I am delighted and honored to serve as guest editor of this issue of *Pediatric Annals*, which focuses on pediatric nutrition. Growth, development, and maturation are a rite of passage during transition from infancy to childhood and from adolescence to adulthood. Good nutrition is essential for enabling growth to an appropriate body size and brain development that optimizes learning, social adaptation, and longevity in the life cycle. Furthermore, we now know that childhood is the critical period for establishing the path to successful adulthood, and that malnutrition is the biggest treatable factor with potential for long-term adverse effects. Pediatricians are the health care providers best positioned to monitor, identify, and intervene early when there is emergence of growth patterns associated with poor health or negative long-term outcomes. Therefore, this issue is a refresher of key topics in pediatric nutrition to equip residents in training and pediatricians in practice.

The articles are written by colleagues with collective experience in bedside clinical nutritional care as well as scholarly review of the literature. In the first article, “A New Approach to Comprehensive Growth and Nutrition Assessment in Children,” I introduce a new approach that is relatively simple to implement. It is based on consistently documenting findings from five domains that include (1) anthropometry (ie, measurements of weight, length and height, head circumference, weight-for-length, body mass index, and optional mid-upper arm circumference and triceps skin folds); (2) assessment of change in growth (growth dynamism); (3) documenting duration of any growth abnormalities to distinguish acute versus chronic disorders; (4) determining etiology of any nutritional imbalance; and (5) assessing the impact of malnutrition on functional outcomes. Consistent use of this approach will expedite the recognition of malnutrition, lead to more accurate estimates of its prevalence and incidence, direct interventions, and promote improved outcomes.

Malnutrition is often only viewed at the grossly measurable levels of weight, length and height, and other body measurements. Therefore, in the second article, “The ABCs of Nutrient Deficiencies and Toxicities,” Dr. Kristin Capone and myself delve into the specific nutritional effects of minerals and vitamins. These are micronutrients only required in small quantities, yet they play critical roles in the intermediary metabolism that underlies gross body functions. Therefore, all the major minerals and vitamins are reviewed in a memorable alphabetical sequence. The article discusses the basic sources, absorption, metabolism, and the signs and symptoms that arise in deficient and toxic states.

The biggest risk factor for developing malnutrition is the presence of a disease. Therefore, in keeping with the paradigm of always documenting the etiology of malnutrition within its definition, the next article, “Pancreatic Malnutrition in Children,” by Dr. Inessa Normatov and myself presents the manifestations of pancreatic disease in children. The pancreas is a poorly accessible organ, mostly known for severe symptoms when inflamed (acute pancreatitis) and endocrine effects of glucose intolerance and diabetes. However, exocrine pancreatic dysfunction also does exist, and is a major cause of malnutrition that is poorly recognized, often diagnosed late, and sometimes undertreated. The article is a thorough, reader-friendly synopsis delineating the nutritional manifestations, differential diagnosis, and management of exocrine pancreatic disease in children.

Finally, once malnutrition is identified, it is not unusual for well-intentioned providers to zealously provide nutritional therapy, which in certain scenarios has led to iatrogenic fatalities. Therefore, in the last article, “Refeeding Syndrome,” Dr. Joseph Runde and I describe the phenomenon of refeeding syndrome starting with the historical perspective of our understanding then proceeding to describe the pathophysiology, differential diagnosis, identification of patients at greatest risk, and the safe approach to nutritional management.
All of the articles are referenced with contemporary and seminal historical literature for the many readers who will get stirred to read further. It is our hope that regularly assessing growth and nutritional status, and always comprehensively describing malnutrition are aspects that are intricately integrated into every patient encounter.

This issue would not have been possible without the contributors who enthusiastically embraced the opportunity. I am grateful for their time and expertise. I also thank the journal editor, Dr. Joseph R. Hageman, for extending the opportunity. Last, but certainly not least, I thank my family for being understanding of my efforts while working to complete this issue.

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Dr. Sentongo’s clinical and academic interests focus on management of intestinal failure, home- and inpatient-parenteral nutrition therapy, micronutrient deficiencies, and gastrointestinal disorders impacting growth. Dr. Sentongo is also active in the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition where he serves as chairman of the Nutrition Committee, and American Society of Parenteral and Enteral Nutrition (ASPEN) where he serves as co-editor for *ASPEN Clinical Guidelines*. Dr. Sentongo’s passions include mentoring trainees in clinical care and scholarly work involving assessment and management of nutritional disorders.

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