MANAGEMENT AND EVOLUTION OF POSTHEMORRHAGIC VENTRICULAR DILATATION IN VERY PREMATURE INFANTS BETWEEN 2006 AND 2021:

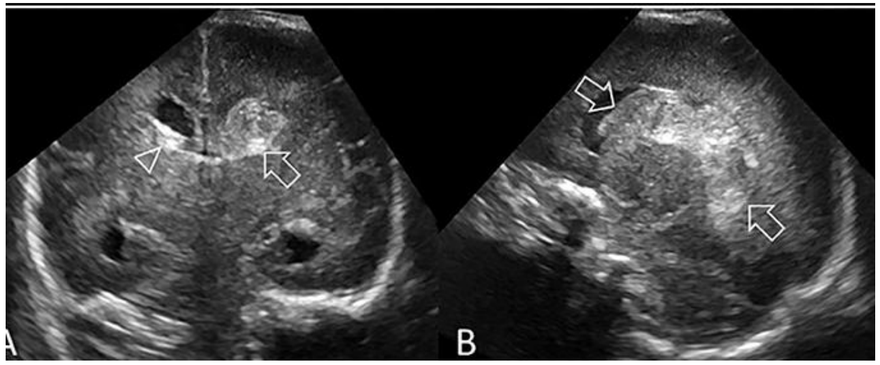
A SINGLE CENTER LEVEL III RETROSPECTIVE STUDY

Population

Newborns < 32 GW with grade III intraventricular hemorrhage (IVH) +/- posthemorrhagic ventricular dilatation (PHVD).

Intervention

Ventricular drainage (lumbar puncture +/- surgical drainage).



Comparison

Intervention vs no intervention

Outcomes

Description of prevalence and medical/surgical management.
Neurodevelopment at 18 months corrected age (Bayley score).

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Methods

- Retrospective observational study

< 32 GW (2006-2021)
n = 1830

No IVH grade III
Survived < 1 week
n = 1780
(death n = 5)

n = 50

INTERVENTION **(INT)**
n = 19

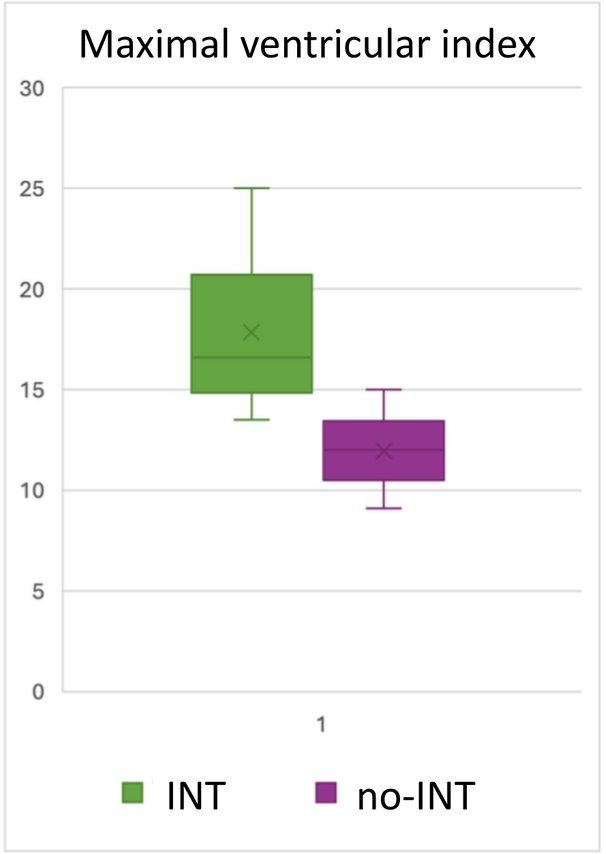
NO INTERVENTION **(no-INT)**
n = 31

Rickham reservoir
n = 7
(with 6 VP shunt)

No surgery
n = 12

78% follow-up at 18 months corrected age (n=38)

Results



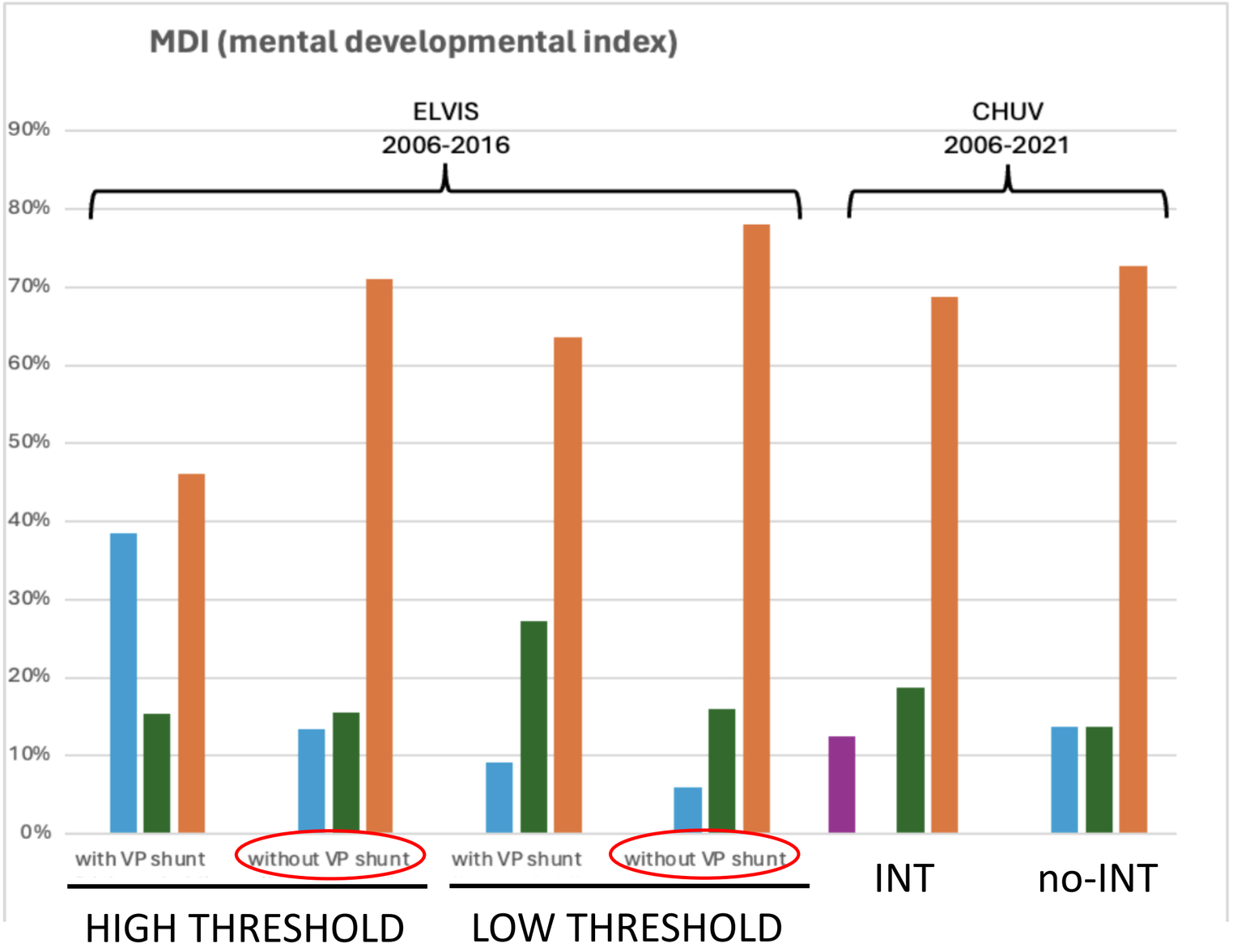
Results

- Mean GA at birth 27.8 GW
- Prevalence of grade III IVH: **2.7% of < 32 GW**
  ➔ 74% PHVD ➔ 50% needed intervention

	INT	**no-INT**	**t-test**
	n=14 (5 missing)	n=17 (14 missing)	
Mean +/- SD	17,8mm +/- 3	11,9mm +/- 1,5	**p<0.05***
Median (max-min)	16,6mm (25-13,5)	12mm (15-9.1)	

Results

- Mean number of LP per patient : 4,3 (+/- 2,19 SD, range 1-14)
- Tendency to earlier LP after 2016 (ELVIS Trial)



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