Intestinal Microbiota Transplantation in Children

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Summary

It is concluded that Intestinal Microbiota Transplantation can be beneficial in numerous childhood ailments, considering in the application, the recommendations of the FDA, due to the current crisis of COVID-19.

Abbreviations: IM: Intestinal Microbiota; IMT: Intestinal Microbiota Transplantation; FDA: Food & Drugs administration

Introduction

The use of excellent donors makes the transplanted microbiota have a higher incidence in children [1]. We must not forget that COVID-19 infection forces us to follow the recommendations of the FDA [2]. Likewise, the use of probiotics, prebiotics and symbiotics and a special diet can improve various childhood disorders [3]. Next, a good number of topics - not all - will be addressed that will undoubtedly expand knowledge about children, their diseases and their management.

Microbiome

The microbiome refers to the total number of microorganisms and their genetic material [4]. It has been called the invisible organ of the body [5]. The last human organ under investigation [6]. As a new systemic organ [7]; the last human organ [8], as well as the super-organ or super-organism [9]. Or the forgotten organ [10]. So many nominations make us see the importance of this organ. And above all we are surprised by the name of “Forgotten Organ”, since it has so much potential. The Microbiome was mentioned until 2001, with few previous references, without determining its name. Fortunately, the number of articles currently has exceeded all expectations, and the example is the 500 articles reported in one review [11]. And the enormous existence on the Internet.

Microbiota

Are there microorganisms present in the different ecosystems of the body [12]. Our Microbiome is made up of all the existing Microbiota in our human being. The most frequent are in the gut and, therefore, the most important is in the large intestine, where is greater abundance: Bacteroidetes, Firmicutes, Actinobacteria and Proteobacteria [13]. The entire Microbiota Contains 100 billion bacteria: ten times higher than body cells [14]. There are more than 3 million microbial genes in our Intestinal Microbiota (IM), and there are 150 times more genes than in the human genome [15]. We must not forget the Hippocratic saying, the father of Medicine (460-377 BC), who points out: “All diseases begin in the gut” [16]. The rest of the Microbiota are located in the skin, the oral cavity, the vagina; ears, nose and throat, respiratory and urinary tracts [17-22]. The oral Microbiota is inhabited by more than 700 species and is the second most important Microbiota.

Microbiota and parasites

The microbiota of children is more unstable and variable than that of adults and depends on multiple factors, among which are: the type of birth (natural birth or cesarean section),
the lifecycle, nutrition, the use of antibiotics, the type of milk administered, as well as the probiotics administered [23]. The fact of having found viruses in the amniotic fluid is transcendent, although contradictory, since it is not located in all the samples [24]. On the other hand, there is one who in one study suggests that the primary colonization may be in the womb [25]. Those born by cesarean section have a lower microbiota diversity and a lower Th1 response, so there is the possibility of developing allergic and inflammatory processes [26]. Variants of their Microbiota are usually found in the various stages of child development [27]. In the newborn, if there are postpartum sleep disturbances, dissatisfaction of dietary needs, and neurological disorders, commensal bacteria within the body can be disrupted and communication between the gut and brain can be disrupted [28].

There are various circumstances that produce a benefit to the newborn's Microbiota, among them feeding stands out, where children born by cesarean section start their maternal diet much earlier, helping themselves substantially with breast milk [29]. The maternal Microbiota influences the development of its offspring, by providing essential substrates and metabolites [30]. The fetus must tolerate autoantigens, through the elimination of autoreactive T-cell clones in the thymus, which prevents autoimmune disease [31]. And finally, what happens to the Microbiome of children, by the administration of antibiotics? Obviously, the first impact of the administration of antibiotics is Dysbiosis [32], with all the consequences that this represents: loss of key taxa, changes in metabolic capacity, loss in diversity and production of pathogens. Despite this, there are still a third of unnecessary prescriptions [33].

Microorganisms found in the children's microbiota

It has already been mentioned that some authors find Microbiota in the fetus. They did this through comparative genome wide shotgun metagenomic studies, based on 16S ribosomal DNA, comparative and found: Firmicutes, Tenericutes (Mollicutes), Proteobacteria, Bacteroidetes and Fusobacteria phyla [34]. Babies have been found to incorporate Microbiota before birth, receiving a significant amount of maternal microorganisms [35]. The following microorganisms are detected fundamentally at birth: Actinobacteria, Firmicutes, Bacteroidetes, Proteobacteria, Fusobacteria and others [36]. Babies born naturally are contacted by the mother's fecal and vaginal microbiota, colonizing Lactobacillus and Prevotella [37]. Proteobacteria and Firmicutes are the main phyla that appear during the first days of life, and Actinobacteria are observed in the fecal samples of babies born by caesarean [38]. During childhood Firmicutes such as Clostridia, Bacteroidetes, and especially Bifidobacteria, as well as Escherichia and Enterococcus are included [39]. Bifidobacteria comprise the largest group within the Infant Microbiome [40].

Toddler and childhood

At this age, IM is modified by numerous factors: diet, sex, environment, medications, antibiotics, genetics, comorbidities, trauma, inflammation, metabolites, socioeconomic status, for which there is no pattern of existence of IM at this age [41].

Microbiota and parasites

Both interact with each other, in addition to competing [42]. The effects that protozoan parasites (Giardia intestinalis, Blastocystis spp, Cryptosporidium spp, Entamoeba spp. Etc.) Or metazoan (roundworms, and hookworms) have been neglected when talking about IM, given the importance it has, the latter [43]. However, parasites are also important, as they have been used for treatment in inflammatory bowel disease [44]. Likewise, the presence of parasites in the intestine, notably alters the intestinal ecosystem and, consequently, the habitat of the Microbiota [45]. Currently, many questions remain in studies investigating parasite microbiota interactions [46]. Due to the above, you should continue digging into what happens in this interaction [47]. Recent work suggests that interactions between parasites and Gut Microbiota are an important link in the evolution of the host immune system [48]. Intestinal Microbiota seems to determine the control of host susceptibility to various pathogens, and perhaps, in the coinfection by different pathogens, through similar pathways, influenced by the Microbiome [49]. Blastocystis, by increasing the number of Firmicutes and bacterial diversity, have anti-inflammatory activity [50]. The immunoregulatory effect of IM in colonization by protozoa is centered on the presence of Entamoeba histolytica, Giardia duodenales, Toxoplasma gondii, Blastocystis spp and Cryptosporidium parvum [51]. Both Microbiota and the parasites help in inflammatory processes and in immunity, a significant fact in the health process [52]. The coexistence between the Microbiota, the parasites and the host generate coevolution of these three elements, which indicates that all three are needed [53]. The IM has an area of approximately 400 m2, being the second largest surface in the body, after the respiratory tract. Through it, it offers diverse immunological mechanisms and with this, it defends the human being [54].

Metagenomic analysis

The term metagenomics, genomic analysis of a population of microorganisms, was coined by Handelsman [55,56]. This new method generates the analysis of invisible bacterial diversity and, with this, we can enter the genetic potential of microorganisms, in order to achieve products of enormous biotechnological value [57]. Metagenomics can also be applied to solve practical challenges in the medical field, such as Type 1 Diabetes Mellitus, Ulcerative Colitis and Crohn's Disease [58]. In Greek, meta means "transcendent" [59]. Genomics: Study of the genome [60]. Now, some of the most important concepts are defined below, in the subject at hand:

Genomics and proteomics

Sciences that are in charge of the global analysis of genes and proteins, respectively.

Metabolomics

Study the set of metabolites present in a biological system.

Metagenomics

It seeks to obtain sequences of the genome of the different microorganisms, from a community, extracting and analyzing their DNA globally.
Metaproteomics
It is the study of all protein samples recovered directly from environmental sources.

Metatranscriptomics
It tries to describe the transcriptome of a group of organisms, coming from an environmental sample.

Transcriptome
The totality of messenger RNA expressed in a genome. Based on the above, specific studies have been carried out, such as this metagenomic analysis, which provides a broad understanding of microorganisms and differences between health and disease [61].

Dysbiosis
There are various definitions of it. Thus we see that it can be defined as: Any change in the composition of the resident diners communities, in relation to the community, found in healthy individuals [64]; A condition in which the normal structure of the microbiome population is altered, through external pressures, such as disease states or medications [65]; or alterations in the microbiota [dysbacteriosis], due to excess chemotherapy, diets that change their pattern, or antibiotics [66]. The most important thing in humans is to maintain a state of Eubiosis, which turns out to be “The balance of the intestinal microbial ecosystem” [67]. Dysbiosis (Dysbacteriosis) generates many illnesses, some of them include: Inflammatory Bowel Disease [68], Irritable Bowel Syndrome [69], Celiac Disease [70]; colorectal cancer [71]. As well as metabolic diseases [72]. Indiscriminate use of antibiotics [73]; Mycosis [74], allergies [75]. Rheumatoid arthritis, ankylosing spondylitis [76], and even cesarean sections [77]. As we see, there are many diseases that dysbiosis causes, so the first thing to do is ensure that dysbiosis does not develop and, if the conditions should occur anyway, we must have: Prebiotics, probiotics and symbiotics [78-80], Mediterranean diet, or resort, with all caution, given the presence of COVID-19, to Intestinal Microbiota Transplantation [IMT] [81-83]. Of course, if we have super donors, the IMT will be more beneficial [84]. Finally, we must remember that this procedure has its greatest incidence in C. difficile co-infection [85-87]. It should not be forgotten, that there are also other children’s disorders, where dysbiosis is present, and in which we have a lot to do, among them the following stand out: Metabolic disorders such as Obesity and Type 1 Diabetes Mellitus [88]. Immunological Disorders such as asthma, eczema, atopic dermatitis, eosinophilia of the digestive tract and duodenal dyspepsia [89]. As well as Neuropsychiatric Diseases. Anxiety and Depression and Autism Spectrum Disorders [90]. And finally, hepatocellular carcinoma, liver cirrhosis and nonalcoholic liver steatosis, with their complications. Without overlooking chronic liver and kidney disorders [91,92].

Axes and microbiome
Without a doubt, the most important axis in the relationship of the microbiome with other organs is the intestine-brain axis, in which both the enteric nervous system, the sympathetic branches, the neuro-immune system and the parasympathetic system are considered, and act through bidirectional communication. However, there is an important variety of axes, which have special characteristics and which are the skin, the liver, the thyroid, the kidney, the heart, the lungs, the bones, the cartilage, bone marrow and even estrogen, and others [93,94].

Conclusion
A. We must try to reduce the administration of antibiotics in children.
B. It’s convenient to regulate the abuse of cesarean sections.
C. Probiotics along with prebiotics and symbiotics, usually improve moderate allergies and other conditions in children.
D. The Microbiota in children is unstable. From the age of 10 it stabilizes. In this age, children are excellent Microbiota donors.
E. Intestinal Microbiota Transplantation, following the FDA recommendations for Covid-19, can improve severe allergies and other conditions in children.

Conflicts of Interest
The authors declare don’ts have affiliation or participation in organizations with financial interests.

Ethical Approval
This report does not contain any study with human or animal subjects carried out by the authors.

Informed Consent
The authors obtained informed written consent from the patients, in order to develop this article.

References
1. Ramai D, Zakhaia K, Ofosu A, Ofori E, Reddy M (2019) Fecal microbiota transplantation: Donor relation, fresh or frozen, delivery methods, cost-effectiveness. Ann Gastroenterol 32(1): 30-38.
2. (2020) FDA issues alert on potential risk of SARS-CoV-2 transmission through FMT. Contagion Live Infectious Diseases Today.
3. Markowiak P, Śliżewska K (2017) Effects of probiotics, prebiotics, and symbiotics on human health. Nutrients 9(9): 1021.
4. Molina Montes E (2018) Microbioma, microbiota and cancer. SEBBM.
5. Li C, Liu L, Cao Z, Li W, Li H, et al (2020) Gut microbiota as an “invisible organ” that modulates the function of drugs. Biomedicine & Pharmacotherapy 121.
6. Baquero F, Nombela C (2012) The microbiome is a human organ. Clinical Microbiology and Infection 18(Suppl4): 2-4.
7. Anwar H, Irfan S, Hussain G, Faisal MN, Muzaffar H, et al. (2019) Gut microbiome: A new organ system in body. Parasitology and Microbiology Research.

8. Chang CS, Kao CY (2019) Current understanding of the gut microbiota shaping mechanisms. Journal of Biomedical Science 26(1): 59.

9. Hara AM, Shanahan F (2006) The gut flora as a forgotten organ. EMBO Rep 7(7): 689-693.

10. Lederberg J, McCray A (2001) ‘Ome sweet ‘omics-A genealogical treasury of words. Scientst 15(7): 8.

11. Fecal microbiota transplantation: Topics by Science.gov.

12. Conrad R, Vlassov AS (2015) The human microbiota: Composition, functions, and therapeutic potential. Med Sci Rev 2: 92-103.

13. Thursby E, Juge N (2017) Introduction to the human gut microbiota. Biochem J 474(11): 1823-1836.

14. Sender R, Fuchs S, Milo R (2016) Revised estimates for the number of human and bacteria cells in the body. PLoS Biol 14(8): e1002533.

15. Williams S (2015) Humans may harbor more than 100 genes from other organisms.

16. Shea GW (2009) Lifestyles choices...Up to you? Digestive Health. The Gut and brain connection: 10-21.

17. Chen YE, Fischbach MA, Belkaid Y (2018) Skin microbiota-host Interactions. Nature 553(7699): 427-436.

18. Deo PN, Deshmukh R (2019) Oral microbiome: Unveiling the fundamentals. J Oral Maxillofac Pathol 23(1): 122-128.

19. Mendling W (2016) Vaginal Microbiota. Adv Exp Med Biol 190: 83-93.

20. Hong P, Liu CM, Nordstrom L, Lahwani AK (2014) The role of the human microbiome in otolaryngology-head and neck surgery: A contemporary review. Laryngoscope 124(6): 1352-1257.

21. Rogers GB, Shaw D, Marsh RL, CarrooL MP, Serieris DJ, et al. (2015) Respiratory microbiota: Addressing clinical questions, informing Clinical practice. Thorax 70(1): 74-81.

22. Brubaker L, Wolfe A (2016) The urinary microbiota: A paradigm shift for bladder disorders? Curr Opin Obstet Gynecol 28(5): 407-412.

23. Rodriguez JM, Murphy K, Stanton C, Ross RP, Kobrick OL, et al. (2015) The composition of the gut microbiota throughout Life, with an emphasis on early life. Microb Ecol Health Dis 26: 26050.

24. Lim ES, Rodriguez C, Holtz LR (2018) Amniotic fluid from healthy term pregnancies does not harbor a detectable microbial community. Microbiome 6(1): 87.

25. Mempol SB, Edwards A (2015) Development of the infant intestinal Microbiome: A bird’s eye view of a complex process. Birth Defects Res C Embryo Today 105(4): 228-239.

26. Cesearian Section and Intestinal Flora of the Newborn (SECFLOR) U.S. National Library of Medicine.

27. Mutic AD, Jordan S, Edwards SM, Ferranti EP, Thul TA, et al. (2017) MCN Am J Matern Child Nurs 42(6): 326-331.

28. Kim N, Yun M, Oh YJ, Choi HJ (2018) Mind-altering with the gut: Modulation of the gut-brain axis with probiotics. J Microbiol 56(3): 172-182.

29. Mesa MD, Loureiro B, Iglesia I, Gonzalez SG, Olivé EL, et al. (2020) The evolving microbiome from pregnancy to early infancy: A comprehensive review. Nutrients 12(1): 133.

30. Jášević E, Bale TL (2019) Prenatal and postnatal contributions of the maternal microbiome on offspring programming. Front Neuroendocrinol 55: 100797.

31. Burt TD (2013) Fetal regulatory T cells and peripheral immune tolerance in utero: Implications for development and disease. Am J Reprod Immunol 69(4): 346-358.

32. Vangay P, Ward T, Gerber JS, Knights D (2015) Antibiotics, pediatric dysbiosis, and disease. Cell Host Microbe 17(5): 553-564.

33. Aagaard K, Ma J, Antony KM, Ganu R, Petrosino J, et al. (2014) The placenta harbors a unique microbiome. Sci Transl Med 6(237): 237ra65.

34. Funkhouser LJ, Bordenstein SR (2013) Mom knows best: The universality of maternal microbiota transmission. PLoS Biol 11(8): e1001631.

35. Milani C, Duranti S, Bottacini F, Case S, Turnot M, et al. (2017) The first microbial colonizers of the human gut: Composition, activities, and health implications of the infant gut microbiota. Microbiol Mol Biol Rev 81(4): e00336-17.

36. Biasucci G, Rubini M, Riboni S, Morelli L, Bessi E, et al. (2010) Mode of delivery affects the bacterial community in the newborn Gut. Early Hum Dev 86(Supp1): S3-515.

37. Del Chierico F, Vernocchi P, Petrucca A, Paci P, Puentes S, et al. (2015) Phylogenetic and metabolic tracking of gut microbiota during perinatal development. PLoS One 10(9): e0137347.

38. Houghteling PD, Walker WA (2015) Why is initial bacterial colonization of the Intestine important to the infant’s and child’s health? J Pediatr Gastroenterol Nutr 60(3): 294-307.

39. Jost T, Lacroix C, Braegger CP (2012) New insights in gut microbiota establishment in healthy breast fed neonates. PLoS One 7(8): e44595.

40. Flannery JE, Stagaman K, Burns AR, Hickey RJ, Roos LE, et al. (2020) Gut feelings begin in childhood: The gut metagenome correlates with early environment, caregiving, and behavior. J Am Society of Microbiology 11(1): e02780-19.

41. Tom London MA, Bedoya K, Garcia GM, Galvan Al, Azate JF (2019) Intestinal parasitic infection alters bacterial gut Microbiota in children. Peer J 7: e6200.

42. Mucumcuoglu I (2019) Interactions between parasites and human microbiota. Eur J Ther 25(1): 6-11.

43. Wavve MG, Tickoo R, Jog MM, Bhole BD (2001) How many antibiotics are produced by the genus streptomycetes. Arch Microbiol 176(5): 386-390.

44. Michel RJ, Gutiérrez AC, Alarcón G, Michel I (2017) La microbiota y el microbioma intestinal humano. Artículo de revisión 71(5): 443-448.

45. Leung JM, Graham AL, Knowles SGL (2018) Parasite-microbiota interactions with the vertebrate gut: Synthesis through an ecological lens. Front Microbiol19: 843.

46. Hauck R (2017) Interactions between parasites and the bacterial microbiota of chickens. Avian Dis 61(4): 428-436.

47. Huve T, Prusty BK, Ray A, Lee S, Ravindran B, et al. (2019) Interactions between parasitic infections and the human gut microbiome in odissha, India. Am J Trop Med Hyg 100(6): 1486-1489.

48. Kamada N, Chen GY, Inohara N, Núñez G (2013) Control of pathogens and pathobionts by the gut microbiota. Nat Immunol 14(7): 685-690.

49. Partida O, Serrano Vázquez A, Nieves Ramírez M, Morán P, Roja L, et al. (2017) Human intestinal microbiota: Interaction between parasites and the host immune response. Am J Trop Med Sci Res. 48(8): 690-700.

50. Belkaid Y, Hand T (2014) Role of the microbiota in immunity and inflammation. Cell 157(1): 121-141.

51. Rico-Hernández G (2011) The evolution of host-parasite interactions: Coevolution, sexual selection and other suggested theories. UCCA News & Scientific Dissemination Magazine 14(2): 119-130.

52. Alarcón P, González M, Castro E (2016) The role of gut microbiota in the regulation of the immune response. Rev Med Chil 144(7): 910-916.
53. Handelsman J, Rondon MR, Brady SF, Clarke J, Goodman RM (1998) Molecular biological access to the chemistry of unknown soil microbes: A new frontier for natural products. Chem Biol 5(10): R245-249.

54. Handelsman J (2001) Metagenomics: Application of genomics to uncultured microorganisms. American society for microbiology. Microbiology and Molecular Biology Reviews 68(4): 669-685.

55. Caro Quintero A, Ochman H (2015) Assessing the unseen bacterial diversity in microbial communities. Genome Biol Evol 7(12): 3416-3425.

56. Virgin HW, Todd JA (2011) Metagenomics and personalized medicine. Cell 147(1): 44-56.

57. Zhai P, Yang L, Guo X, Wang Z, Guo J, et al. (2017) Metacomp: Comprehensive analysis software for comparative meta-omics including comparative metagenomics. BMC Bioinformatics 18: 434.

58. Kumar P (2016) Metagenomics and its application.

59. Johnson CL, Versalovic J (2012) The human microbiome and its potential importance to pediatrics. Pediatrics 129(5): 950-960.

60. Zhernakova A, Kurilshchikov A, Bondar MJ, Tjigehelaar RF, Schirmer M, et al. (2016) Population-based metagenomics analysis reveals markers for gut microbiome composition and diversity. Science 352(6285): 565-569.

61. Stamatas GN, Nikolovski J, Luedtke MA, Kollias N, Wiegand BC (2010) Infant skin microstructure assessed in vivo differs from adult skin in organization and at the cellular level. Pediatr Dermatol 27(2): 125-131.

62. Petersen C, Round JL (2014) Defining dysbiosis and its influence on host immunity. Cell Microbiol 16(7): 1024-1033.

63. Cho I, Blaser MJ (2012) The human microbiome: At the interface of health and disease. Nat Rev Genet 13(4): 260-270.

64. Toor D, Wasson MK, Kumar P, Karthikeyan G, Kaushik NK, et al. (2019) Dysbiosis disrupts gut immune homeostasis and promotes gastric diseases. Int J Mol Sci 20(10): 2432.

65. Jebba V, Torino V, Gagliardi A, Santangelo F, Cacciottl F, et al. (2016) Eubiosis and dysbiosis: The two sides of the microbiota. New Microbiol 39(1): 1-12.

66. Carding S, Verbeke K, Vipond DT, Corfe BM, Owe LJ (2015) Dysbiosis of the gut microbiota in disease. Microb Ecol Health Dis 26: 26191.

67. Principi N, Cozzali R, Farinelli E, Brusaferro A, Esposito S (2018) Gut and dysbiosis, and disease. Front Immunol 9: 468.

68. Honkanen J, Vuorela A, Muthas D, Orivuori L, Luopajarvi K, et al. (2020) Dysbiosis, and disease. Cell Host Microbe 17(5): 553- 564.

69. Martinez KB, Leone V, Chang EB (2017) Western diets, gut dysbiosis, and metabolic diseases: Are they linked? Gut Microbes 8(2): 130-142.

70. Girbovan A, Sur G, Samaaca G, Lupan I (2017) Dysbiosis disrupts gut immune homeostasis and promotes gastric diseases. Int J Mol Sci 20(10): 2432.

71. Wang CH, Li Q, Ren J (2019) Microbiota-immune interaction in the pathogenesis of gut-derived infection. Front Immunol 10: 1873.

72. Girbovan A, Sur G, Samaaca G, Lupan I (2017) Dysbiosis disrupts gut immune homeostasis and promotes gastric diseases. Int J Mol Sci 20(10): 2432.

73. Woting A, Blaut M (2016) The intestinal microbiota in metabolic disease. Nutrients 8(4): 1-19.

74. Amiel S, Kellermayer R, Gulati AS (2014) Pediatric fecal microbiota transplant for recurrent clostridium difficile infection in pediatric inflammatory bowel disease. J Pediatr Gastroenterol Nutr 63(8): 343-347.

75. Karadsheh Z, Sule S (2013) Fecal transplantation for the treatment of recurrent clostridium difficile infection. N Am J Med Sci 5(6): 339-343.

76. Woting A, Blaut M (2016) The intestinal microbiota in metabolic disease. Nutrients 8(4): 1-19.

77. Wang CH, Li Q, Ren J (2019) Microbiota-immune interaction in the pathogenesis of gut-derived infection. Front Immunol 10: 1873.

78. Grochowskai M, Wojnar M, Radkowsi M (2018) The gut microbiota in neuropsychiatric disorders. Acta Neurobiol Exp 78(2): 69-81.

79. Linh P, Bae J (2014) Fecal microbiota transplantation for the treatment of recurrent clostridium difficile infection. N Am J Med Sci 5(6): 339-343.

80. Vasylyeva TL, Singh R (2016) Gut microbiome and kidney disease in pediatric inflammatory bowel disease. J Pediatr Gastroenterol Nutr 63(8): 343-347.

81. Kump P, Högenuer C (2016) Any future for fecal microbiota transplantation as treatment strategy for inflammatory bowel diseases. Dig Dis Sci 64(11): 278-288.

82. Wilson BC, Vatanen T, Cutfield WS, O’Sullivan JM (2019) The super- donor phenomenon in fecal microbiota transplantation. Front Cell Infect Microbiol 9: 2.

83. Amiel S, Kellermayer R, Gulati AS (2014) Pediatric fecal microbiota transplant for recurrent clostridium difficile infection in pediatric inflammatory bowel disease. J Pediatr Gastroenterol Nutr 63(8): 343-347.

84. Kim N, Yun M, Oh YJ, Choi HJ (2018) Mind-altering with the gut: An alternative perspective. J Gastroenterol Hepatol 28(3): 560-569.

85. Kirichenko A, Orivel E, Marín S, Naughton A, Vassilatos G, et al. (2019) The microbiota-gut-brain axis. Physiol Rev 99(4): 1877-2013.

86. Grochowskai M, Wojnar M, Radkowsi M (2018) The gut microbiota in neuropsychiatric disorders. Acta Neurobiol Exp 78(2): 69-81.

87. Lechner S, Yee M, Limketkai BN, Pham EA (2020) Fecal microbiota transplantation for chronic liver diseases: Current understanding and future direction. Dig Dis Sci 65(3): 897-905.

88. Vasylyeva TL, Singh R (2016) Gut microbiome and kidney disease in pediatrics: Does connection exist? Front Microbiol 7: 235.

89. Cambot M, Scirocco A, Maselli MA, Severi C (2015) The gut-brain axis: Interactions between enteric microbiota, central and enteric nervous systems. Ann Gastroenterol 28(2): 203-209.

90. Cryan JF, O’Riordan KJ, Cowan CSM, Sandhu KV, Bastiaanssen TFS, et al. (2019) The microbiota-gut-brain axis. Physiol Rev 99(4): 1877-2013.

91. Qin N, Yun M, Oh YJ, Choi HJ (2018) Mind-altering with the gut: Modulation of the gut-brain axis with probiotics. J Microbiol 56(3): 172-182.

92. Grochowskai M, Wojnar M, Radkowsi M (2018) The gut microbiota in neuropsychiatric disorders. Acta Neurobiol Exp 78(2): 69-81.

93. Yang L, Guo X, Wang Z, Guo J, et al. (2017) Preliminary study of gut dysbiosis in children with food allergy. Biosci Biotechnol Biochem 81(12): 2396-2399.

94. Hawrelak JA, Myers SP (2004) The causes of intestinal dysbiosis: A review. Altern Med Rev 9(2): 180-197.

95. Salas García MC, Yeea AL, Gilbreta JA, Dsouzb M (2018) Dysbiosis in children born by caesarean section. Ann Nutr Metab 73(Suppl 3): 24-32.

96. Tintore M, Colome G, Santas J, Espadaler J (2018) Gut microbiota dysbiosis and role of probiotics in infant colic. Arch Clin Microbiol 84(4): 56.

97. Fouhy F, Ross R, Fitzgerald GF, Stanton C, Cotter PD (2012) Composition of the early intestinal microbiota. Gut Microbes 3(3): 203-220.

98. Van den Nieuwboer M, Brummer RJ, Guarnier F, Morelli L, Cabana M, et al. (2015) Safety of probiotics and symbiotic in children under 18 Years of age. Benef Microbes 6(5): 615-630.

99. Mir S, Kellermayer R, Gulati AS (2014) Pediatric fecal microbiota transplantation. Current Pediatr Rep 2: 227-234.