Reunión Bibliográfica 24-6-2021

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Un Nuevo Concepto en Medicina Perinatal

Neo Red

Predictive Value of Spinal Bone Anomalies for Spinal Cord Abnormalities In Patientes With Anorectal Malformations

Pediatr J Surg: Jun 21 , 2021

Objetivo:

Evaluar correlación entre anomalías vertebrales/sacras y anomalías en médula espinal con RNM en pacientes con malformación anorectal

- Estudio de retrospectivo .
- Pacientes con malformación anorectal atendidos en período 1999- 2019 en un hospital en Roma, Italia
- Se revisan retrospectivamente imágenes de columna vertebral /sacro y se correlaciona con presencia de anomalías en médula espinal en RNM
- Fisher Exact Test y Xi2 test, $p < 0,05$ fue considerado estadísticamente significativa
- Se estudiaron con Ecocardio, ecografía abdominal, RX columna y sacra AP – lateral, ecografía columna en primeros 3 meses. Se realizó RNM columna en primer año

60% de anomalías en médula espinal en pacientes con malformación anorectal.

Se ha reportado que malformaciones vertebrales y sacras son indicadores de anomalías medulares

Población

343 RN

Alta	44
Intermedia	133
Baja	138
Otras	33

- VACTERL 72/348 (21%)
- S Genéticos 30/348 (9%)

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244/348 con RNM 104/348 sin RNM 77 previo 2013

147/244 (60%) con Anomalías en médula

222/348 con Eco lumbosacra

34/222 (15 %) con Anomalías en médula

222/348 con Eco lumbosacra

191/222 Eco + RNM

- 34/191 Eco lumbosacra con anomalías medulares .
  TODOS con RNM alterada
- 157/191 Eco lumbosacra normal
  77/157 (49%) tienen RNM con anomalía médula espinal

- Ecografía: 100% especificidad y 30% sensibilidad

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- 19 (13%) con RNM médula alterada se operaron
  - 15 sintomáticos: debilidad extremidades, marcha alterada, dolor pierna o espalda, desordenes en sensibilidad de extremidades, anormalidades urológicas(incontinencia, vejiga neurogénica)
  - 4 asintomáticos: médula anclada, singomelia asociada a Chiari sintomático

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Table 2
Correlation between spinal bone and SCA.

	SCA N (%)	Normal spinal cord N (%)	P values	MRI not available (%)
Sacral anomalies (n=121)	92 (76)	15 (12,5)	0,00001	14 (11,5)
No Sacral anomalies (n=219)	54 (24,5)	81 (37)		84 (38,5)
Vertebral (V) anomalies (n=60)	42 (70)	8(13)	0,00001	10 (17)
No Vertebral anomalies (n=281)	104 (37)	89 (32)		88 (31)
Spinal anomalies* (n=35)	32 (91,5)	-	0,00001	3 (8,5)
No spinal anomalies ** (n=195)	45 (23)	73 (37,5)		77 (39,5)

* patients with both Sacral and Vertebral anomalies
** patients with neither Sacral nor Vertebral anomalies

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Table 3
Relation between SR and spinal bone/sacral/spinal cord anomalies.

	SR < 0,74 (n 123)	SR ≥ 0,74 (n 92)	P Values
Sacral anomalies Y	74 (60%)	23 (25%)	0,00001
Sacral anomalies N	49 (40%)	69 (75%)	
Vertebral anomalies Y	36 (29%)	13 (14%)	0,01
Vertebral anomalies N	87 (71%)	79 (86%)	
Spinal cord anomalies Y	91 (74%)	39 (43%)	0,00001
Spinal cord anomalies N	32 (26%)	53 (57%)	

Ultrasound Imaging are the First Line of Investigation to Diagnose Intestinal Malrotation In Children: Safety and Efficacy
J Pediatr Surgery Mayo 2021

2008-2019 Australia, 1 centro
Retrospectivo
539 pacientes

Table 1
Comparison between Age of presentation and US findings.

Age at presentation	Yes	Malrotation on US Equivocal	No	Total
Child(>1 year)	5	1	102	108
Infant(29 days to 1 year)	0	3	92	95
Neonate(<28 days)	12	8	316	336
Grand Total	17	12	510	539

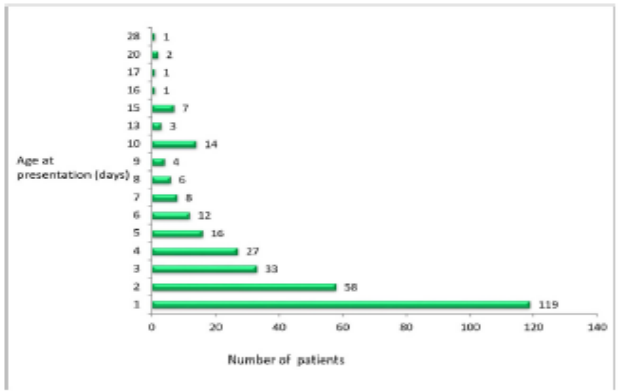

Fig. 8. Age at presentation in neonatal group.

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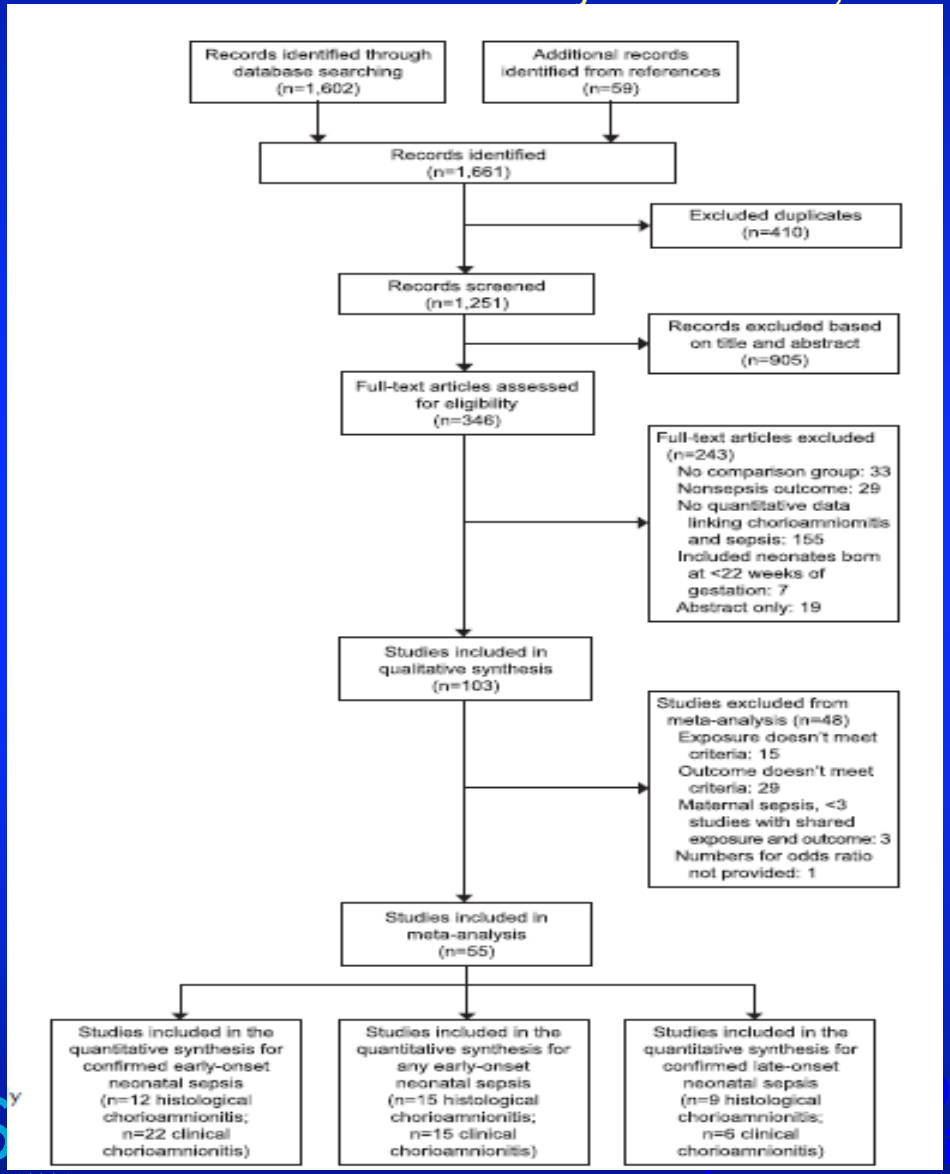
Ultrasound Imaging are the First Line of Investigation to Diagnose Intestinal Malrotation In Children: Safety and Efficacy
J Pediatr Surgery Mayo 2021

Fig. 6. Breakdown of US results and clinical outcomes.

Chorioamnionitis and Risk for Maternal and Neonatal Sepsis
A Systematic Review and Meta-Analysis
Obstet Gynecol 2021;137:1007-22



55 estudios
39 RNPT
10 RNPT y RNT
6 RNT y Pt tardío

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Chorioamnionitis and Risk for Maternal and Neonatal Sepsis
A Systematic Review and Meta-Analysis
Obstet Gynecol 2021;137:1007-22

- Riesgo de Sepsis Neonatal y de Sepsis materna después de exposición a corioamnionitis
- Criterios para incluír:
  - Estudios :randomizados controlados, caso-control- cohorte, descriptivos
  - Exposición: con corioamnionitis
  - Outcome: Sepsis materna, sepsis neonatal precoz y tardía, confirmada o presumida
  - Incluye medición cuantificada del riesgo de sepsis
  - Embarazos > 22 semanas

Riesgo Sepsis Neonatal Precoz según corioamnionitis histológica

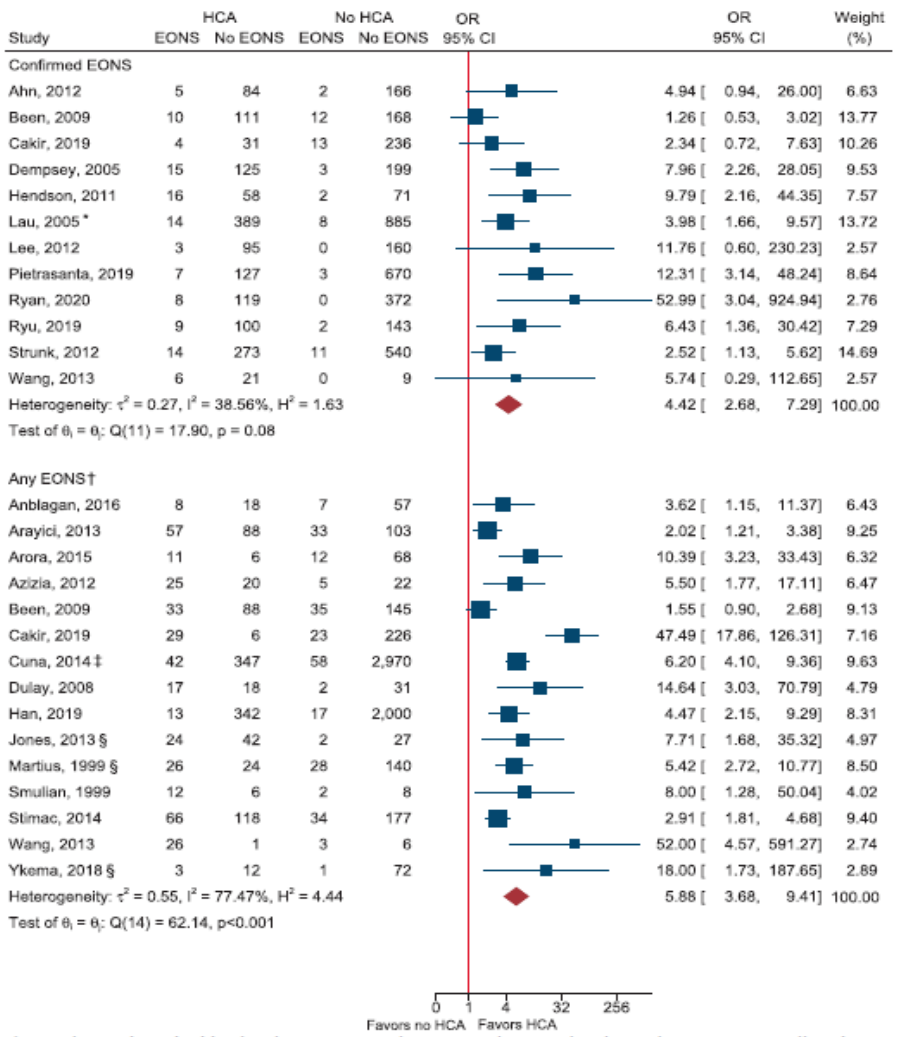

Fig. 2. The unadjusted odds of early-onset neonatal sepsis in relation to histologic chorioamnionitis. All studies were conducted in preterm-only neonates unless otherwise indicated. *Combined preterm and term neonate study. †Numbers represent a composite definition of all confirmed or presumed early-onset neonatal sepsis cases unless otherwise indicated. ‡Term-only (more than 37 weeks of gestation) neonate study. §Numbers represent all presumed cases based on clinical criteria, and it is unclear whether some of those cases were also confirmed through a positive test culture. HCA, histologic chorioamnionitis; EONS, early-onset neonatal sepsis.

Beck. Chorioamnionitis and Risk for Sepsis. Obstet Gynecol 2021.

Sepsis precoz confirmada
7% Todos
3% RNT

Riesgo Sepsis Neonatal Precoz confirmada según corioamnionitis clínica

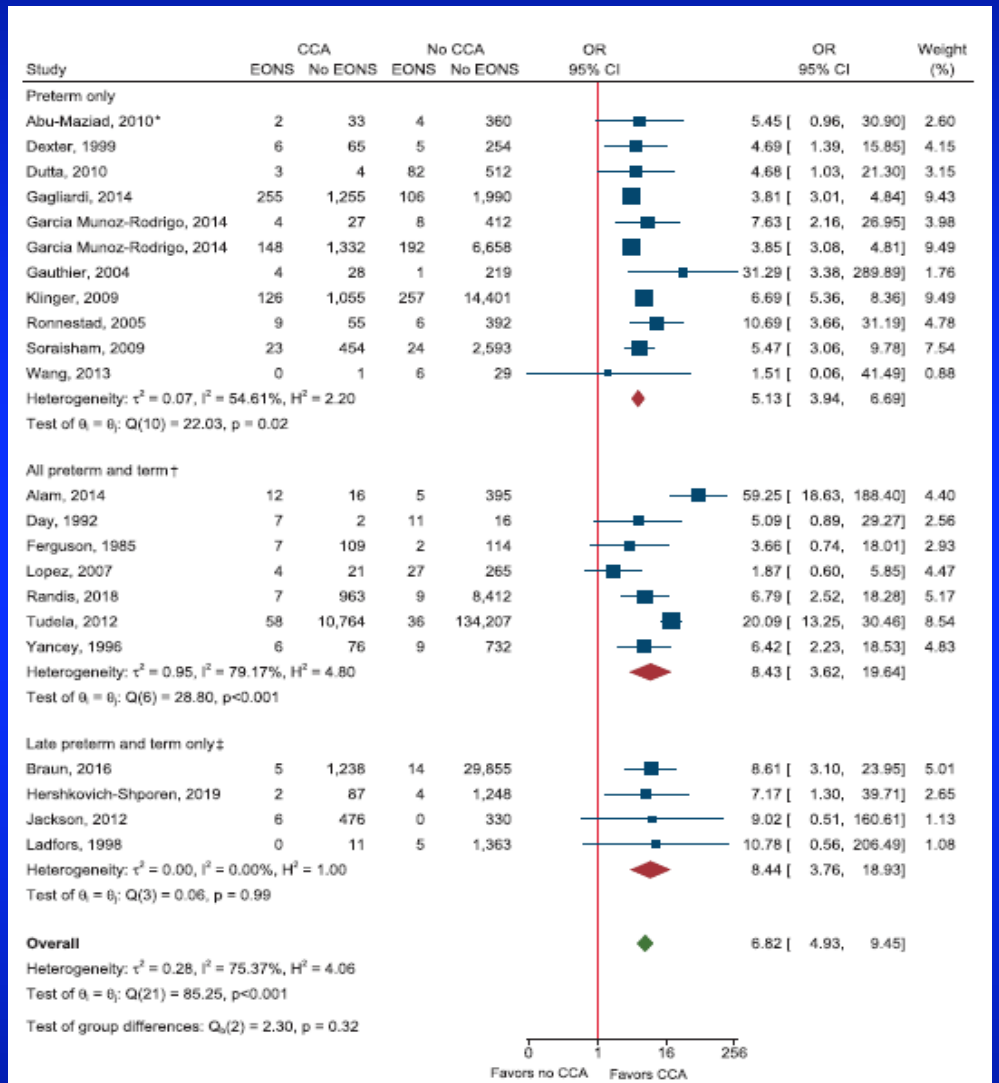

Fig. 3. The unadjusted odds of confirmed early-onset neonatal sepsis in relation to clinical chorioamnionitis. *Numbers to calculate the odds ratio were obtained from the corresponding study author and represent unpublished data. †Studies included all neonates born at 22 weeks of gestation or later. ‡Studies included neonate populations born at 34 weeks of gestation or later. CCA, clinical chorioamnionitis; EONS, early-onset neonatal sepsis.

Beck. Chorioamnionitis and Risk for Sepsis. Obstet Gynecol 2021.

Sepsis precoz confirmada
6% Todos
11% Pretérmino
0.8% RNT y PT Tardío

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Riesgo Sepsis Neonatal Precoz confirmada o presunta según corioamnionitis clínica

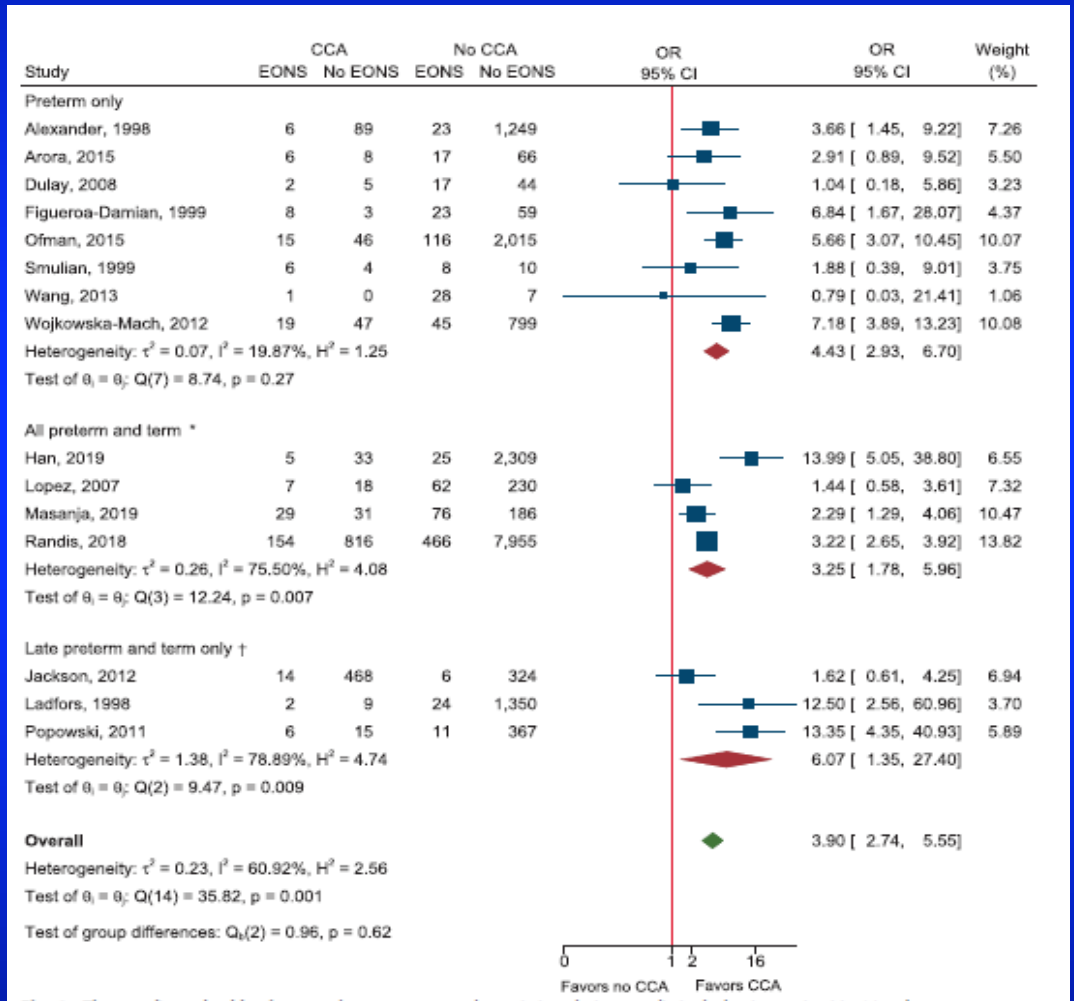

Fig. 4. The unadjusted odds of any early-onset neonatal sepsis in relation to clinical chorioamnionitis. Numbers represent a composite definition of any confirmed or presumed early-onset neonatal sepsis cases for each respective study. *Studies included all neonates born at 22 weeks of gestation or later. †Studies included neonate populations born at 34 weeks of gestation or later. CCA, clinical chorioamnionitis; EONS, early-onset neonatal sepsis.

Beck. Chorioamnionitis and Risk for Sepsis. Obstet Gynecol 2021.

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Riesgo Sepsis Neonatal Tardía según corioamnionitis histológica en pretéminos

Incidencia 26%

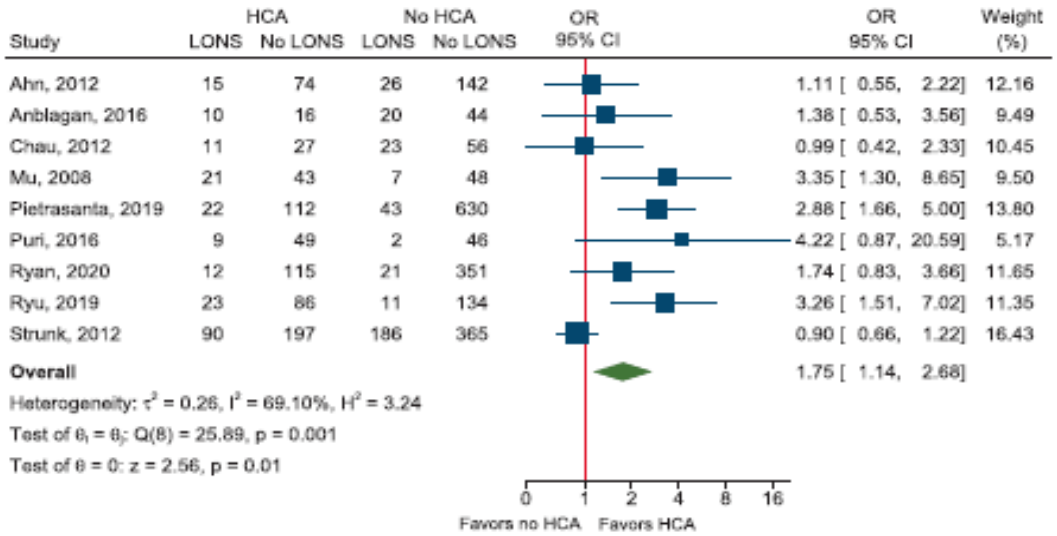

Fig. 5. The unadjusted odds of confirmed late-onset neonatal sepsis in relation to histologic chorioamnionitis in preterm neonates. HCA, histologic chorioamnionitis; LONS, late-onset neonatal sepsis.

Beck. Chorioamnionitis and Risk for Sepsis. Obstet Gynecol 2021.

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Riesgo Sepsis Neonatal Tardía según corioamnionitis clínica en pretéminos

Incidencia 22%

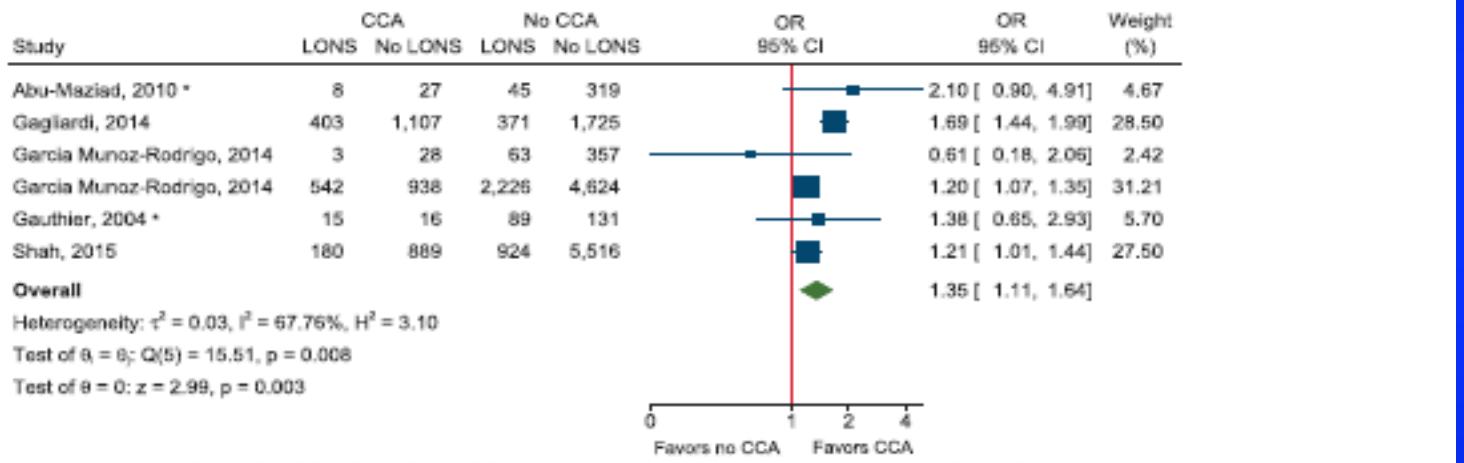

Fig. 6. The unadjusted odds of confirmed late-onset neonatal sepsis in relation to clinical chorioamnionitis among preterm neonates. *Numbers for odds ratio calculations were obtained from the corresponding study author and represent unpublished data. CCA, clinical chorioamnionitis; LONS, late-onset neonatal sepsis.

Beck. Chorioamnionitis and Risk for Sepsis. Obstet Gynecol 2021.

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Riesgo de Sepsis Materna

- Insuficiente evidencia para determinar asociación entre corioamninitis y sepsis materna