THE APPROACH OF DUCTUS ARTERIOSUS PERSISTENCE IN PRETERM INFANTS CONTINUES TO BE A DAILY CHALLENGE IN NICUs IN BRAZIL

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Background and Aims

The approach of ductus arteriosus persistence in preterm infants continues to be a daily challenge in neonatal ICUs in Brazil. Persistent ductus arteriosus (PDA) complicates the clinical course of newborns. The approach of PDA in preterm infants continues to be a challenge in the neonatologist's day-to-day life. This study aims to describe the approach of preterm newborns with echocardiographic diagnosis of PDA.

Method

Retrospective descriptive study of medical records of hospitalized newborns from January-October, 2017 with echocardiographic diagnosis of PDA.

Results

In the study period, 284 newborns were admitted to the ICU, of which 171 (60.21%) were premature and 157 (55.28%) had low birth weight. Overall neonatal ICU mortality was 5.28%. 8 premature newborns had echocardiographic diagnosis of PDA. The mean weight was 1815g (615-3970g) and the mean gestational age was 31.8 weeks (23-38). The occurrence was the same between both newborn genders. The newborns' clinical presentation were : 100% had a broad pulse, 50% respiratory distress , 75% used oxygen, 62.5% needed red blood cell transfusion, and tachycardia was recorded in one patient. Regarding the approach, 50% were submitted to drug treatment. Of these 100% used furosemide associated with fluid restriction. Only 1 was submitted to paracetamol treatment and none used ibuprofen. One patient had a cardiologic indication for surgical ligation of the duct, but the patient had a chylothorax complication.

Conclusion

The management of PDA requires special attention, since it can modify the outcome of the preterm patient. Pharmacological treatment has reduced the need for surgical closure, therefore its possible complications.

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