

Retinopathy of prematurity among 1000-2000 gram birth weight Newborn infants

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Abstract

Objective: The goal of this study was to identify the risk factors of retinopathy of prematurity (ROP) in neonatal intensive care unit in preterm infants born with birth weight 1000-2000 g or at gestational age less than 35 weeks. **Materials & Methods:** From August 2007 to December 2007, 200 preterm newborn infants with birth weights less than 2000 g or gestational age less than 35 weeks admitted to the NICU were studied. Newborn infants with birth weight between 1200-2000 g who received more than 1 hours oxygen and newborn infants with birth weight 1000-1200 g regardless of oxygen therapy, who survived until 5 weeks postnatal, were enrolled and followed. Patients underwent indirect ophthalmologic examination by two ophthalmologist between 5-8 weeks post partum. The newborn infants who had ROP were assigned to case group and those without ROP to control group, both groups were reexamined every 2-5 weeks or according to international classification of retinopathy of prematurity (ICROP) advice. **Findings:** Fifty newborn infants, 36 (72%) in control group, 14 (28%) in case group, were studied. Gestational age and birth weight of the patients with ROP were significantly lower than those of control group. Duration of oxygen therapy, hyperoxia, acidosis, hypercarbia, hypocarbia and phototherapy are suggested as risk factors contributing to ROP. **Conclusion:** The results of this study demonstrate that the ROP frequency remains elevated among premature and very low birth weight infants. Infants at risk for ROP should have screening eye examinations and proper treatment.

Reaxys Database Information

Author keywords

Low birth weight; Prematurity; Retinopathy; Retrolental fibroplasia

Indexed Keywords

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EMTREE medical terms: acidosis; article; artificial ventilation; controlled study; female; gestational age; high risk population; hospital admission; human; hypercapnia; hyperoxia; hypocapnia; incidence; low birth weight; major clinical study; male; newborn; newborn hypoxia; newborn intensive care; newborn jaundice; newborn mortality; oxygen therapy; perinatal period; phototherapy; prematurity; retrolental fibroplasia; risk assessment; risk factor; treatment duration; very low birth weight; visual system examination

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