

Publication summary	
<b>Title</b>	Thickening liquids for pediatric dysphagia: a perspective from clinical practice.
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<b>Publication date + magazine</b>	February 2025, Postgraduate Medicine
<b>Type of study</b>	Case report
<b>Objective / hypothesis</b>	To evaluate the effectiveness of a locust bean- and xanthan gum-based thickener (ThickenUp® Junior) in the management of dysphagia in infants and young children with different underlying conditions.
<b>Results</b>	<p><b>Participants:</b></p> <ul style="list-style-type: none"> <li>- Four case studies with children</li> <li>- Age between twelve months – four years old</li> <li>- Three girls and one boy</li> <li>- Different pathologies with common comorbidity: dysphagia</li> </ul> <p><b>Main results:</b></p> <ul style="list-style-type: none"> <li>- ThickenUp® Junior can be effective in managing dysphagia</li> <li>- Complications are prevented such as aspiration pneumonia</li> <li>- Facilitates more secure swallowing</li> <li>- Nutritional intake is maintained</li> <li>- May contribute to training the swallowing process</li> <li>- Enhanced oral control</li> <li>- Improves the quality of life of the patients</li> <li>- Due to amylase-resistance, the prepared drink remains stable for a longer period</li> </ul>
<b>Conclusion</b>	<p>This case report demonstrates that the locust bean- and xanthan gum-based thickener, ThickenUp® Junior can be a good tool for managing dysphagia and preventing complications in infants and young children (aged six months and above) with various underlying pathologies. In addition, the product is user-friendly. It gives the right consistency and it remains stable when mixed with saliva due to amylase-resistance. This thickener does not produce sensory changes to food and drinks. In addition, it is also important that treatment is individually tailored and led by a multidisciplinary team.</p> <p>More prospective studies are needed to validate and extrapolate these findings.</p>
<b>Methods</b>	<p><b>Target group: four pediatric patients</b></p> <ul style="list-style-type: none"> <li>- Four-year-old girl with dysphagia of unknown origin</li> <li>- Three-year-old girl with suspicion of pontocerebellar hypoplasia without genetic classification, microcephaly, axial hypotonia and hypertonia in extremities</li> <li>- Twelve-month-old boy with PRUNE-1 mutation and feeding problems</li> <li>- Two-year-old girl with Down Syndrome, cardiac anomaly and developmental delay</li> </ul> <p><b>Methods:</b></p> <ul style="list-style-type: none"> <li>- Case reports</li> </ul>

	<p><b>Intervention:</b></p> <ul style="list-style-type: none"> <li>- Used diagnostic tool for dysphagia: Videofluoroscopic Swallow Study (VFSS)</li> <li>- Treatment and evaluation by a multidisciplinary team</li> <li>- Using the locust bean- and xanthan gum-based thickener, ThickenUp® Junior to obtain an adequate IDDSI level</li> </ul> <p><b>Endpoints:</b></p> <ul style="list-style-type: none"> <li>- Improved swallowing ability</li> <li>- Preventing complications such as aspiration pneumonia</li> <li>- Improved oral control</li> <li>- Improved nutritional intake</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>- Small sample size</li> <li>- No control group</li> <li>- Case reports are hypothesis-generating → cannot be seen as definitive evidence</li> <li>- Further investigation is necessary</li> <li>- Case reports are susceptible for selection bias</li> <li>- In each patient, other factors in the treatment might have contributed to the improvement of dysphagia</li> </ul>