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Complications of early postnatal hypotension (EPH) in extremely low birth weight infants (ELBWI, birth weight <1000 g) and the role of antenatal factors

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Background: The incidence of EPH in ELBW infants is approximately 20-45%. EPH is associated with significant mortality and morbidities in this population. Despite extensive research, there is no consensus on its pharmacological treatment. About 25% of hypotensive ELBW infants are refractory to the standard management with volume expansion and inotropes (VI) and require hydrocortisone (HC). Recent evidences suggest that the complications associated with EPH may be due to the pharmacological treatment and not the morbidity per se. Furthermore, it is not known if antenatal and maternal factors could affect the occurrence, course and complications of EPH in ELBWI. Such knowledge might provide insight into the etiopathogenesis and thereby, specific treatment for the morbidity.

Objective: The main objective of this study is to compare antenatal factors and postnatal course and complications of; hypotensive and normotensive ELBWI; hypotensive infants suffering from non-refractory hypotension responding to VI with those who are refractory and require HC.

Results & Conclusion: A total of 267 infants were studied. ELBW infants treated with VI trended to be at higher risks for ventriculomegaly and spontaneous intestinal perforation, compared to those who received HC. Overall, hypotensive infants were at higher risks for IVH, PDA, air leak syndromes and BPD when compared with normotensive medication naïve ELBW neonates. Maternal diabetes mellitus was found to decrease the occurrence of hypotension refractory to inotropes. Maternal hypertension trended to occur less frequently in hydrocortisone recipients (p=0.06). These results were independent of BW, GA and the receipt of ANS.

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