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[745] Cerebral Oximetry Using Near Infrared Spectroscopy (NIRS) in Newborns with Hypoxic Ischemic Encephalopathy (HIE) Who Qualify for Clinical Whole Body Hypothermia (WBH)

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BACKGROUND: Near-infrared spectroscopy (NIRS) was developed to provide a non-invasive method of measuring regional oxygen saturation. Previous studies have established that NIRS can be used to monitor oxygen content of brain in presence of HIE.

OBJECTIVE: To evaluate changes in absolute cerebral tissue oxygen saturation ($SctO_2$ %) in newborns with HIE who undergo WBH.

DESIGN/METHODS: FDA approved FORE-SIGHT (Casmed) device was used in two normal newborns, four newborns with moderate HIE and two newborns with severe HIE. SctO₂ levels were analyzed in the presence and absence of HIE and during phases of cooling and rewarming and across severity of HIE.

RESULTS: Significantly higher (p<0.001) SctO₂ levels were found in newborns with severe HIE (84 ± 8, SctO₂ %, Mean ± SD) as compared to newborns with moderate HIE (74 ± 5) and normal newborns (79 ± 3). During the phase of rewarming SctO₂ levels (90 ± 6) were significantly higher (p<0.001) as compared to the levels during hypothermia (81 ± 6) in newborns with severe HIE. In newborns with moderate HIE, the levels during cooling (74 ± 4) and rewarming (74 ± 6) were not statistically different (p = 0.9). In newborn with severe HIE, several episodes of very low SctO₂ levels not associated with decreased oxygen saturation were noted during the phase of therapeutic hypothermia. These acute decreases in saturation were not seen in newborns with moderate HIE.



CONCLUSIONS: Baseline high Cerebral $SctO_2$ values may reflect decreased oxygen utilization and severe brain injury. Higher $SctO_2$ levels during rewarming phase of therapeutic hypothermia may reflect reperfusion injury. Use of NIRS technology and $SctO_2$ levels may help monitor effects of therapeutic hypothermia on cerebral circulation. More studies are warranted to further evaluate impact of $SctO_2$ levels on neurodevelopmental outcome in newborns who undergo WBH for moderate to severe HIE. E-PAS2010745

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