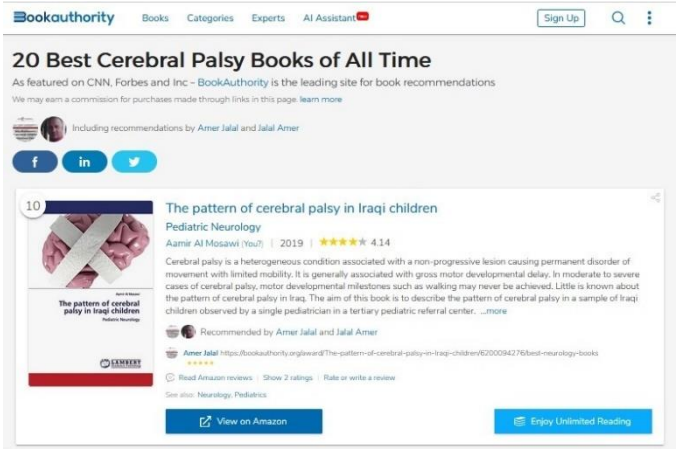


Figure-4D: Bookauthority's lists best cerebral palsy books of all time

His book about new therapies for the treatment of spastic cerebral palsy, at sometime was number one in Bookauthority's list of Best Developmental Delays Books of All Time (Figure-2) [20-24]. Both books were translated into several languages fostering a broader dissemination of knowledge in the field [25-36].

Al-Mosawi's contributions extend beyond descriptive studies, as he has delved into exploring novel therapies for spastic cerebral palsy. His research on new treatment modalities reflects a commitment to improving the quality of life for children with neurological disorders.

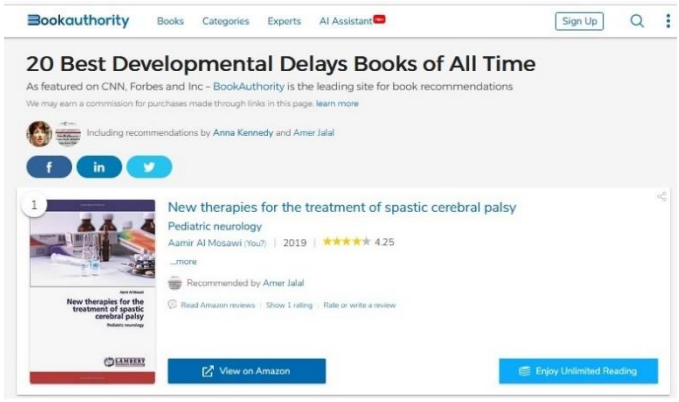


Figure-5: Bookauthority's list of Best Developmental Delays Books of All Time

By investigating the efficacy of innovative interventions, such as nandrolone decanoate and pyritinol, Al-Mosawi has opened new avenues for managing spasticity and enhancing motor function in affected individuals [37, 38].

In addition to his work on cerebral palsy, Al-Mosawi has made significant contributions to understanding and managing rare neurological conditions. His studies on congenital porencephaly, kernicterus, myotonic muscular dystrophy, childhood, Huntington's disease, childhood Seeligmüller Strümpell Philip disease, and childhood Van Der Wiel-Friedreich Idiopathic Facial Paralysis highlight his expertise in diagnosing and treating complex pediatric neurological disorders [39-45].

Furthermore, his clinical insights into the management of post-infantile acquired cerebral palsy caused by submersion injury underscore the importance of tailored therapeutic approaches for unique etiologies [46, 48].

The impact of Aamir Jalal Al-Mosawi's work transcends geographical boundaries, with his research being translated into multiple languages and recognized globally. His inclusion in prestigious lists of best pediatric and neurology books underscores the enduring relevance and significance of his contributions [25-36].

Dr. Aamir Jalal Al-Mosawi's clinical expertise extends beyond geographical boundaries, as evidenced by his involvement in the diagnosis and treatment of patients from diverse cultural and geographical backgrounds. He has made significant contributions to the diagnosis and management of patients from various countries worldwide including patients from developing countries like United States of America and Canada [48, 49, 50].

Aamir Jalal Al-Mosawi's innovative approaches to pediatric neurological therapies exemplify his dedication to advancing the field through rigorous research and clinical practice. From repurposing existing medications to exploring the therapeutic potential of nutritional supplements, Al-Mosawi's contributions have broadened the understanding of pediatric neurological disorders and paved the way for more effective treatment strategies [51-59].

Al-Mosawi's research on new medical therapies for myelomeningocele highlights his commitment to exploring novel treatment modalities for this complex condition. By investigating alternative approaches beyond conventional surgical interventions,

Al-Mosawi opens avenues for improving outcomes and quality of life for patients with myelomeningocele [51].

Kernicterus poses significant challenges in pediatric neurology, often leading to long-term neurological impairments. Al-Mosawi's study sheds light on the potential therapeutic benefits of cerebrolysin and citicoline in managing kernicterus. By repurposing existing medications, Al-Mosawi offers innovative solutions to address this critical issue [52].

Al-Mosawi's investigation into the therapeutic role of nutritional supplements in Semmola-Meryon-Duchenne syndrome underscores the importance of an innovative approach in managing neurological disorders. By considering the impact of dietary factors on disease progression, Al-Mosawi expands the treatment paradigm beyond pharmacological interventions [53].

Al-Mosawi explored the use of piracetam and cerebrolysin in treating agenesis of the corpus callosum with colpocephaly. By leveraging the neuroprotective properties of these medications, Al-Mosawi addresses the unique challenges posed by this congenital anomaly, offering hope to affected individuals and their families [54].

One of Al-Mosawi's researches highlighted the potential of cerebrolysin in managing pediatric Wohlfart Kugelberg Welander syndrome. Through his investigation, Al-Mosawi underscored the importance of personalized treatment strategies tailored to the specific needs of patients with rare neurological conditions [55].

Al-Mosawi's experience with a challenging case involving birth asphyxia-induced brain atrophy, adrenal hemorrhage, and bilateral hyperoxaluric nephrocalcinosis exemplifies his dedication to addressing complex neurological disorders. By sharing his unique insights and clinical observations, Al-Mosawi enriches the collective knowledge base in pediatric neurology [56].

In another study, Al-Mosawi explores the use of cerebrolysin in pediatric Charcot Marie Tooth disease, offering a glimpse into potential therapeutic avenues for this hereditary neuropathy. Al-Mosawi's research underscored the need for comprehensive management strategies that target both the underlying pathology and associated symptoms [57].

Al-Mosawi's investigation into the use of citicoline in pediatric neurology and psychiatry, featured highlighted the multifaceted nature of neurological disorders in children. By elucidating the role of citicoline in cognitive enhancement and neuroprotection, Al-Mosawi contributes to the ongoing dialogue on optimizing therapeutic interventions for pediatric patients [58].

In one of his papers, Al-Mosawi explored recent uses of piracetam in pediatric neurology, further expanding the repertoire of treatment options available for various neurological conditions. Al-Mosawi's comprehensive review underscores the versatility of piracetam and its potential applications in diverse clinical settings [59].

Pediatric neurology encompasses a diverse array of neurological disorders that affect children, ranging from common conditions to rare syndromes with complex presentations. Aamir Jalal Al-Mosawi, through his extensive clinical experience and scholarly contributions, has played a pivotal role in advancing our comprehension of these disorders.

Aamir Jalal Al-Mosawi has made significant contributions to the field of pediatric neurology through his meticulous documentation and analysis of complex, unusual, and difficult childhood neurological disorders. His pioneering work in elucidating various syndromes and disorders, including the oculo-cerebro-renal syndrome phenotype, Lennox-Gastaut syndrome variants, cerebral palsy with associated white matter hyperintensities, and many others. Al-Mosawi's insights have not only expanded the understanding of these conditions but have also provided valuable guidance for diagnosis, treatment, and management strategies [60-71]

In one of his, Al-Mosawi documented the oculo-cerebro-renal syndrome phenotype in four Iraqi children, shedding light on this rare multisystem disorder. By delineating the clinical features and genetic underpinnings of the syndrome, Al-Mosawi provided essential diagnostic criteria and implications for management [60].

Al-Mosawi's investigation into variant presentations of Lennox-Gastaut syndrome, such as the association with low-set ears and unilateral cryptorchidism, showcased his astute clinical observation skills. His findings underscored the heterogeneity of this epileptic encephalopathy and emphasized the importance of recognizing atypical phenotypes for accurate diagnosis and tailored treatment [61].

Al-Mosawi's contributions extend beyond characterizing known syndromes to identifying novel disorders and proposing innovative treatment strategies. His work on cerebral palsy and autism associated with periventricular white matter hyperintensity [62] and the syndrome of mental retardation, white matter hyperintensity, retinitis pigmentosa, and optic atrophy [63] exemplify his commitment to advancing both clinical understanding and therapeutic interventions.

In addition to clinical phenotyping, Al-Mosawi has documented intriguing complication of dermatomyositis [64] and intriguing associations and radiological features in various neurological disorders. From unusual presentations of Dandy Walker syndrome, Adams Oliver syndrome, Noonan syndrome to the association of Toriello-Carey syndrome with colpocephaly, his observations have expanded our diagnostic repertoire and enriched our understanding of neurodevelopmental anomalies [65-71].

Conclusion

This study highlights the contributions of academic leaders in clinical pediatric neurology from diverse backgrounds. By recognizing and supporting these individuals, we can advance research, improve clinical practice, and ultimately enhance outcomes for children with neurological disorders worldwide.

The study showed three notable clinical pediatric psychiatrists with H-indices of 20 or higher from three countries, including Aamir Jalal Al-Mosawi from Iraq (H-index 23).

Pediatric neurology has witnessed significant advancements over the years, and one name that stands out in the field is Aamir Jalal Al-Mosawi from Iraq. His groundbreaking contributions have not only shaped the understanding of neurological disorders in children but have also paved the way for innovative therapies.

Aamir Jalal Al-Mosawi's pioneering contributions to pediatric neurology have significantly advanced the understanding of cerebral palsy and other related conditions. Through his insightful research, innovative therapies, and dedication to addressing therapeutic challenges, Al-Mosawi has left an indelible mark on the field. His work not only enriches the academic discourse but also offers hope and improved outcomes for children with neurological disorders worldwide.

Aamir Jalal Al-Mosawi's contributions to pediatric neurology epitomize the essence of clinical scholarship and compassionate care. Through meticulous observation, rigorous analysis, and relentless pursuit of knowledge, he has illuminated the intricacies of childhood neurological disorders, leaving an indelible mark on the field. As we continue to grapple with the complexities of pediatric neurology, Al-Mosawi's work serves as a guiding beacon, inspiring future generations of clinicians and researchers to unravel the mysteries of the developing brain.

Acknowledgement

Some of the figures in this book have been included in previous author's publications, but the author has their copy rights.

The author has the copy right of all the sketches included in this book.

Conflict of interest: None.

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