

# NASAL HIGH FREQUENCY OSCILLATORY HIGH-FLOW THERAPY IN PRETERM INFANTS: A RANDOMIZED CROSSOVER TRIAL



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# Background – nCPAP and High-flow

nCPAP



High-flow



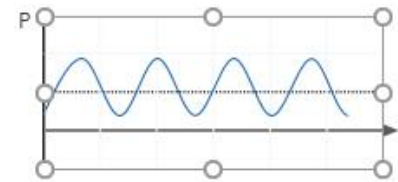
Manley 2013, 2016, 2019. Roberts 2014. Klingenberg 2014.

# Background – Non-invasive high frequency oscillatory ventilation

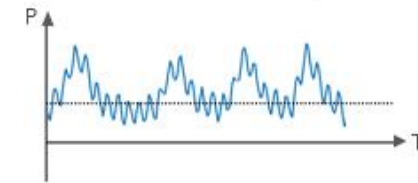
nHFOV



CPAP



nHFOV



nHFOV vs. nCPAP

- Less need for mechanical ventilation
- Lower  $\text{CO}_2$
- Less desaturations and bradycardia

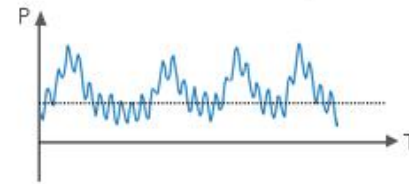
Shehadeh 2019, Rüegger 2018.



# Background – High-flow with high frequency oscillations



**OSCI-FLOW ?**



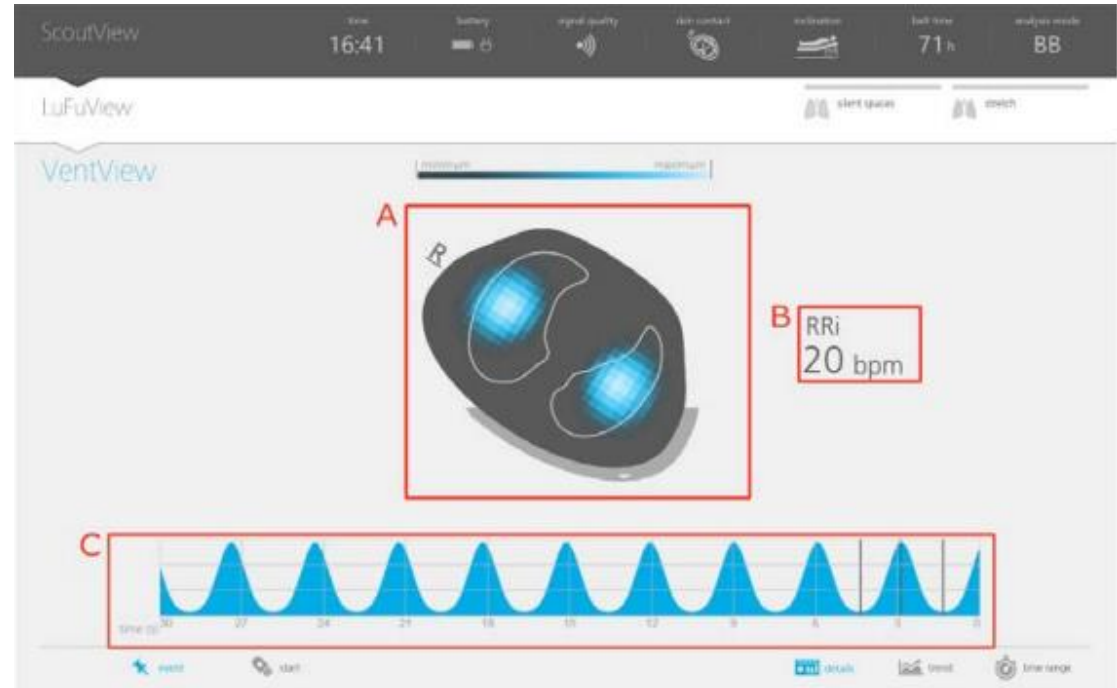
- No clinical data
- Silicon model (High-flow with oscillations vs. standard High-flow)
  - Lower  $\text{CO}_2$
  - Lower MAP

Sivieri 2019, Rub 2019.

## Methods – Prospective, randomized crossover study

P	Preterm infants <35 weeks gestational age More than 3 days old nCPAP, PEEP 5 mbar, FiO <sub>2</sub> <0.3 Treatment with caffeine citrate for apnea of prematurity
I	Osci-flow for 3 hours
C	High-flow for 3 hours
O	Difference in the combined number of episodes of desaturations and bradycardia

# Methods – Electrical Impedance Tomography (EIT)



# Methods – Osci-flow

SLE6000 infant ventilator (Anandic, UK)

High-flow nasal cannula (Fisher and Paykel)

## 'Osci-flow'

nHFOV mode

- Frequency 6 Hz
- Amplitude 20 mbar
- I:E ratio 1:1
- MAP titrated to create a flow of 4l/min

## High-flow

- 4 l/min



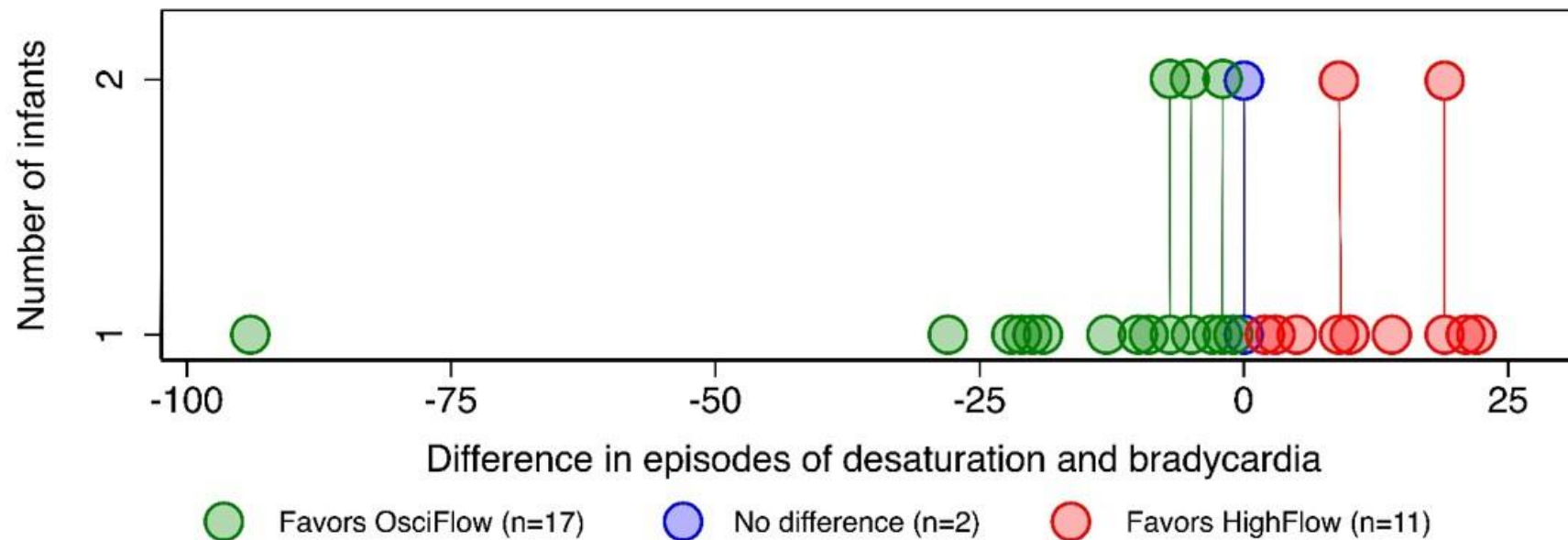
## Results – Demographics

Patient characteristics	N=30
Gestational age, weeks	26.9 (25.3 to 28.0)
Birth weight, g	770 (660 to 1150)
Postnatal age, days	47 (31 to 54)
Postmenstrual age, weeks	33.1 (32.1 to 34.0)
Weight at study, g	1760 (1590 to 1870)

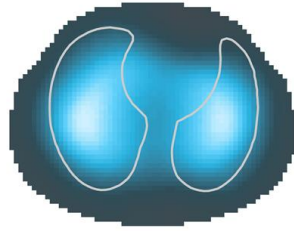


## Results – Primary Outcome

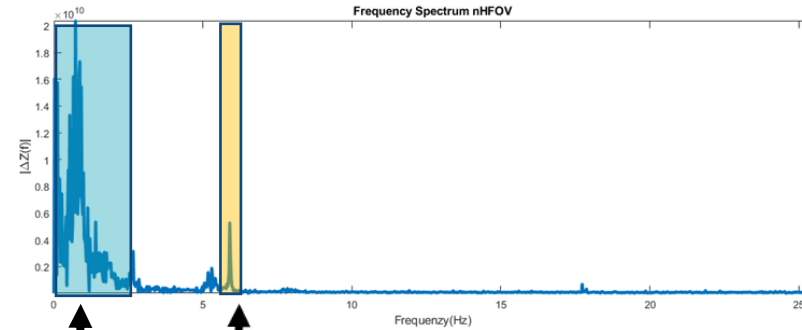
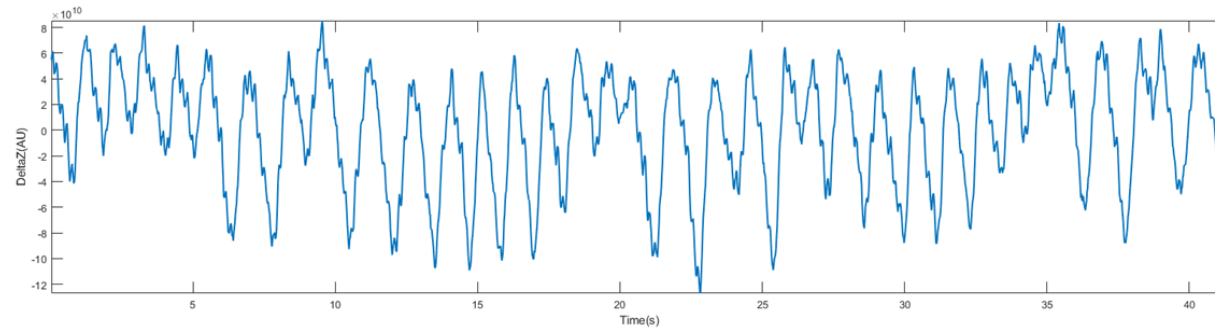
	Osci-flow	High-flow	Paired difference	p-value
Number of desaturations and bradycardia	20 (6 to 49)	26 (6 to 44)	-2 (-10 to 9)	0.37



# Results – EIT data



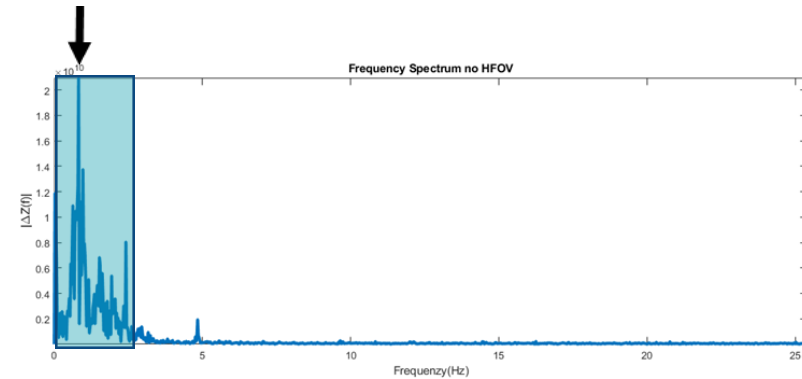
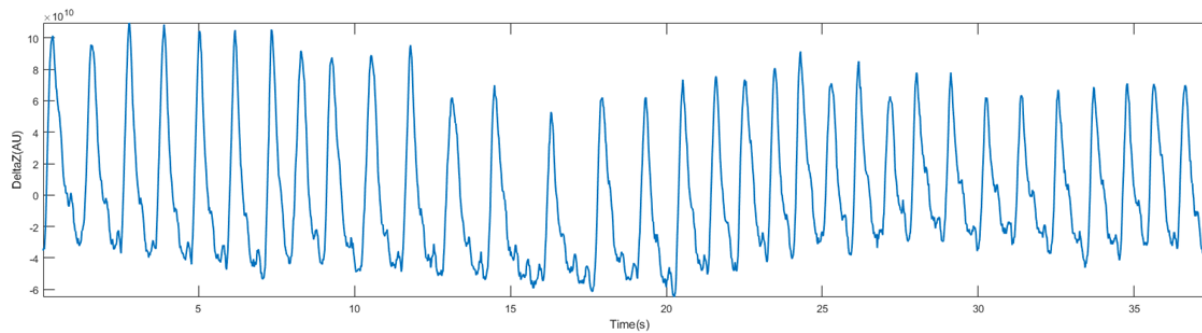
Osci-flow



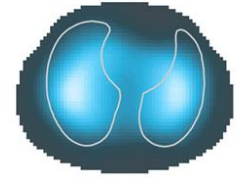
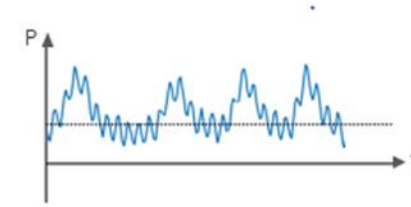
Tidal  
volume

Oscillation  
signal

High-flow



## Discussion and conclusions



- No difference in the number of desaturation and bradycardia between Osci-Flow and High-Flow
- No difference in gas exchange and cardiorespiratory parameters
- Safe and well tolerated
- Transmission of oscillations to the lungs demonstrated by EIT

# Thank you for your attention



Many thanks to the study team

PD Dr. Christoph Rüegger

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Dr. Vincent Gaertner

Dr. Leonie Plastina

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