Study of etiology and outcome in newborns presented with respiratory distress.

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Abstract:

Background: Almost 15% of total term babies and 29% of preterm babies present with respiratory distress. Respiratory distress contributes to a major portion of mortality among them. This study was conducted with the aim of analysing the etiology and outcome of respiratory distress in newborns at a tertiary care centre so as to focus on interventions to decrease the burden of the disease and also decrease the neonatal mortality. Materials & Methodology: In this prospective study 106 newborns, delivered at Civil Hospital Ahmedabad over a period of two months (December'19 and January'20) having respiratory distress were included in the study. Cases were investigated for the cause of respiratory distress and followed up for the outcome. Results: Among 106 newborns studied, 38(35%) neonates had Transient Tachypnea of newborn, 28(25%) were diagnosed to have respiratory distress syndrome, 12(11%) neonates had Meconium Aspiration Syndrome, 12(11%) neonates had birth asphyxia, 14(13.2%) neonates had sepsis, rest 6(5.5%) neonates had congenital anomalies related to respiratory tract. Meconium Aspiration Syndrome was found to be more common in term and post term neonates. 70% of newborns with meconium aspiration syndrome were complicated by Persistent pulmonary hypertension of newborn. Case fatality rate was maximum in Respiratory distress syndrome 10 (35%) followed by congenital anomalies 2 (33%), meconium aspiration syndrome 3 (25%), Birth Asphyxia 2 (16.7%) and sepsis 2 (14.7%). Conclusion: Transient Tachypnea of newborn accounts for 35% of newborns presented with respiratory distress and has good outcome without any mortality in our study. Whereas Respiratory distress syndrome is 2nd most common cause which accounts for significant amount of mortality (35%) which is, to some extent preventable.

Key Words: Down's scoring, Meconium aspiration syndrome, Prematurity,

Respiratory distress syndrome, Silvermann Anderson scoring.

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