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Case report for unilateral grade IVH in a term baby

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Objective: Symptomatic intra-ventricular haemorrhage in full term neonates is much less common than in preterm neonates. The incidence is higher, however, in instrumental births.

Method: Baby was 41 weeks gestation and was born by vaginal route with meconium stained liquor. The baby presented on day four of life to NICU with history of brief, short lasting, jerking movements of right side of the body. Antenatal scans were all normal. There was no history of prolonged labour or any history of traumatic delivery. On examination, the baby was noted to have a full anterior fontanelle and no evidence of neurological deficit. Cranial ultrasound done revealed a grade 4 IVH.

Results: The baby underwent extensive investigations to exclude coagulation abnormalities and brain imaging to gauge the extent of parenchymal involvement. The MRI revealed grade 4 germinal matrix haemorrhage in the left ventricle with parenchymal involvement (images 1, 2). Repeat MRI done at 6 months of age showed asymmetric ventricle with dilated left ventricle. There were remnants of old blood products in left ventricle posterior body, occipital horn and atrium areas. On subsequent follow-up, baby started to develop mild weakness of right side of the body. Baby however has not had any significant seizures thereafter. There were no coagulation abnormalities. EEG did not reveal any epileptiform activity although baby showed some automatic movements during the procedure. Neurodevelopmentally, baby is achieving milestones when she was seen at 8 months of life.

Conclusion: Most cases of severe intraventricular haemorrhages are seen in preterm babies. There is scant literature on severe unilateral IVH in term babies. Reported literature shows bilateral involvement and majority of the cases are secondary to coagulation abnormalities and dehydration due to poor feeding at birth. Irrespective of aetiology, such babies need regular neurodevelopment monitoring for sequelae associated with periventricular leucomalacia.

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