

STUDY OF HISTOLOGICAL CHORIOAMNIONITIS ASSOCIATION AS A MODULATOR OF BRAIN INJURY IN PREMATURE INFANTS

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The study of histological chorioamnionitis association as a modulator of brain injury in premature brain in premature shows inconsistent results. Prematurity is often associated with chorioamnionitis. The transfontanellar ultrasound is a noninvasive diagnostic method to diagnose brain injury in newborns. The main objective of this work is to investigate the association between chorioamnionitis defined by histological examination and changes in premature transfontanellar ultrasound of newborns at Hospital Regional da Asa Sul (HRAS), Brasilia, DF, Brazil.

Table 1. Obstetric and neonatal characteristics of the study population according to the presence of histologic chorioamnionitis

Variables	With chorioamnionitis (n 23)	Without chorioamnionitis (n 28)	P
Maternal age	27,5 ±8,1	25,6 ±6,9	0,48
Pregnancies	3,0 ±1,8	1,8 ±1,5	0,04
Prenatal corticosteroids	14 (60,9%)	14 (50%)	0,43
Cesarean	6 (26,1%)	19 (67,9%)	0,003
Resuscitation	13 (56,5%)	18 (64,3%)	0,57
Gestational age	27,9 ±2	29,2 ±1,9	0,02
Birth weight (g)	1059,1 ±361,4	1168,6 ±329,7	0,27
Height	36,4 ±3,9	39,7 ±5,5	0,10
Head circumference	25,5 ±2,4	27,0 ±2,4	0,03
PIG	3 (13%)	3 (10,7%)	0,79
Male	10 (43,5%)	13 (46,4%)	0,6
Days in NICU	67,14 ±37,7	63,1 ±42,0	0,84
FiO2 (%)	61,3 ±24,3	54,0 ±25,4	0,30
Days with O2	32,13 ±37,4	22,9 ±29,0	0,33

Table 2. Clinical outcome in the neonatal period

Variable	With chorioamnionitis (n 23)	Without chorioamnionitis (n28)	Relative risk (IC* 95%)	P
IVH	4(20%)	3 (14,3%)	1,5(0,29-7,7)	0,66
<i>h-echogenecity</i>	5(25%)	10 (47,6%)	0,36 (0,09 -1,3)	0,13

IVH: intraventricular hemorrhage ; *h-echogenecity*: hyperechogenecity

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