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Neonatal thrombocytopenia and intracranial haemorrhage

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Abstract

Neonatal thrombocytopenia is a relatively common problem with a prevalence rate in the range 1-5% and is present in approximately 25% of all neonates admitted to neonatal intensive care units. The incidence is inversely proportional to gestational age. Early onset thrombocytopenia (< 72 hours) is usually secondary to antenatal causes and often runs a benign course. Late onset thrombocytopenia (> 72 hours) is often due to acquired bacterial infection or associated with NEC. Severe thrombocytopenia (platelet count < 50 x 10^9/L) can develop rapidly in the latter situations. A systematic review of the literature was performed. using meta-analysis there was found to be a significant correlation between intraventricular haemorrhage (IVH) and thrombocytopenia (odd ratio 3.1; {95% CI; 2.592 -3.75}; 6 studies; fixed effect model). A series of meta-analyses have been undertaken to explore risk factors for intracranial haemorrhage and thrombocytopenia. Using the fixed effect model (six studies) there was found to be a positive relationship between the severity of the thrombocytopenia and severity and or progression of IVH (odds ratio 1.9. 95% CI; 1.32-2.79). This paper also aims to examine the risk factors for thrombocytopenia in neonates

Biography

Dr. Mohamed Khalil is currently Locum Consultant Paediatrician and Neonatologist with interest in Emergency Medicine at the Central Manchester Foundation Trust, England, UK. He graduated from Alexandria University Egypt in 1983. He is Fellow of the Royal College of Paediatrics and Child Health UK. He undertook his MSc and MD at Alexandria University in Egypt. Previously working as a Consultant Neonatologist in Victoria Hospital Fife, Scotland, UK Current areas of research in collaboration with Dr. Batchelor are neonatal thromboctypenia and risk factors for intraventricular haemorrhage.