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Neonatal QT prolongation secondary to right pneumothorax

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Objective: Describe EKG changes associated with Right pneumothorax in newborn period.

Tension pneumothorax is typically regarded as an immediate life-threatening condition that requires emergent management with needle or tube thoracotomy. Pattern for EKG changes due to a left-side tension pneumothorax, pneumothorax, or hemothorax have been described in the literature. However, EKG changes due to right-side pneumothorax are not well defined and none is described in the neonatal period.

Full Term, AGA, male baby born via NSVD to 21 y/o, G2 P0010 mother with ROM for 12 hrs with normal prenatal ultrasound and unremarkable labs, developed respiratory distress 5 mins after birth. Nasal & oral suctioning was performed followed by O2 mask placement with PEEP of 5 (no IPPV). Sepsis work up was initiated on account of respiratory distress with maternal chorioamnionitis (maternal fever 102.2F) and IV antibiotics were started. Baby developed intermittent bradycardia 1 hour after birth and respiratory distress continued despite NCPAP. Transillumination was positive for right pneumothorax. Chest x-ray confirmed the finding. NCPAP was discontinued and nitrogen wash therapy was started. Baby developed persistent bradycardia between 2nd and 3rd hour of life and repeat CXR showed no changes. EKG revealed bradycardia, sinus rhythm, normal P axis & QTc 510 ms. Immediate needle decompression was performed. Post procedure CXR showed re-expansion of right lung. Bed side Echo was normal. Patient was transferred to NYU for closer cardiopulmonary monitoring. At NYU Hospital, baby was managed conservatively and remained hemodynamically stable. Blood culture was negative. QTc prolongation resolved after 48 hours without intervention. Baby was discharged on day 5 of life. Cardiology Clinic follow up in 1 month showed normal EKG.

Prolongation of the QT interval in neonates may be transient or may present as an early form of the long QT syndrome. To our knowledge, reversible EKG changes in a neonate with right pneumothorax have not been previously reported in the literature. While pneumothorax should be readily seen on chest x-ray, EKG changes may be helpful in triggering recognition of the diagnosis in the event of a delay in obtaining x-ray.

Biography

Amit Sharma has completed his MBBS from Himachal Pradesh University (India), Post-graduation in Pediatrics from Punjab University and currently doing Post-graduation in Pediatrics from New York University. Now he is Post graduate 3rd year resident. He has published 5 papers in reputed journals, has 4 research studies, 9 poster presentation at International conferences and was winner of resident research day at his hospital this year.

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