

Editorial Note on Chronic Neonatal Lung Disease

Raajitha. B*

Department of Pharmacology, University of JNTUK, Guntur, India

Editorial Note

Chronic neonatal lung disease (CNLD) is a persisting respiratory problem in premature babies. In this condition, baby has a need for prolonged oxygen therapy and has changes on a chest x-ray. It is also called bronchopulmonary dysplasia (BPD).

Causes of chronic neonatal lung disease:

Most babies with CNLD are born prematurely. The lungs of premature babies are underdeveloped, fragile and are easily damaged. CNLD results from injury to the developing lungs of premature babies. With injury, the airways inside the lungs become inflamed and can become damaged. This damage can cause difficulty breathing, more rapid breathing and the baby to need more oxygen.

Risk factors for developing CNLD include:

- Preterm delivery (Early pregnancy of mother)
- Birth weight less than 1500 grams
- Maternal womb infection (Chorioamnionitis)
- Patent ductus arteriosus (PDA) a connection between the blood vessels of the heart and lungs that does not close as it should after birth
- Pulmonary hypoplasia
- Male babies

Symptoms of chronic neonatal lung disease:

- Respiratory distress (quick shallow breathing, flaring of the nostrils, chest wall retractions)
- Continued need for respiratory support (mechanical ventilation or CPAP) or oxygen after a premature baby reaches the equivalent of 36 weeks gestation (a month before the due date).

Diagnosis:

CNLD is diagnosed when a premature baby with breathing problems continues to need respiratory support (eg Continuous positive airways pressure "CPAP") and/or additional oxygen even after reaching 36 weeks gestation. The x-rays of babies with severe CNLD often shows bubbly appearance with over expanded lungs.

Treatment: Treatment for CNLD is based on:

- Baby's gestational age, overall health, and other medical issues
- Severity of the disease
- Baby's response to certain medications, procedures, or therapies
- Presence of complications such as reflux and aspiration, pulmonary hypertension or sleep disordered breathing
- Amount of oxygen the baby requires

CNLD can be a long-term condition. Some babies with CNLD require extra oxygen support for several months. Some babies will continue to require oxygen even at home from, where, they won't need it anymore by the end of their first year of life. Babies with CNLD are at greater risk of respiratory infection and may have to be re-hospitalised- the most likely reason being for a viral chest infection called bronchiolitis.

*Corresponding author: Raajitha, Department of Pharmacology, University of JNTUK, Guntur, India. E- mail: raajitha.nrt@gmail.com

Received: January 10, 2021; Accepted: January 17, 2021; Published: January 24, 2021

Citation: Raajitha B (2021) Editorial Note for Journal of Neonatal Biology. J Neonatal Biol, Vol:10 Iss:1

Copyright: © 2021 Raajitha B. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Editorial