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CLINICAL AND DIAGNOSTIC ASPECTS OF DEVELOPING POST-ASPHYXIA SYNDROME IN NEWBORNS

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Introduction: Features of modern intensive care concerning a long compensation of vital functions lead to a syndrome of multiple organ failure (MOF) with uncontrolled cascade of cytokine-mediated reactions.

Aim: Our research aim was to study the diagnostic capabilities of some clinical-parachinical indicators in the verification of post-asphyxia syndrome in newborns.

Materials and methods: On the base of neonatal centre of Regional Pediatric Clinical Hospital we conducted a comprehensive survey of 69 infants. Group I consisted of 33 newborns with post-asphyxia syndrome. Group II included 36 babies with infectious and inflammatory diseases.

Results: Developing MOF syndrome was diagnosed in 26 infants with post-asphyxia syndrome versus 15 children with systemic bacterial infection. The comparative characteristics showed that indications of APV within the first 5 minutes of life (proportionality of chances (PC) (95% CI - 9.5 (4,7-19,1) , hemodynamic disorders with oligoanuria in the clinical picture (PC (95% CI - 6.3 (2,9-14,0) and respiratory distress (PC (95% CI - 5.1 (2,6-10, 0) which persisted on admission to hospital are the most important criteria of developing post-asphyxia syndrome clinical syndrome with MOF. While conducting a complex of parachinical research, indications of the presence of leukocytosis with stab shift to the left, leukocyte index > 0.2 , content subpopulations of T cells, whose function is identified with helper and suppressor, content immunoglobulin classes A, M, G and proinflammatory cytokines, such as interleukin 6 and 8 revealed no clear dependence on the exclusion of systemic bacterial infection in children at follow-up. When we carried out a set of parachinical studies there were no such signs as leukocytosis with stab shift to the left, leukocyte index > 0.2 , of T cells subpopulations, whose function is associated with helper and suppressor ones, content of immunoglobulin classes A, M, G and pro-inflammatory cytokines such as interleukins 6 and 8 showed no clear dependency concerning an exclusion or confirmation of systemic bacterial infection in children in observation groups.

Conclusion: The analysis of the diagnostic value of determination of CRP in children with organ dysfunction, higher than the norm of 10 mg / L (PC (95% CI - 5.7 (1,5-22,3), in case of organ dysfunction, can be used for differential diagnosis between post-asphyxia syndrome and generalized systemic infection.

Keywords: diagnostic value, children, post-asphyxia syndrome, generalized systemic infection

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