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Evaluation of clinical findings, laboratory examinations, and nsofa scores in prediction of late-onset neonatal sepsis

Kübra Gökçe Tezel

Marmara University Hospital ,Turkey

Introduction: Sepsis is a leading mortality and morbidity cause in neonatal period. Late-onset neonatal sepsis is referred to the event that happened during 1st month of life after the 72nd hour of life. It is both challenging and lifesaving to recognize late-onset neonatal sepsis in early course. Making a definite diagnosis and early antibiotic administration is related to better outcomes. nSOFA (neonatal sequential organ failure assessment) designed by Wyn et al, is used to predict neonatal sepsis mortality/morbidity outcomes and has not yet been used as a diagnosis tool for neonatal sepsis. This study aims to show the power of clinical findings, laboratory results, and nSOFA scores to diagnose late-onset neonatal sepsis in an early course.

Materials and Method: In this study, babies older than 72 hours old and hospitalized between February 2021- July 2022 in Marmara University Pendik Training and Research Hospital were prospectively enrolled. Neonates were grouped as 'culture positive sepsis', 'clinical sepsis', 'probable sepsis', and 'control' while clinical, laboratory findings, and nSOFA scores were noted. It is aimed to show the efficiency of these features to predict late-onset neonatal sepsis.

Results: Out of all 203 newborns included in this study, 110 (%54) were male and 93 (%46) were female. Out of all newborns, 48 (24%) of them were in the control group, 37 (18%) of them were in the clinical sepsis group, 94 (46%) of them were in the probable sepsis group, 24 (12%) of them were in culture positive sepsis group. It has been concluded that leukocyte count higher than > 15.000/mm3, establishing positivity in CRP result in between 6-12 hours, "sick appearance" and nSOFA score >1 are reliable parameters to predict culture-positive sepsis.

Discussion and Conclusion: In order to anticipate neonatal culture-positive sepsis, using the nSOFA scoring system with clinical and laboratory findings is feasible. Integration of this scoring system into daily clinical practice would lead to diminished usage of empiric antibiotics. Further studies with larger cohorts will strengthen our results

Biography

Kübra GÖKÇE TEZEL, She is a pediatrics attending- currently living in İstanbul and working in Marmara University Hospital. she wants to become a neonatologist, this is why she is very interested in clinical approaches for infections during newborn and young infantile period of time. With this study, she believe we were able to show that rate of meningitis during urinary tract infections in young infants is very low and routine lumbure punctures procudures must be reconsidered in order to protect babies from unnecessary invasive interventions.

kubragokce1993@gmail.com

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