

Phone : 0484 - 2754000
Fax : 0484 - 2754468



Website : www.cmccochin.org
Email : md@cmccochin.org

GOVERNMENT MEDICAL COLLEGE, ERNAKULAM

Kalamassery, HMT Colony, Kochi - 683503

Baby RESHMI SHIJO (Male) DOB 14-10-2021 OP NO 1185261 IP NO 126171
Date of Admission: 14-10-2021 Mob No: 6238779755 Date of Discharge: 01-01-22

Extreme preterm (28 week) / ELBW (740 g) / IUGR- Absent EDF/ IGDM Maternal Hypothyroidism PIH/ Severe RDS- surfactant given, ventilated / Presumed EOS- Culture negative / Septic shock / Definite NEC/ Apnea of prematurity/ Anemia of Prematurity/ AKI - resolved / Cystic Periventricular Leukomalacia

MATERNAL HISTORY

Reshmi Shijo, 31 yrs. old G3P2L1IUD1 delivered at Govt. Medical College EKM. Mother had GDM was on Insulin, PIH on medication and hypothyroidism on Thyronorm. Antenatal Scan showed IUGR and Oligohydramnios (AFI-6) with absent end diastolic flow. Mother had received 2 doses of Betamethasone completed 1 day prior to delivery. 1st pregnancy was IUD at 33wks due to preeclampsia.

PERINATAL HISTORY

Baby was born on at 7.50 PM with a birth weight of 740 grams. Apgars were 7 at 1 minute and 8 at 5 minutes with no resuscitation being required. She was transported to NICU on T-piece CPAP.

On admission baby had severe respiratory distress (Downe 8) and was intubated and administered surfactant. Baby was continued on ventilator support for 36 hours and was weaned to bubble CPAP which was continued for 7 days. Thereafter baby was on O₂ via nasal prongs (at FiO₂ 21%) PND-14 in view of intermittent apneic episodes.

Baby was started on inotropes (Dopamine and Dobutamine) on PND-1 which was weaned off by 48 hours. Baby had intermittent episodes of apnea and started on Caffeine which was stopped at 34 weeks of CGA.

Baby was initially started on 2nd line antibiotics (Piptaz, Amikacin) in v/o severe RDS. Initial CRP's were negative. Amikacin was stopped after 48 hrs in v/o elevated S. Creatinine (2.4 → 0.5). On PND 3, Antibiotics were hiked to Inj Meropenem in v/o positive sepsis screen. On PND-14, baby had bilious vomiting and Inj Vancomycin was added. CSF study done was normal and Meropenem was stopped after 14 days as Blood and CSF cultures came sterile. Inj Vancomycin was given for total of 10 days. On PND-21, baby had abdominal distension and bilious aspirate and Inj Ciplox was started. Ciplox was stopped after 7 days as baby improved clinically and repeat Blood C&S was sterile.

Baby had jaundice requiring phototherapy. (Highest S. Bilirubin- 10.4).

Serum Creatinine done at 48 hours was 2.4 which reduced to 0.3 on serial monitoring. Urine output was normal. USG abdomen showed normal KUB.

Baby was on IV fluids with Calcium and Aminovan initially. Trophic feeds were started by PND 2 and made full feeds by PND 25. Baby had abdominal distension and vomiting and feed was increased gradually. HMF fortification of breast milk was done. Started accepting Gokarnam feeds by 34 weeks and is now stabilized on gokarnam feeds and having ample weight gain.

Baby had thrombocytopenia which was serially monitored. No bleeding manifestations noted. (63,000 → 1.35L on 28/12/2021). Hyponatremia was present which required correction with Hypertonic saline for 1 week.