



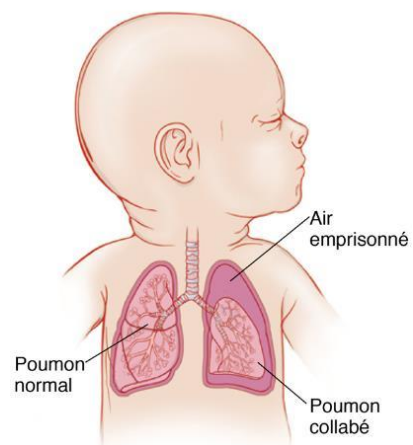
J. Baudat-Nguyen, J. Schneider, M. Roth-Kleiner, J-F. Tolsa, A. Truttmann and the collaborators of the regional network

Incidence and management of neonatal pneumothorax within our regional perinatal network : a retrospective study

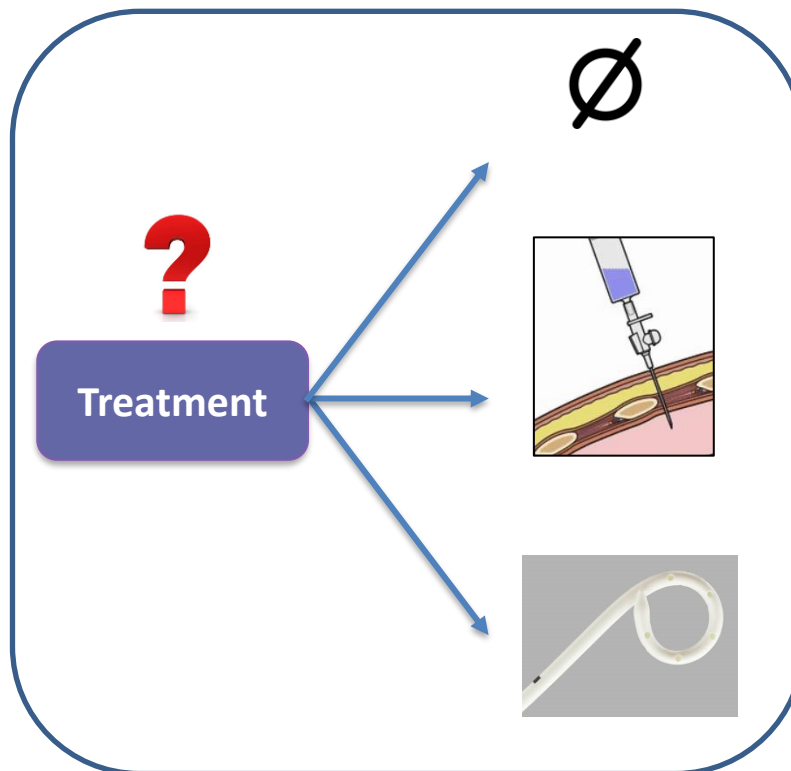
24.05.2022

Annual meeting of the SNN 2022

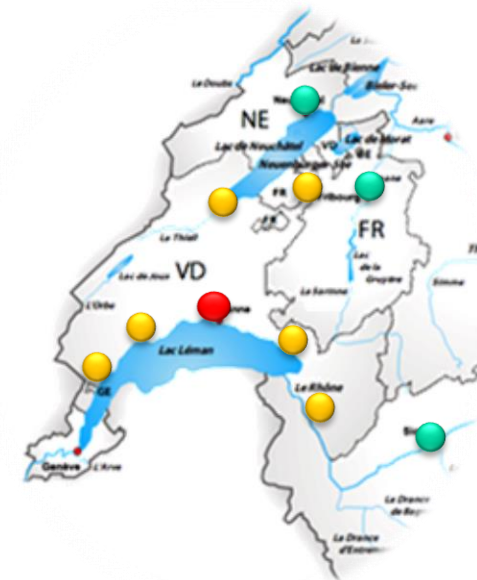
Background



PTX incidence :
0.05 to 2%



01.07.2016 - 31.12.2018
(30 months)



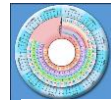
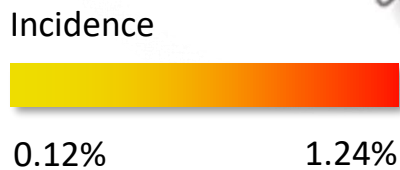
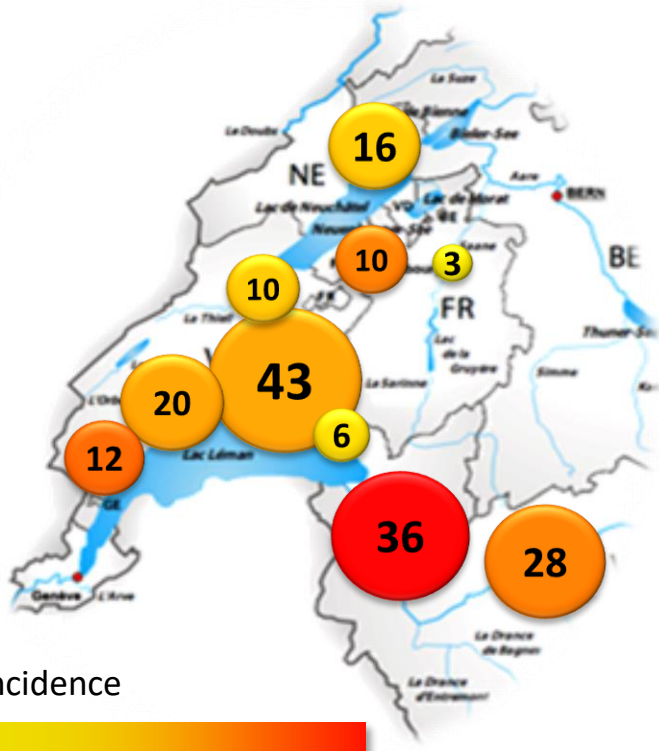
**Regional neonatal
network : 10 hospitals**

Objectives :

- 1) To define pneumothorax (PTX) incidence in the neonatal network
- 2) To define management of PTX and comparison of treatment

Results

184 patients included
 Incidence : 0.56% (0.12-1.24)
 Transfer rate : 56%



39.6 weeks (27.1-42)

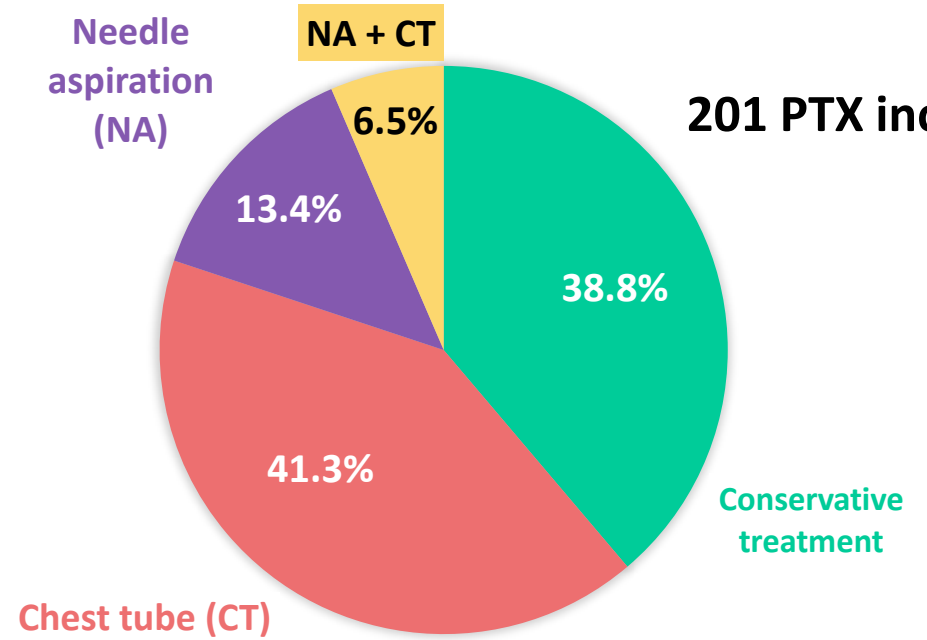





3180 grams (870-4410)

Needle aspiration (NA)

NA + CT

201 PTX included



			
Failure rate on 1st line tx, n (%)	8/85 (9)	14/38 (37)*	-
Number of X-Ray, mean (±SD)	9.9 (±0.6)	6.6 (±1)*	3.9 (±0.3)*
Length hospital (days), mean (±SD)	12.7 (±2.7)	3.4* (±0.7)	4.3 (±0.6)*
Complications, n (%)	25/89 (28)	-	-

*p-value<0.05 comparing CT versus other

Discussion

High discrepancy of PTX incidence among the different hospitals

- Depending on staff, experience, level of the hospital
- Depending on the delivery room management
- Corresponds to data in the literature

Bruschettini, 2019
Murphy, 2018
Mannam, 2019
Zehrabchi, 2008

Needle aspiration as primary intervention ?

- Depending on subjective measure of severity illness
- ☹️ Failure rate 3x higher than chest tube drainage
- ☺️
 - 2/3 of PTX had a successful needle aspiration with no need of inserting a chest tube drainage
 - Best option regarding length hospital and number of X-rays
 - Less or no complications

➔ Guidelines with a decisional algorithm in progress to harmonise the PTX treatment among the regional neonatal network