



3^o Congreso Argentino de Neonatología

***"Ética, seguridad y evidencia para mejorar
la salud perinatal y el seguimiento de los
Recién Nacidos"***



SIMPOSIO

Retinopatía del prematuro (ROP) Programa Nacional de Prevención de la Ceguera por ROP





SIMPOSIO

"La ROP nos toca a todos, podemos prevenirla"





SIMPOSIO

**Casos inusuales. Factores de riesgo.
Guía de Práctica Clínica ROP
cumplimiento**







SIMPOSIO

**Casos inusuales. Factores de riesgo.
Guía de Práctica Clínica ROP
aplicabilidad**



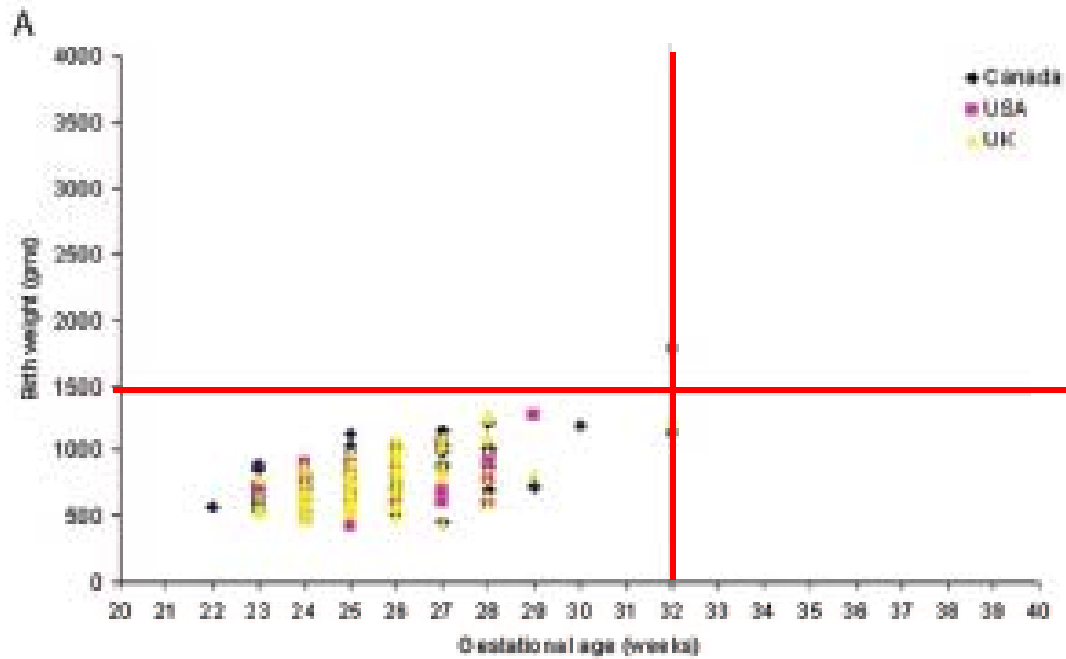


- Casos inusuales. Nuestra realidad.
- Otras realidades.
- Factores de riesgo.
- Guía de Práctica clínica.
- Aplicabilidad.



- Casos inusuales.

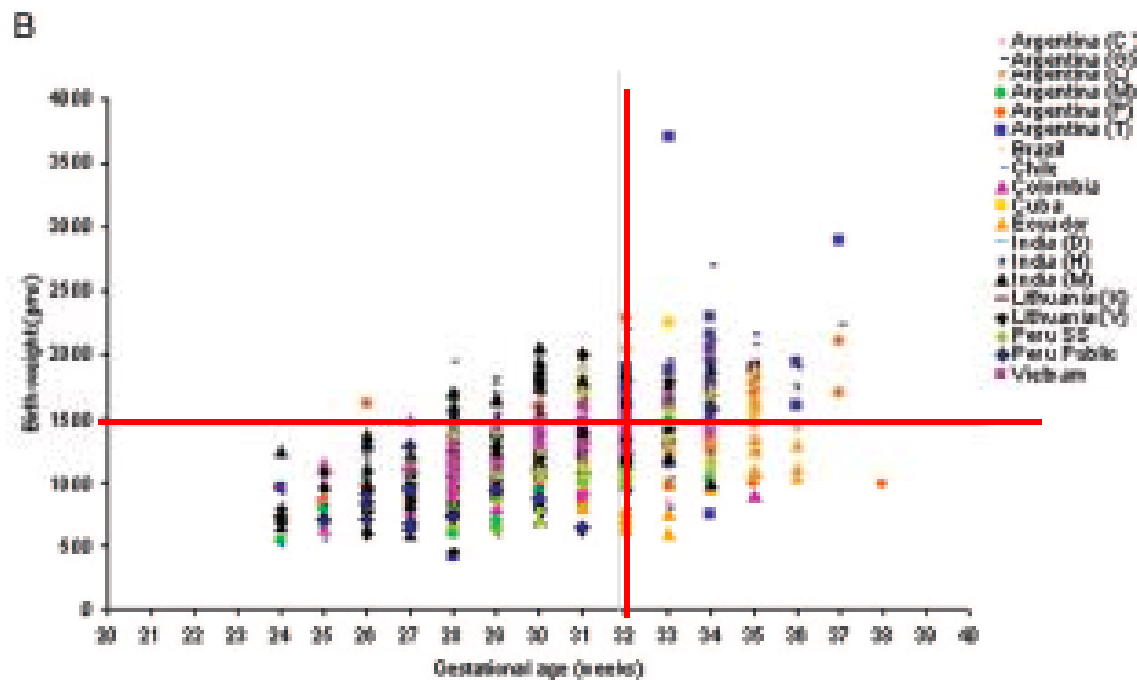
Se denominan "casos inusuales" a los recién nacidos con peso al nacimiento $>1.500\text{gr}$ y/o edad de gestación >32 semanas que presentaron una ROP grave (tratada) en su evolución.



[Early Hum Dev.](#) 2008 Feb;84(2):77-82

**Retinopathy of prematurity:
a global perspective
of the epidemics,
population of babies
at risk and implications
for control.**

[Gilbert C.](#)



Comparación de la situación de ROP en países de altos ingresos

Países	Promedio PN en g	Promedio EG semanas	ROP en menores 1.500g	ROP tratada menores 1.500g	CI	OP
Altos ingresos	700g	25 s	13 %	1-3%	NO	NO

*

Fuente: * Zin A, Gole GA. Retinopathy of Prematurity. Incidence today. Clin Perinatol , 2013;40: 185-200

Comparación de la situación de ROP en países de altos ingresos y Argentina en la actualidad.

Países	Promedio PN en g	Promedio EG semanas	ROP en menores 1.500g	ROP tratada menores 1.500g	CI	OP	
Altos ingresos	700g	25 s	13 %	1-3%	NO	NO	*
Argentina	Más de 1.000g	28 s	30%	10%	17,5%	SI	**

Fuente: * Zin A, Gole GA. Retinopathy of Prematurity. Incidence today. Clin Perinatol , 2013;40: 185-200

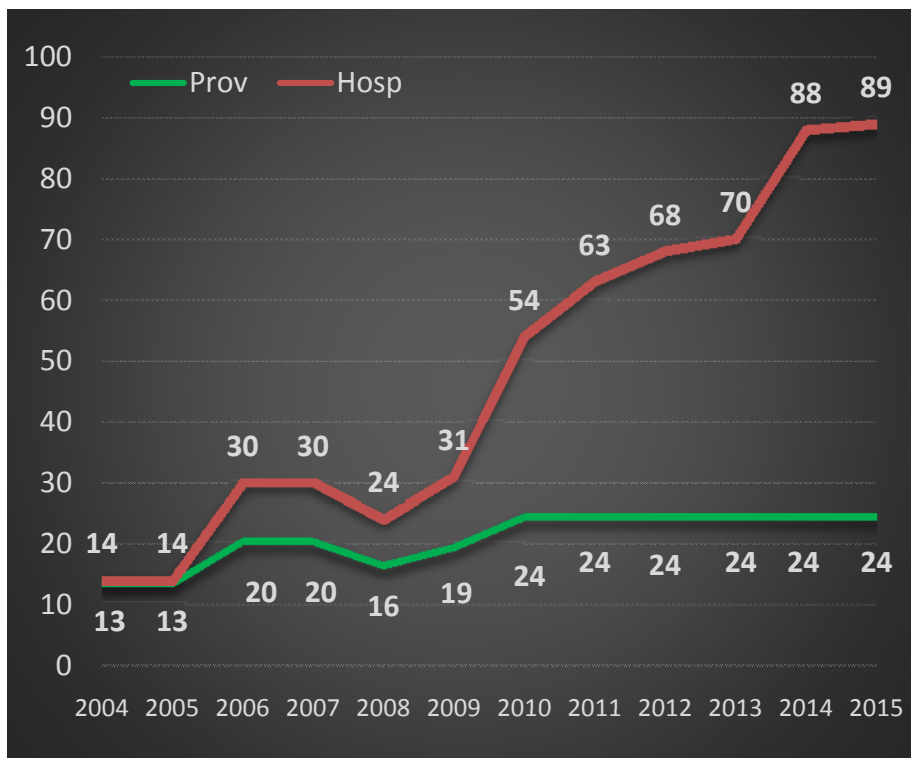
** Argentina: datos propios Programa Nacional de ROP 2012



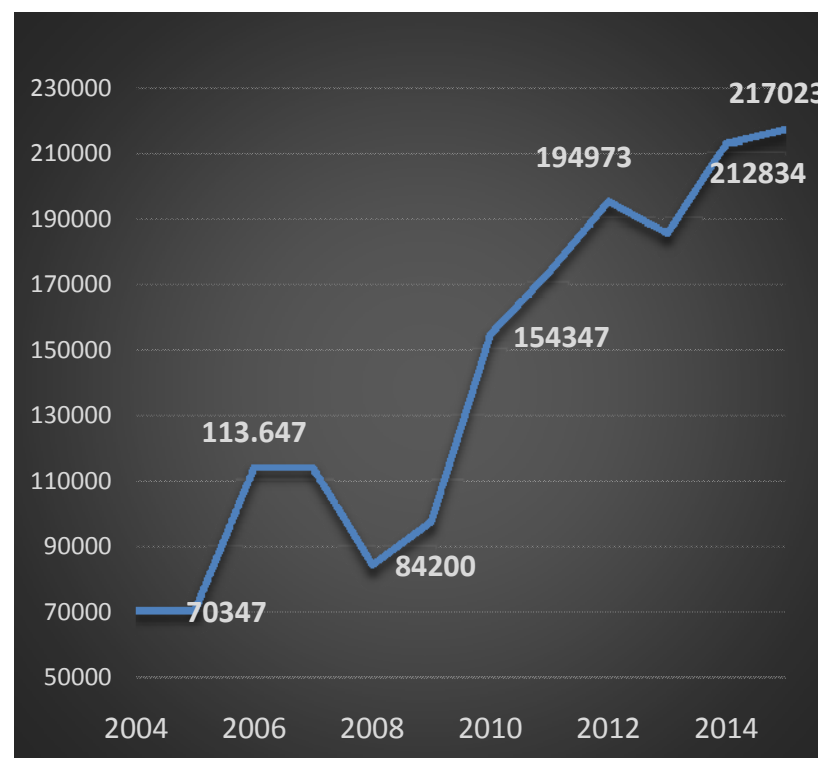
Grupo
ROP.arg

Evolución registros 2004-2015

n Hospitales y Provincias con información



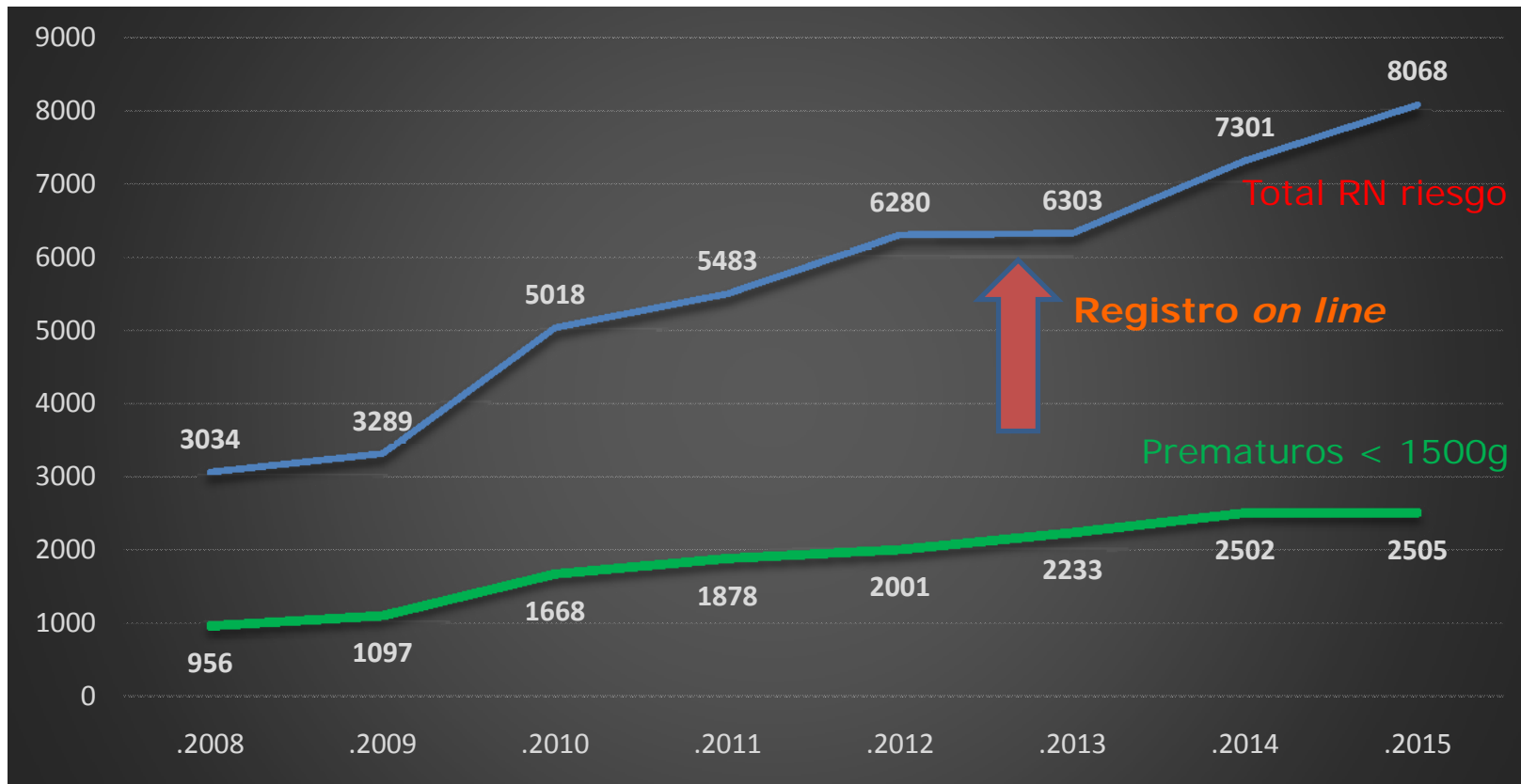
Nacimientos anuales en los servicios



48 % del sector público (450.340)
28 % del total país (777.012)

Evolución registros 2004-2015

Número de registros totales y <1500g (sobrevivientes > 28 d)
2008-2015

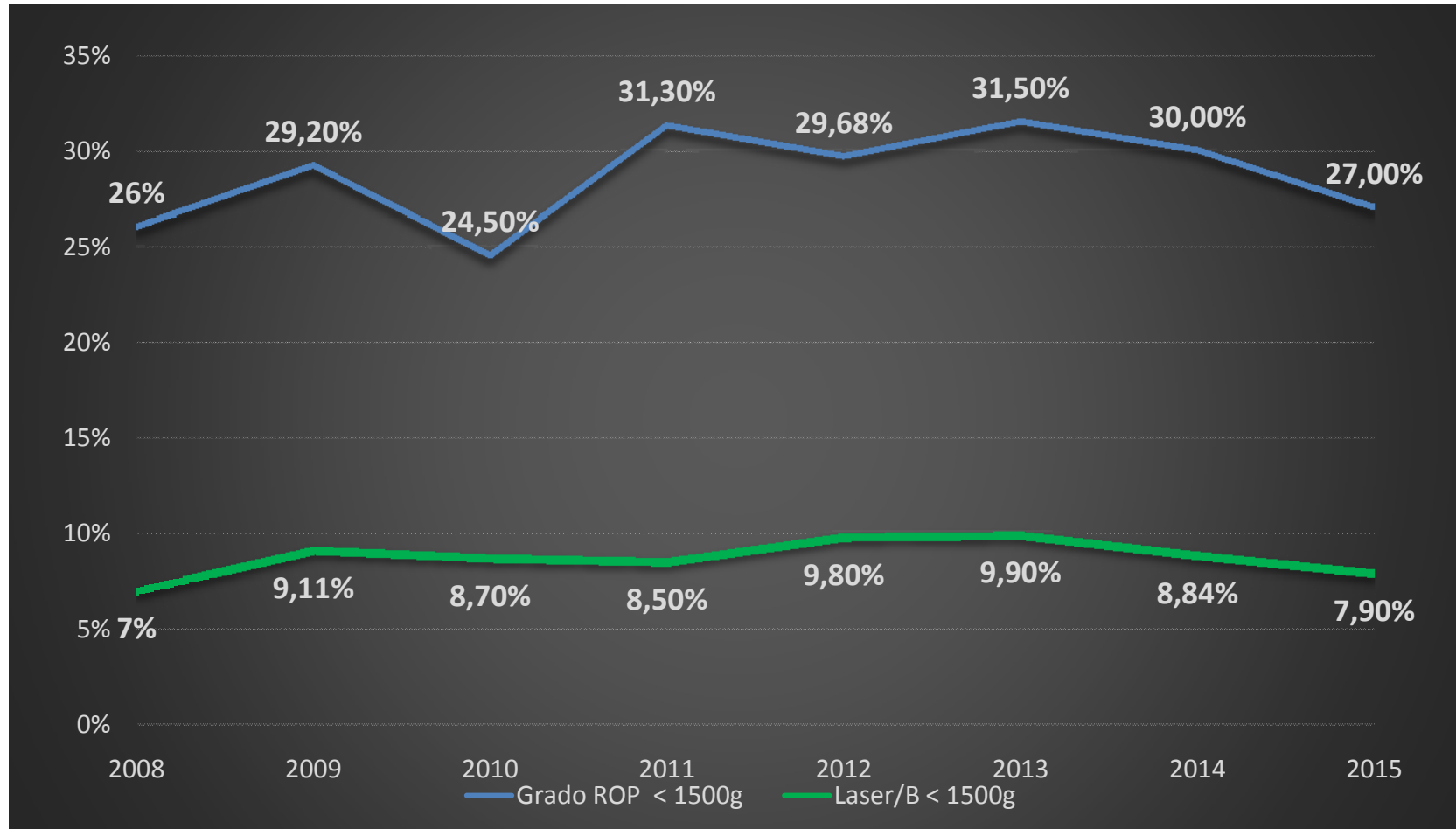


8068: 3,4 % de los nacidos vivos

2505: 1,2% de los nacidos vivos

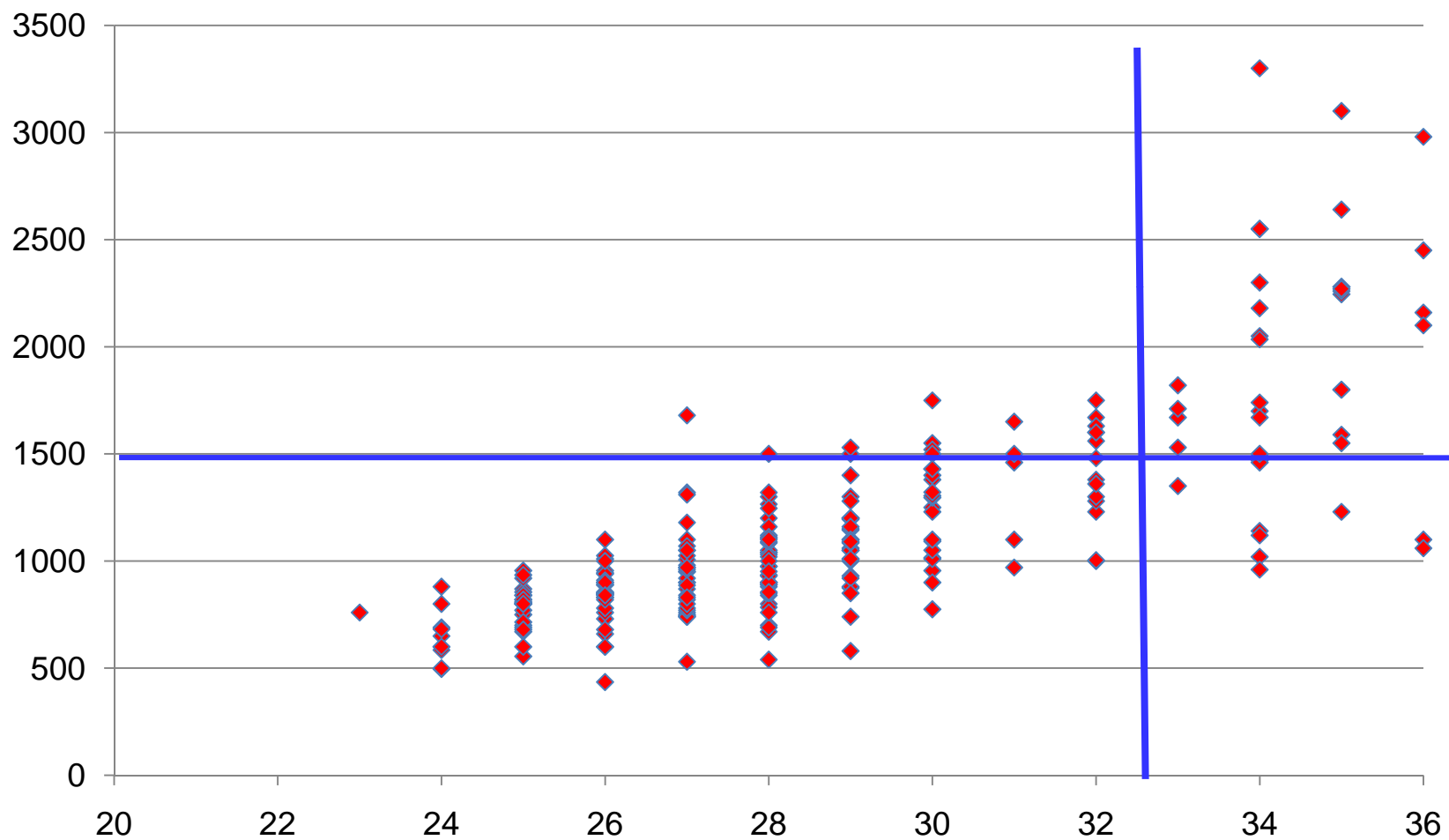


Porcentajes de algún Grado de ROP y tratamiento con Láser/Bevacizumab en RN <1500g 2008-2015



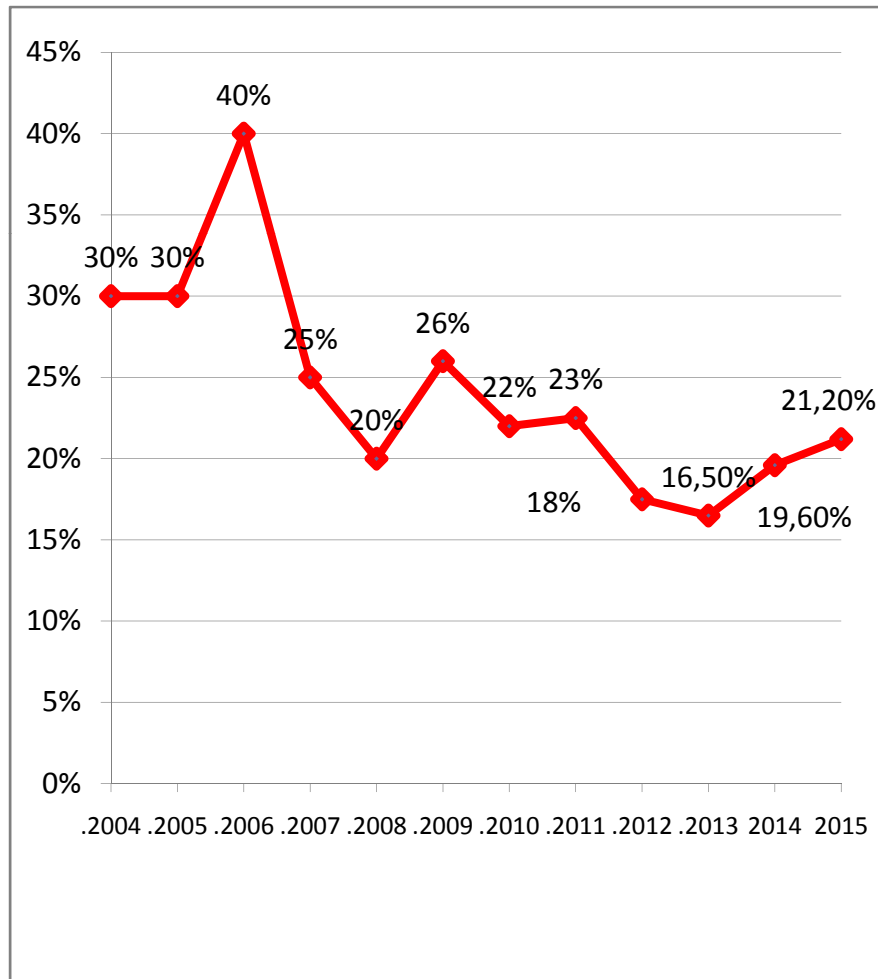
Casos con ROP grave tratados según PN y EG. 2015

245 casos, 52 Inusuales: 21 %



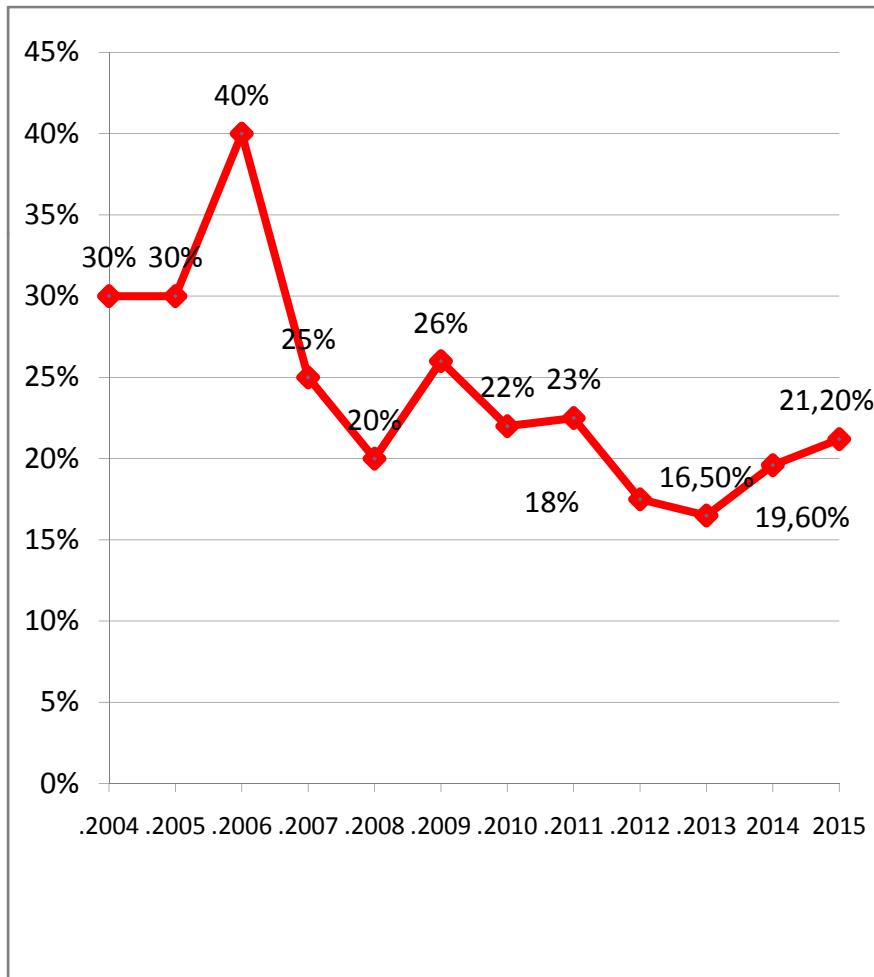
Casos Inusuales 2004-2015

% Casos Inusuales

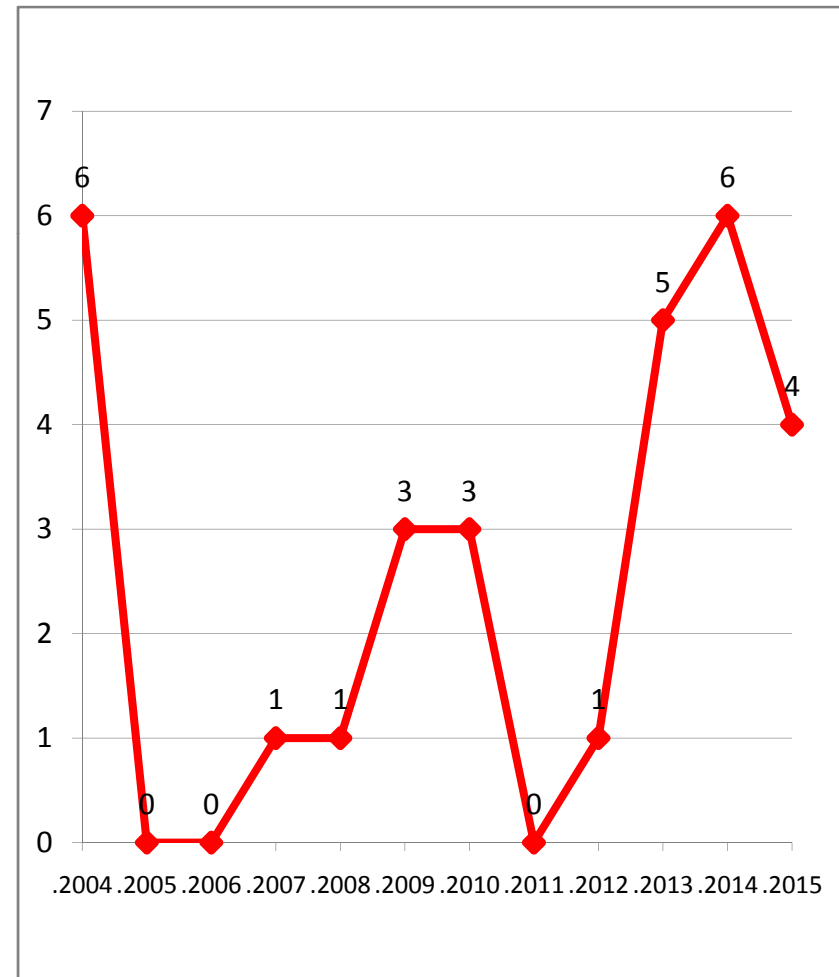


Casos Inusuales y Oportunidades Perdidas 2004-2015

% Casos Inusuales

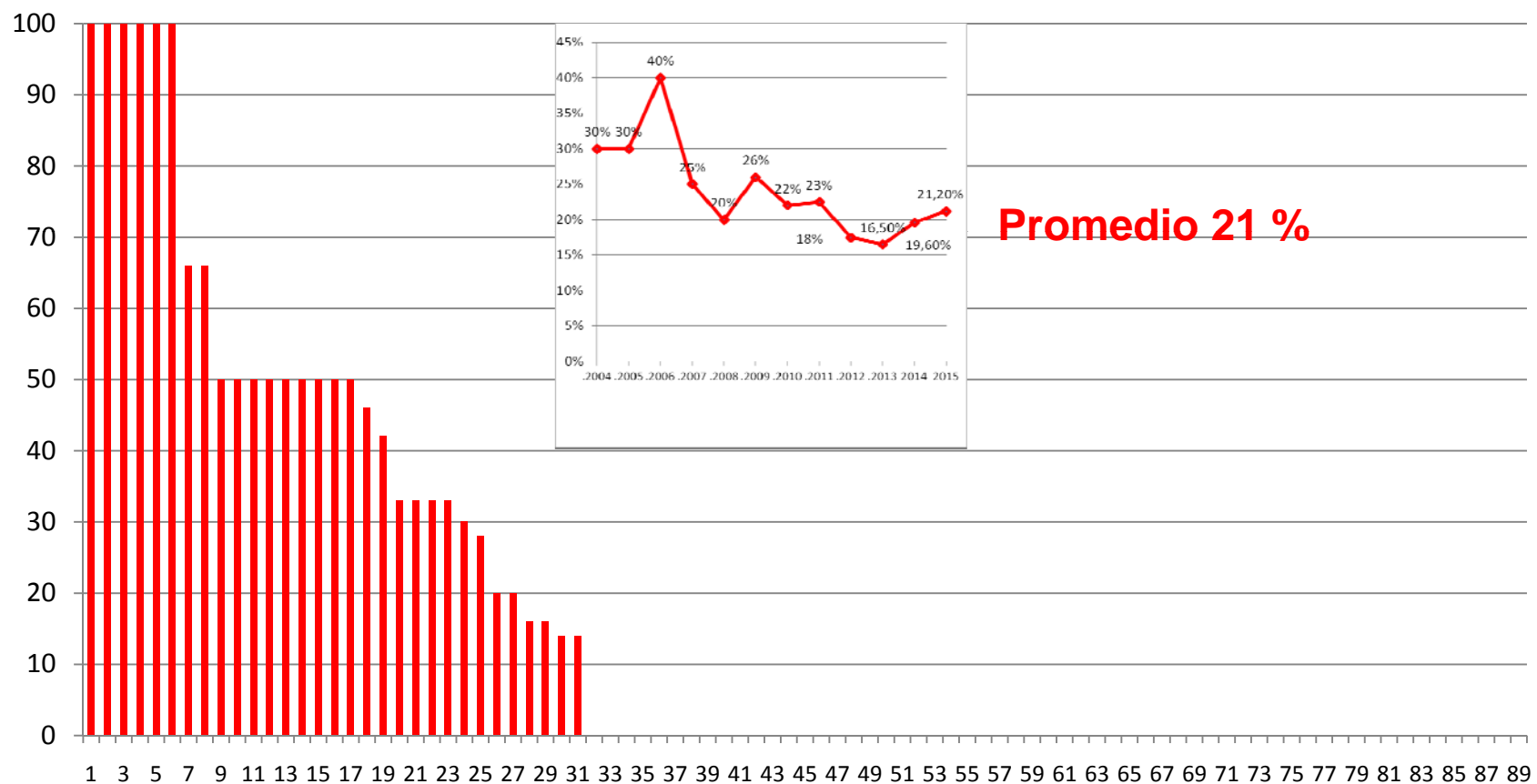


N Oportunidades Perdidas (ROP 4 y 5)





Porcentaje de Casos Inusuales en RN tratados por ROP grave 89 Hospitales. 2015





- Casos inusuales. Nuestra realidad.
- **Otras realidades.**
- Factores de riesgo.
- Guía de Práctica clínica.
- Aplicabilidad.



Prevalence of retinopathy of prematurity in Latin America

This article was published in the following Dove Press journal:

Clinical Ophthalmology

5 December 2011

[Number of times this article has been viewed](#)

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Carrion¹

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²Department of Ophthalmology,

Abstract: The purpose of this work was to review the studies published over the last 10 years concerning the prevalence of retinopathy of prematurity (ROP) in Latin American countries, to determine if there was an improvement in ROP prevalence rates in that period, and to identify the inclusion criteria for patients at risk of developing ROP in the screening programs. A total of 33 studies from ten countries published between 2000 and 2010 were reviewed. Prevalence of any ROP stage in the regions considered ranged from 6.6% to 82%; ROP severe enough to require treatment ranged from 1.2% to 23.8%. There was no routine screening for ROP, and there was a lack of services for treatment of the disease in many countries. Inclusion criteria for patients in the studies ranged between birth weight ≤ 1500 g and ≤ 2000 g and gestational age ≤ 32 and < 37 weeks. Use of different inclusion criteria regarding birth weight and gestational age in several Latin American studies hindered comparative analysis of the published data.

Table 1 Studies on the prevalence of retinopathy of prematurity in Latin America

Country (Reference)	Year of publication	Study design	Patients (n)	Inclusion criteria, (BW, GA)	% any stage ROP	% ROP re treatment
Argentina ⁴⁷	2004	R	584	<2000 g; <36 weeks	26.4%	N/R
Argentina ⁷	2006 multicenter	R	4,561	<2000 g	N/R	19% <100%
Argentina ⁸	2010 multicenter	R	956	≤1500 g; ≤32 weeks	26.2%	7%
Bolivia ³⁴	2002	R	84	N/R	14.3%	N/R
Brazil ²⁵	2001	N/R	50	<1750 g; <36 weeks	28%	N/R
Brazil ¹⁷	2006	P	114	<1500 g; <32 weeks	27.2%	5.3%
Brazil ²⁶	2007	P	286	≤37 weeks	20%	2%
Brazil ⁴	2007	P	300	<1500 g; <32 weeks	24.7%	6%
Brazil ¹⁶	2007	P	329	<1500 g; <32 weeks	25.5%	5.5%
Brazil ³⁰	2010	P	70	≤1500 g	35.7%	10%
Brazil ²⁰	2010	R	73	≤1500 g; ≤32 weeks	53.4%	N/R
Brazil ²⁷	2009	R	147	N/R	23%	3%
Brazil ²⁸	2009	R	663	≤1500 g; ≤36 weeks	62.4%	N/R
Brazil ¹⁸	2009	P	450	≤1500 g; ≤32 weeks	24.2%	5.3%
Brazil ¹⁷	2009	P	407	<1500 g; <32 weeks	25.5%	5.8%
Brazil ¹⁹	2010	P	152	≤1500 g; ≤32 weeks	27.8%	9.3%
Chile ²¹	2000	P	248	<1500 g; <32 weeks	28.2%	N/R
Chile ³²	2003	R	253	<1500 g; <34 weeks	33.6%	1.2%
Chile ³³	2004	P	205	<1500 g	71.2%	12.3%
Colombia ¹¹	2006	R	1174	<1500 g; <32 weeks	N/R	8%
Colombia ²²	2007	R	234	<1500 g; <32 weeks	62%	N/R

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Cuba ³⁶	2006	N/R	227	< 1700 g; < 32 weeks	6.6%	9.5%
Cuba ³⁷	2007	P	66	< 1750 g; < 35 weeks	24.2%	4.5%
Cuba ¹⁰	2008 multicenter	R	4,396	< 1700 g; < 35 weeks	11.2%	2%
Cuba ³⁸	2010	P	31	< 1500 g	25.8%	12.9%
Cuba ³⁹	2010	P	137	< 1750 g; < 35 weeks	15.3%	5.1%
Guatemala ⁴⁰	2010	P	88	< 2000 g; < 35 weeks	49%	13%
Mexico ⁴²	2005	P	57	< 1500 g	28%	10.5%
Mexico ⁴³	2007	P	2,014	< 1500 g	22.3%	11.4%
Mexico ⁴⁴	2008	P	29	< 1500 g; < 34 weeks	24.1%	10.3%
Mexico ⁴⁸	2006	P	170	< 1500 g; < 35 weeks	10%	2.7%
Nicaragua ⁴⁵	2004	R	77	< 36 weeks	82%	23.8%
Peru ⁴⁶	2007	R	136	< 1500 g	70.6%	19.1%

Abbreviations: BW, birth weight; GA, gestational age; N/R, not reported; ROP, retinopathy of prematurity.

Resultados

Diagnóstico de algún Grado de ROP y tratamientos con
Láser/Bevacizumab.
89 servicios. Argentina, 2015

RN registrados	<i>Algún Grado de ROP</i>	Algún Grado de ROP en < 1500g PN	<i>RN tratados con Láser/Bevacizumab</i>	RN tratados con L/B en < 1500g PN
8.068 < 1500g :2.505	990	678	245	200
%	12,2 %	27 %	3,0 %	7,9 %

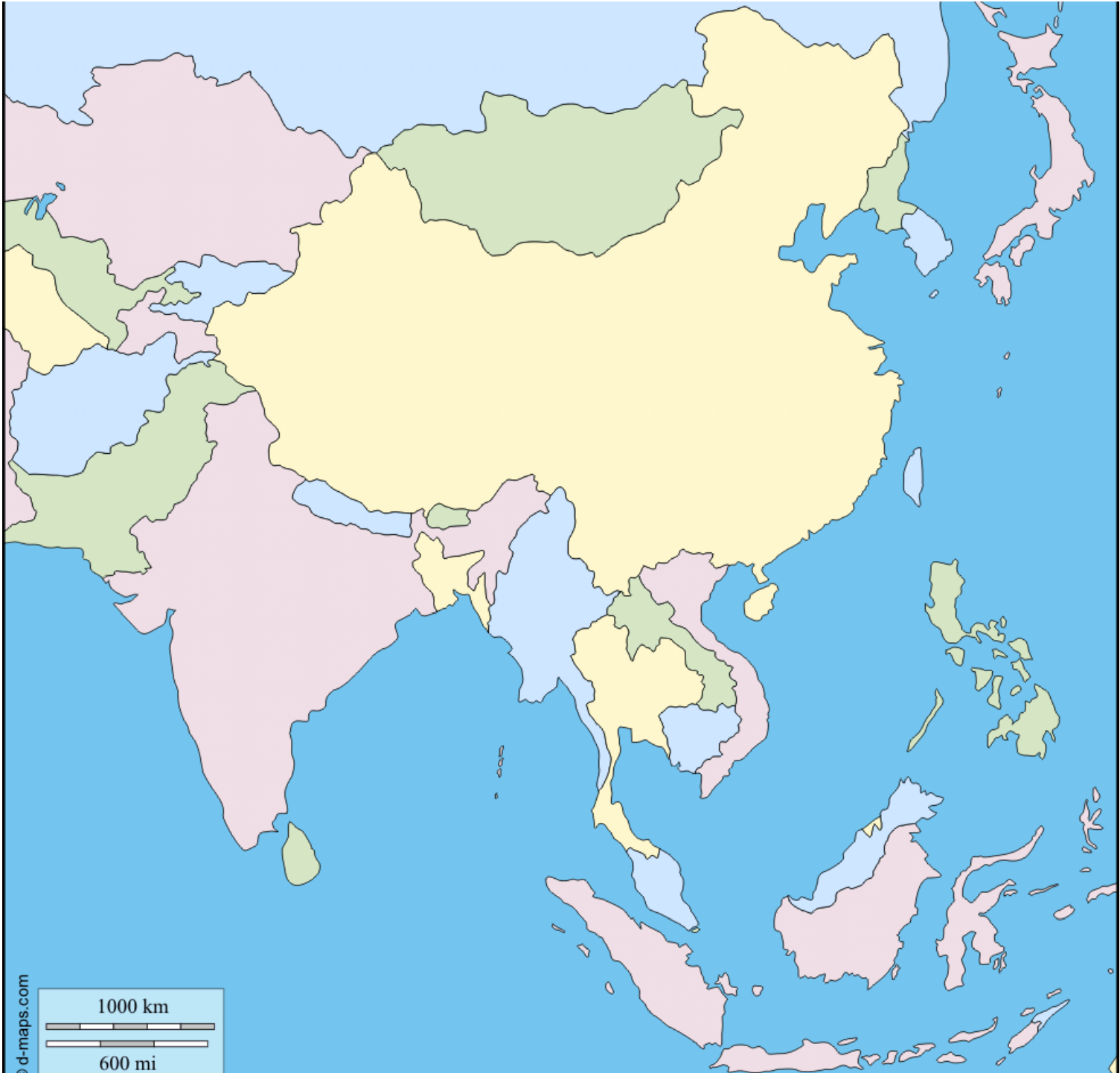
La pesquisa oftalmológica promedio fue del **91 %**
Mediana 97% (RI: 87-100%)

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RESEARCH ARTICLE

Time at Treatment of Severe Retinopathy of Prematurity in China: Recommendations for Guidelines in More Mature Infants

Yi Chen^{1‡}, Jing Feng^{1‡}, Clare Gilbert², Hong Yin¹, Jianhong Liang¹, Xiaoxin Li^{1*}

1 Department of Ophthalmology, People's Hospital, Peking University, & Key Laboratory of Vision Loss and Restoration, Ministry of Education, Beijing, China, **2** International Centre for Eye Health, Department of Clinical Research, London School of Hygiene and Tropical Medicine, London, United Kingdom

‡ These authors are co-first authors on this work.

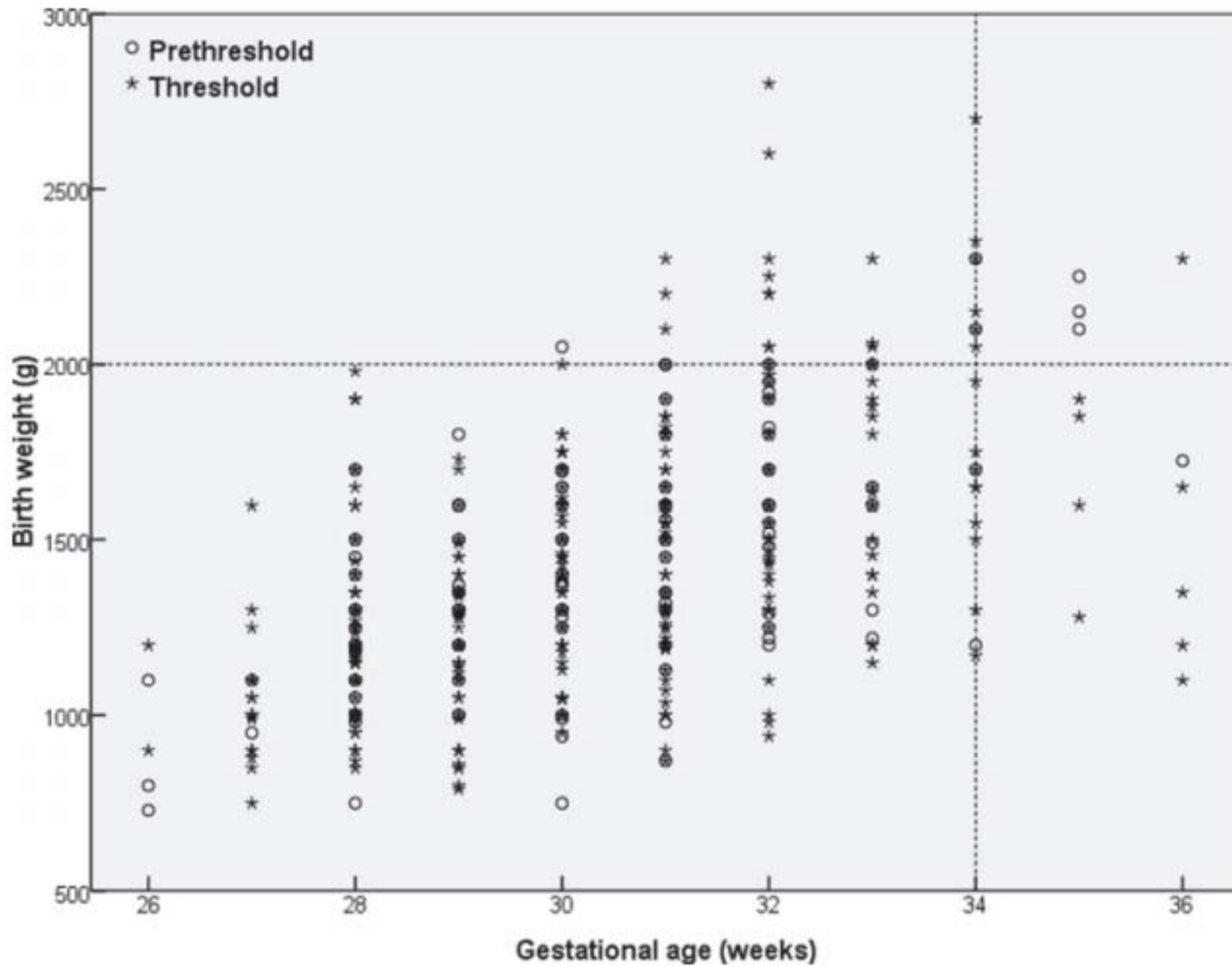
* drli_xiao_xin@163.com

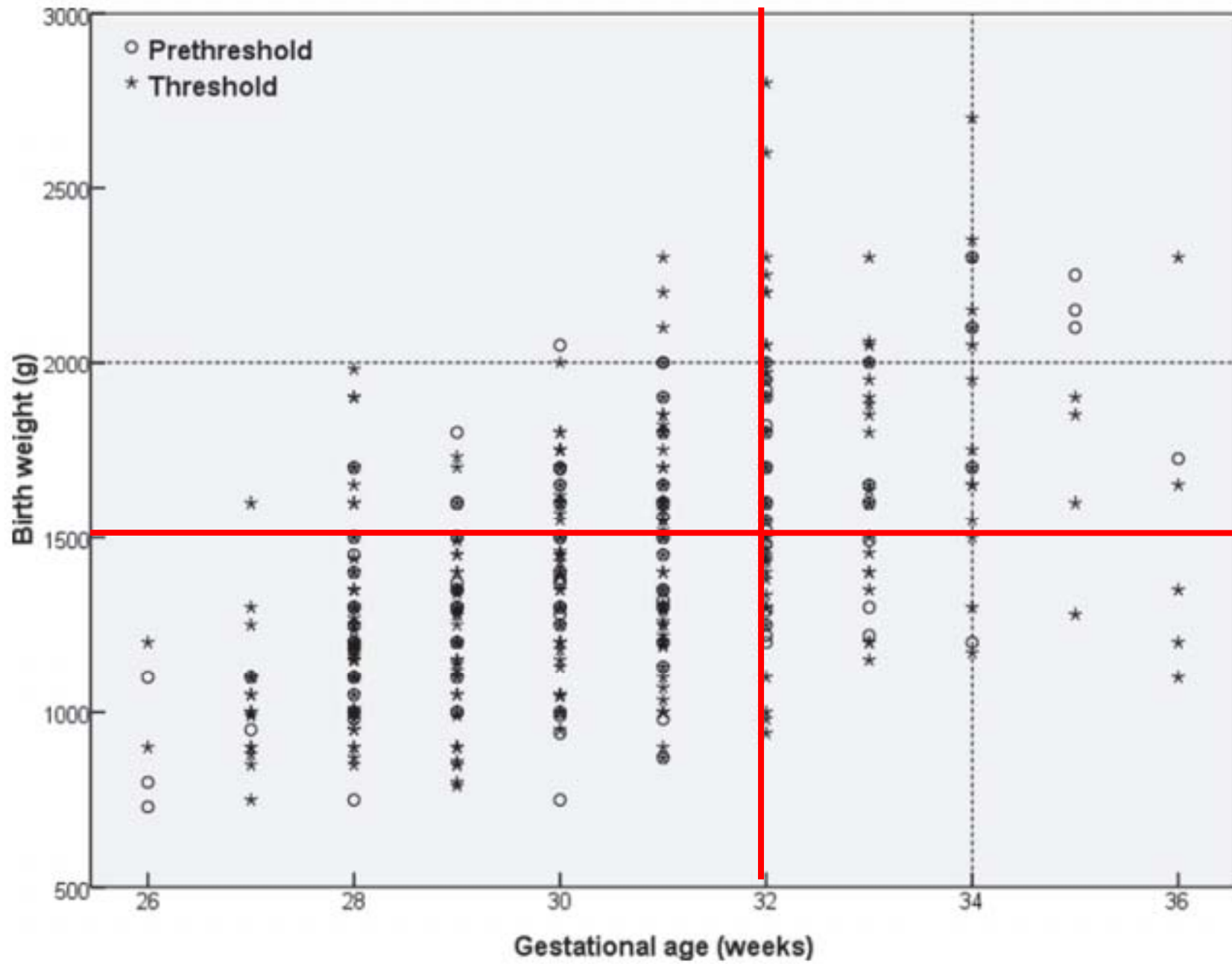
Abstract

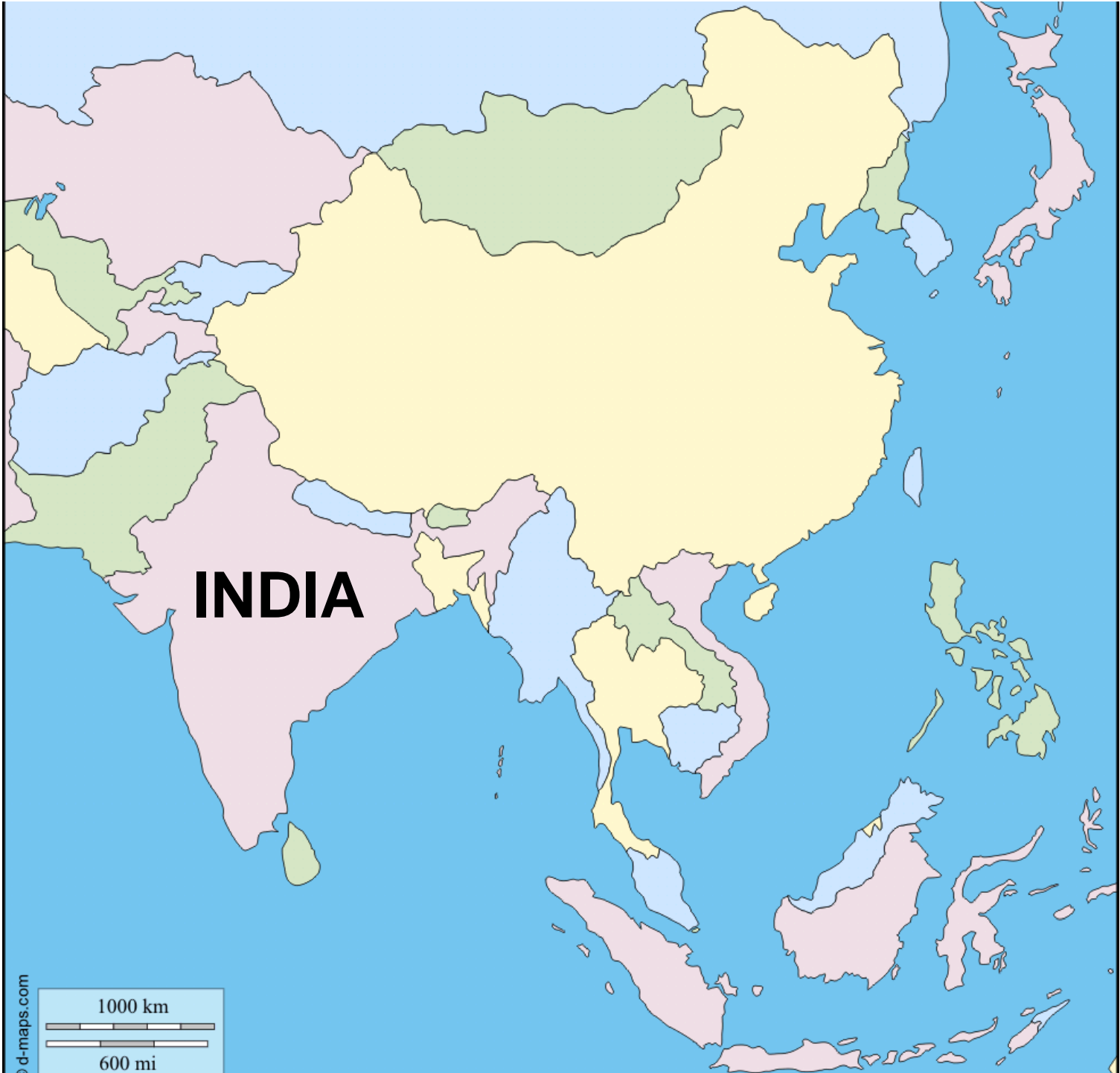
Purpose

To investigate the postmenstrual (PMA) age at treatment of severe retinopathy of prematurity (i.e. Type 1 prethreshold or threshold) in infants in a tertiary referral center in China.

Principal Findings







Aggressive posterior retinopathy of prematurity in large preterm babies in South India

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Presented in part at the World Retinopathy of Prematurity Meet, Vilnius, September 14–16, 2006 and Annual Meeting of the Association for Research in Vision and Ophthalmology, Fort Lauderdale, April 27–May 1, 2008.

Received 28 September 2011
Accepted 1 April 2012

Published Online First
18 May 2012

ABSTRACT

Objective To describe aggressive posterior retinopathy of prematurity (APROP) in a subset of premature babies, having gestational age (GA) of ≥ 28 weeks and birth weight (BW) of ≥ 1000 g.

Design Retrospective observational case series.

Setting and Patients Case records of 99 babies, who were diagnosed to have APROP between July 2002 and October 2010 were reviewed. Fundus fluorescein angiography (FFA) was carried out in 19 babies.

Results The mean GA was 31.7 weeks (range 28–35 weeks) and mean BW was 1572 g (range 1000–2310 g). All these babies received supplemental unblended oxygen 3 days or longer after birth. Of the 52 babies

who had an eye exam in the neonatal intensive care unit prior to discharge, 35 babies had loss of vascularised retina from zone II to zone I and four babies from zone III to zone I, when examined as an outpatient. FFA revealed large geographic areas of vaso-obliteration (more than 30 disc areas) posterior to the shunt vessels within vascularised retina.

Conclusions Features of severe capillary bed loss in the vascularised retina were seen in our cases.

Oxygen could be a precipitating factor in causing this retinopathy of prematurity in large babies.

What is already known on this topic

'Prophylactic' oxygen in new born premature infants has been proved in 1950's to cause severe retinopathy of prematurity (ROP).

What this study adds

Exposure to unblended oxygen causes massive retinovascular vessel loss and that causes aggressive posterior ROP in large preterm babies.

in some cases was as early as a couple of days a birth. This screening was done mainly to create awareness among the parents and paediatricians of the need for further exams. Subsequent examinations were done at the base hospital at 4 weeks



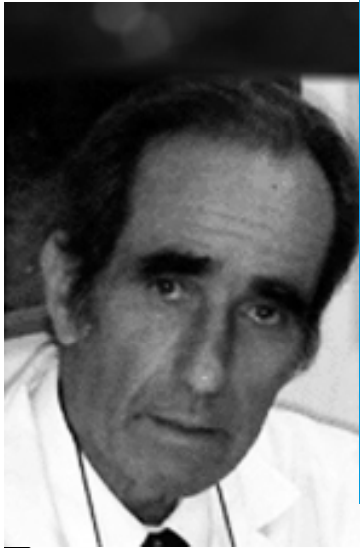
[Arch Dis Child Fetal Neonatal Ed.](#) 2016 Apr 12.

Retinopathy of prematurity screening criteria in Iran: new screening guidelines.



- Casos inusuales. Nuestra realidad.
- Otras realidades.
- **Factores de riesgo.**
- Guía de Práctica clínica.
- Aplicabilidad.





Ministerio de
Salud
Presidencia de la Nación





Liggins, GC, and Howie, RN.

“A Controlled Trial of Antepartum Glucocorticoid Treatment for Prevention of the Respiratory Distress Syndrome in Premature Infants.”

Pediatrics 50 (1972): 515–25.



Administración prenatal de corticoides

Los esteroides antenatales (betametasona) son baratos, accesibles y mejoran el pronóstico (Roberts 2006 Cochrane Review)

Mejoría de la sobrevida OR 0.60 [95%CI 0.48, 0.75]

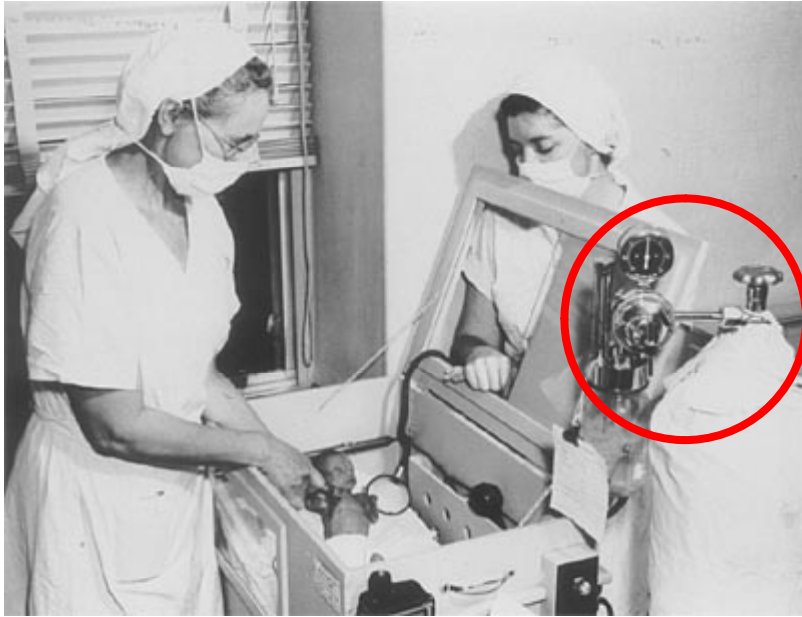
Disminución del SDR OR 0.53 [95%CI 0.44, 0.63]

También son beneficiosos en la reducción de HIV, la lesión de la sustancia blanca y la ROP.

(Higgins Arch Ophthalmol 1998)

Aún en prematuros derivados, los obstetras del centro que deriva deben ser alentados a administrar corticoides a la madre antes del traslado.

(En LA en 1999-2009 40%-70% prematuros recibieron MPF ; Althabe 2012)



OXÍGENO



HISTORIA DEL OXÍGENO EN NEONATOLOGÍA

1780: Chaussier utiliza por primera vez el oxígeno en recién nacidos

1889: Tarnier usa por primera vez el Oxígeno en prematuros.

1891: Bonnaire describe el uso de oxígeno en niños prematuros.

HISTORIA DEL OXÍGENO EN NEONATOLOGÍA



IN CONGRESS, JULY 4, 1776.
A DECLARATION
BY THE REPRESENTATIVES OF THE
UNITED STATES OF AMERICA,
IN GENERAL CONGRESS ASSEMBLED.

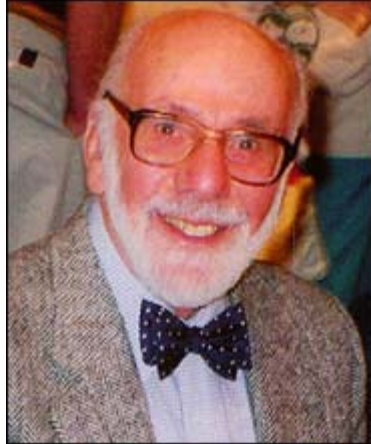
WHEN in the Course of human Events, it becomes necessary for one People to dissolve the Political Bands which have connected them with another, and to assume among the Powers of the Earth, the separate and equal Station to which the Laws of Nature and of Nature's God entitle them, a decent Respect to the Opinions of Mankind requires that they should declare the causes which impel them to the Separation.

We hold these Truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness-- That to secure these Rights, Governments are instituted among Men, deriving their just Powers from the Consent of the Governed, that whenever any Form of Government becomes destructive of these Ends, it is the Right of the People to alter or to abolish it, and to institute new Government, laying its Foundation on such Principles, and organizing its Powers in such Form, as to them shall seem most likely to effect their Safety and Happiness. Prudence, indeed, will dictate that Governments long established should not be changed for light and transient Causes; and accordingly all Experience hath shewn, that Mankind are more disposed to suffer, while Evils are sufferable, than to right themselves by abolishing the Forms to which they are accustomed. But when a long Train of Abuses and Usurpations, pursuing invariably the same Object, evinces a Design to reduce them under absolute Despotism, it is their Right, it is their Duty, to throw off such Government, and to provide new Guards for their future Security. Such has been the patient Sufferance of these Colonies; and such is now the Necessity which constrains them to alter their former Systems of Government. The History of the present King of Great-Britain is a History of repeated Injuries and Usurpations, all having in direct Object the Establishment of an absolute Tyranny over these States. To prove this, let Facts be submitted to a candid World.

He has refused his Assent to Laws, the most wholesome and necessary for the public Good.

He has forbidden his Governors to pass Laws of immediate and pressing Importance, unless suspended in their Operation till his Assent should be obtained; and when so suspended, he has utterly neglected to attend to them.

He has refused to pass other Laws for the Accommodation of large Districts of People, unless those People would relinquish the Right of Representation in the Legislature, a Right inestimable to them, and formidable to Tyrants only.



Prof. Williams Silverman

[Pediatrics](#). 2004 Feb;113(2):394-6.

A cautionary tale about supplemental oxygen: the albatross of neonatal medicine.

“For decades, the optimum range of oxygenation (to balance four competing risks: mortality, ROP blindness, chronic lung disease and brain damage) was, and remains to this days, Unknown”

“Durante décadas, el rango óptimo de oxigenación (comparando cuatro riesgos: mortalidad, ceguera por ROP, enfermedad pulmonar crónica y daño cerebral) fue, y sigue siendo hasta la fecha, desconocido”

¡ATENCIÓN!

NUEVAS RECOMENDACIONES

Saturación óptima en **recién nacidos prematuros ***, con cualquier sistema de administración de Oxígeno (ARM, CPAP, halo, bigotera, etc.)

Saturación deseada	Alarma mínima del saturómetro	Alarma máxima del saturómetro
89 a 94 %	88 %	95 %

*de 36 semanas de Edad Gestacional o menores

-Septiembre de 2013-

Optimal Oxygenation of Extremely Low Birth Weight Infants: A Meta-Analysis and Systematic Review of the Oxygen Saturation Target Studies

Ola Didrik Saugstad^a Dagfinn Aune^{b, c}

^aDepartment of Pediatric Research, Oslo University Hospital, University of Oslo, Oslo, and ^bDepartment of Public Health and General Practice, Faculty of Medicine, Norwegian University of Science and Technology, Trondheim, Norway; ^cDepartment of Epidemiology and Biostatistics, School of Public Health, Imperial College, London, UK

Key Words

Extremely low birth weight infants · Mortality · NEOPROM · Oxygen saturation · Retinopathy of prematurity · Bronchopulmonary dysplasia · Necrotizing enterocolitis

tis, 1.02 (0.88–1.19) for brain injury, and 1.01 (0.95–1.07) for patent ductus arteriosus. RR > 1.0 favors a high oxygen saturation target. **Conclusions:** RRs for mortality and necrotizing enterocolitis are significantly increased and severe retinopathy of prematurity significantly reduced in low compared to high oxygen saturation target infants. The optimal oxygen saturation target for extremely low birth weight infants remains uncertain.



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Oxygen Saturation Target Range for Extremely Preterm Infants: A Systematic Review and Meta-analysis

Veena Manja, MD, Satyan Lakshminrusimha, MD, and Deborah J. Cook, MSc, MD

Division of Cardiology, Department of Medicine, Veterans Affairs Medical Center, Buffalo, New York (Manja); Department of Internal Medicine, University at Buffalo, the State University of New York, Buffalo (Manja); Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada (Manja, Cook); Division of Neonatal-Perinatal Medicine, Department of Pediatrics, Women and Children's Hospital of Buffalo and University at Buffalo, the State University of New York, Buffalo (Lakshminrusimha); Division of Critical Care Medicine, Department of Medicine, McMaster University, Hamilton, Ontario, Canada (Cook)

Abstract

IMPORTANCE—The optimal oxygen saturation (SpO₂) target for extremely preterm infants is unknown.

OBJECTIVE—To systematically review evidence evaluating the effect of restricted vs liberal oxygen exposure on morbidity and mortality in extremely preterm infants.

¡ATENCIÓN!



SATURACIÓN ADECUADA DE OXÍGENO PARA RECIÉN NACIDOS PREMATUROS

(DE 36 SEMANAS DE GESTACIÓN O MENORES)

[Con cualquier método de administración de oxígeno (ARM, CPAP, halo, bigotera, bolsa), en cualquier circunstancia (reanimación, internación, traslados, cirugías, anestias) y por cualquier período de tiempo.]



Controlar periódicamente, con oxímetro ambiental, la concentración de oxígeno en la salida de los gases (oxígeno y aire) y de la mezcla que llega al niño.



¡ATENCIÓN!



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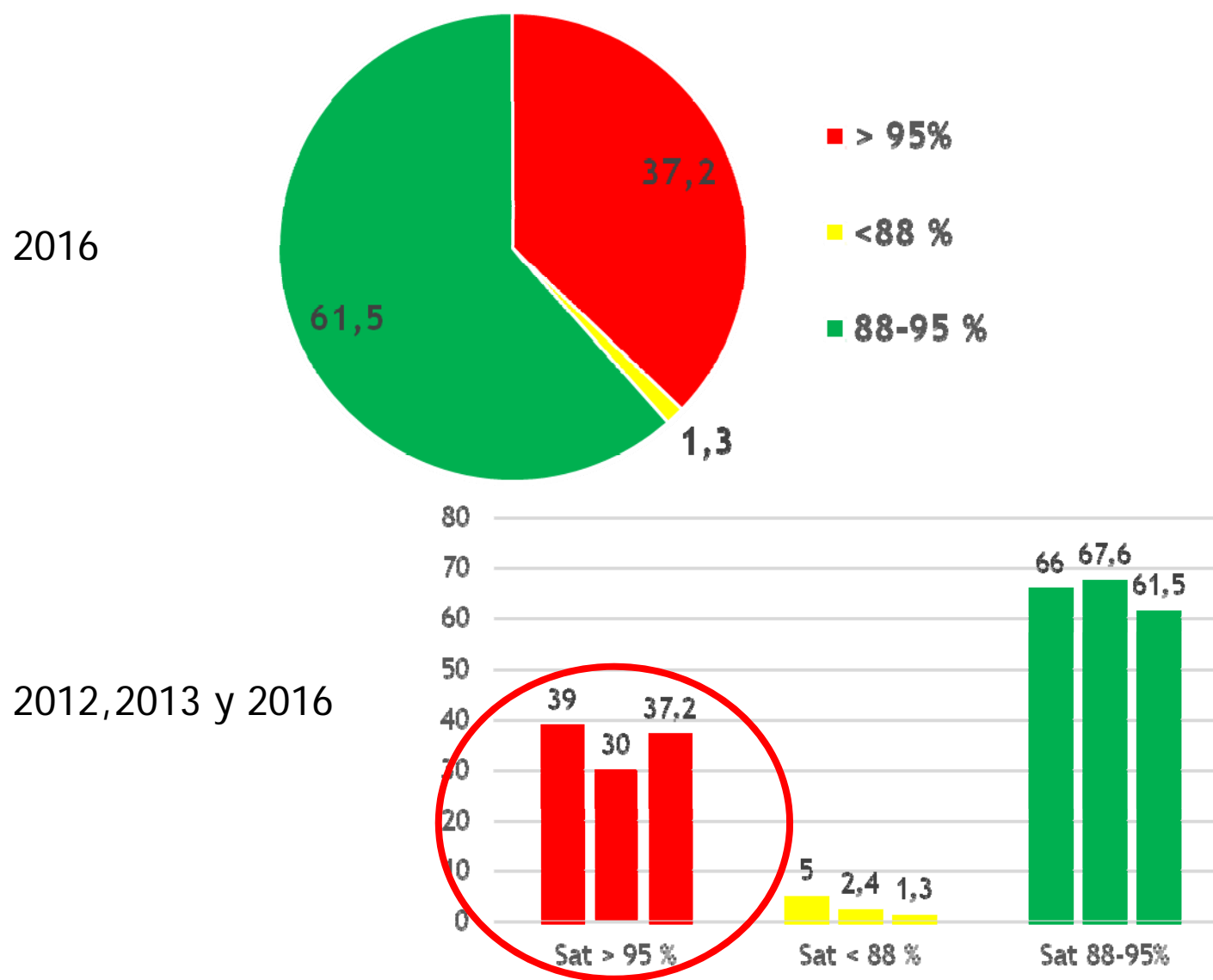


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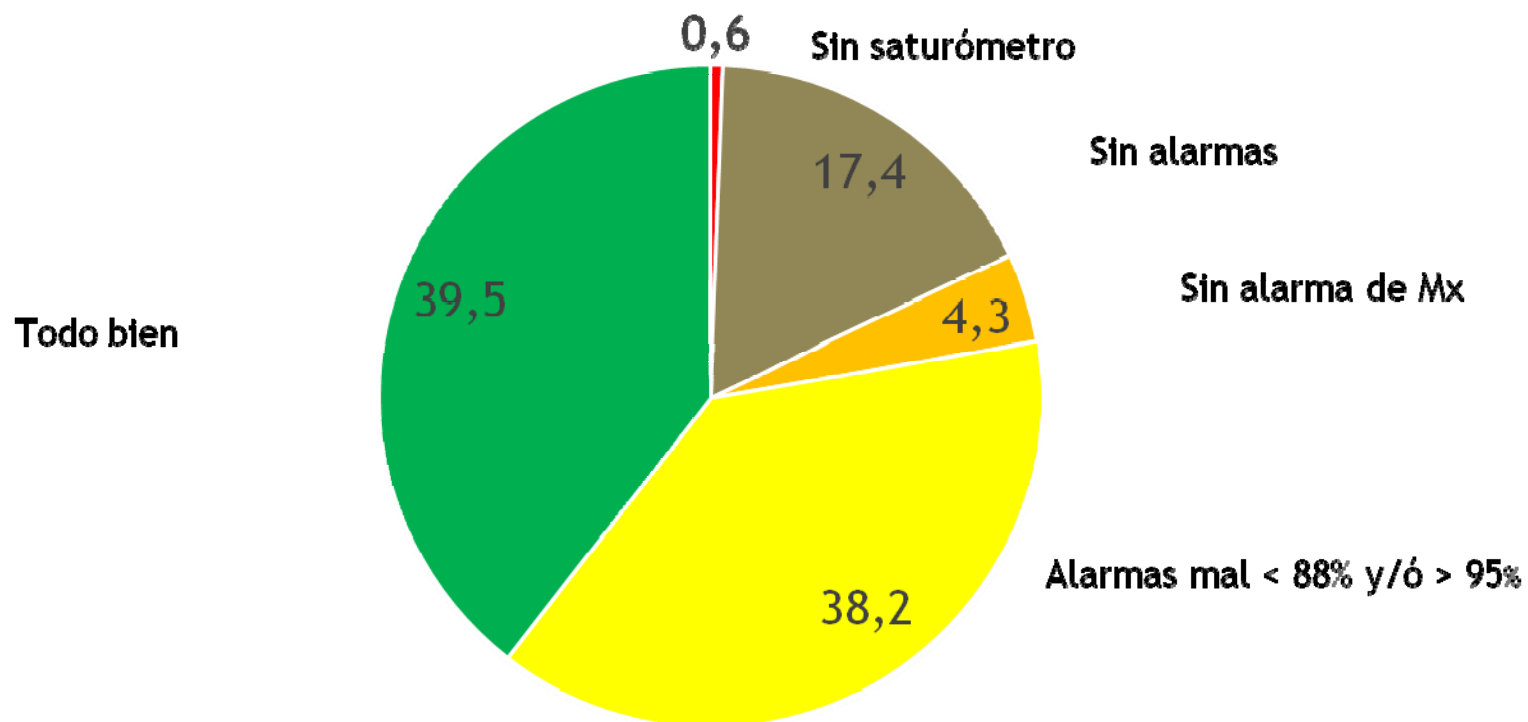




Valores de Lectura de los saturómetros 2016 y comparación con años anteriores (2012 y 2013)



Monitoreo de O₂



**Monitoreo inadecuado: 61,2 %
en niños con Halo/Cánula Nasal: 75 %**

En Sala de Partos:



Reanimación con PEEP

Usando mezcla aire/O₂

Control estricto de la saturación



Delivery Room Management of Term and Preterm Newly Born Infants

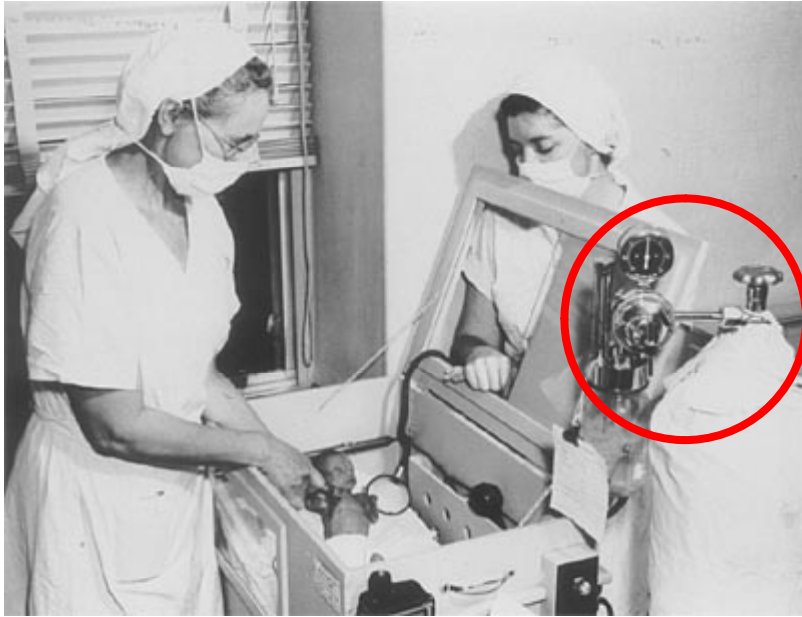
Ola Didrik Saugstad

Department of Pediatric Research, Oslo University Hospital, University of Oslo, Oslo, Norway

*Para recién nacidos entre 29-33 semanas de gestación
comenzar con oxígeno al 21-30%
Para <29sem. comenzar con 30%
y ajustar según respuesta.*

Key Words

may be useful. If ventilatory support is n



OXÍGENO





HIGIENE DE MANOS,
UN CONCEPTO GLOBAL

**TODOS DEBEN LAVARSE LAS MANOS
AL INGRESO A LAS UTIN**



Carla Bruni-Sarkozy visitando la NICU en Rio de Janeiro

Cortesía de Andrea Zin

Human Milk Feeding as a Protective Factor for Retinopathy of Prematurity A Meta-analysis

Jianguo Zhou, MD^a, Vivek V. Shukla, MD^b, Denny John, MBA, MPH^c, Chao Chen, MD, PhD^a

abstract

CONTEXT: Studies have suggested that human milk feeding decreases the incidence of retinopathy of prematurity (ROP); however, conflicting results have been reported.

CONCLUSIONES: Basados en esta limitada evidencia, en recién nacidos pretérminos, la leche humana juega un papel protector en la prevención de cualquier grado de ROP principalmente de casos severos.

February 2015.

STUDY SELECTION: Longitudinal studies comparing the incidence of ROP



Biglan, A; Ross Milley, J; Brown, D; Reynolds, J.
*Blood Oxygen, Carbon Dioxide and
 pH Levels Prior to Diagnosis of Retinopathy of Prematurity*
 Journal of Pediatric Ophthalmology and Strabismus
[March/April 1985 - Volume 22 · Issue 2: 44-50](#)

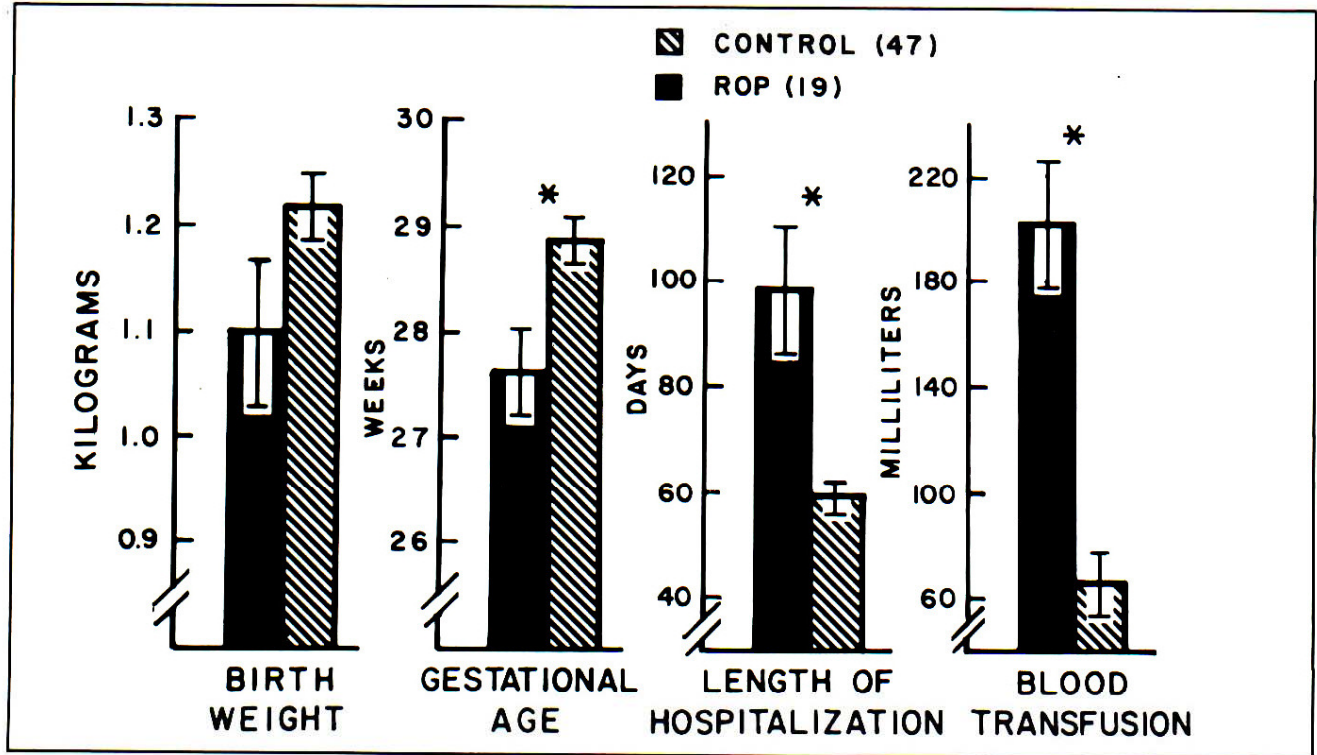
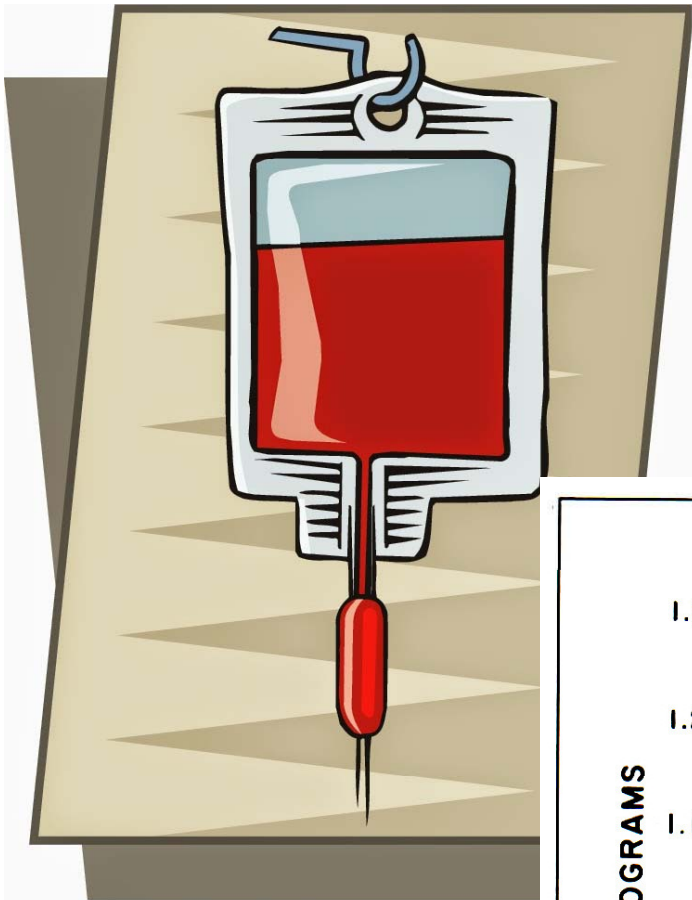


FIGURE 1: Bar graphs of the birthweight, gestational age, length of hospitalization and blood transfusion data. Values shown are mean (\pm) one standard error. The numbers in parentheses show the number of patients with ROP and the number of patients in the comparison group.



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 543 • December 2012

Committee on Obstetric Practice

This Committee Opinion was developed by the Committee on Obstetric Practice with the Academy of Pediatrics. The American Academy of Pediatrics endorses this document. It is to be construed as dictating an exclusive course of treatment or procedure to be followed.



Timing of Umbilical Cord Clamping After Birth

ABSTRACT: The optimal timing for clamping the umbilical cord after birth has been a subject of controversy and debate. Although many randomized controlled trials in term and preterm infants have evaluated the benefits of delayed umbilical cord clamping versus immediate umbilical cord clamping, the ideal timing for cord clamping has yet to be established. Several systematic reviews have suggested that clamping the umbilical cord in all births should be delayed for at least 30–60 seconds, with the infant maintained at or below the level of the placenta because of the associated neonatal benefits, including increased blood volume, reduced need for blood transfusion, decreased incidence of intracranial hemorrhage in preterm infants, and lower frequency of iron deficiency anemia in term infants. Evidence exists to support delayed umbilical cord clamping in preterm infants, when feasible. The single most important clinical benefit for preterm infants is the possibility for a nearly 50% reduction in intraventricular hemorrhage. However, currently, evidence is insufficient to confirm or refute the potential for benefits from delayed umbilical cord clamping in term infants, especially in settings with rich resources.

Before the mid 1950s, the term “early clamping” was defined as umbilical cord clamping within 1 minute of birth, and “late clamping,” as umbilical cord clamping

especially in preterm infants. However, because the placenta continues to perform gas exchange after delivery, sick and preterm infants are likely to benefit most from

Restricción de crecimiento intrauterino (RCIU) en niños tratados por ROP grave

$PN < P10^0 = RCIU^*$

RCIU: 52/245: **14%** (esperable 10%)

No inusuales con RCIU: 17/193: **8,8%**

Inusuales con RCIU: 18/52: **34%**

Riesgo relativo (RR) 3,18 (2,03-4,96)

Odds ratio (OR) 5,48 (2,57-11,69)

p < 0,001



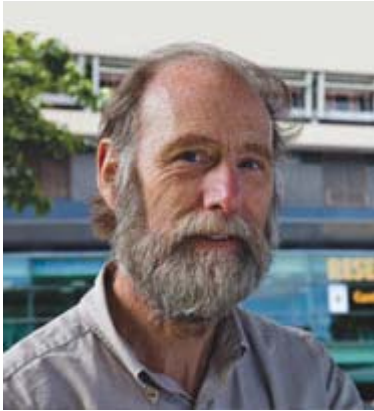
* Curvas de crecimiento fetal: Fescina RH, De Mucio B, Martínez G y col. Vigilancia del crecimiento fetal. Publicación CLAP/SMR N° 1586-OPS/OMS, 2011, 2da Ed.





En el curso de una conferencia de prensa realizada en la Fundación para la Salud Materno Infantil (Fundasamín), el secretario de la entidad, doctor Néstor Vain, expuso conceptos muy claros y precisos acerca de las necesidades de los servicios de neonatología a fin de mejorar la eficacia de su labor. Esas demandas principalmente se concentran en contar entre **5000 y 7000 enfermeras especializadas en la atención de prematuros**. Estimó el doctor Néstor Vain que si se dispusiera de ese personal en el número citado, se reducirían sustancialmente las cifras de la mortalidad de los bebés nacidos antes de término.

Diario La Nación - MIÉRCOLES 30 DE JUNIO DE 2010



Brian Darlow MD
University of Otago
Christchurch, New Zealand

La retinopatía del prematuro es un índice de calidad general de la atención perinatal y neonatal

- Existen evidencias de que en general, una mejor atención reduce la incidencia y la gravedad de la ROP
- Aunque aún no se puedan evitar todas



- Casos inusuales. Nuestra realidad.
- Otras realidades.
- Factores de riesgo.
- **Guía de Práctica clínica.**
- Aplicabilidad.

Guía de Práctica Clínica para la prevención, diagnóstico y tratamiento de la Retinopatía del Prematuro (ROP)

Aprobada e incorporada al Programa Nacional de Garantía de Calidad de la Atención Médica mediante Resolución Ministerial N° 1996/2015.

[http://www.msal.gov.ar/images/stories/bes/graficos/
0000000723cnt-guia-pract-clin-ROP-2015.pdf](http://www.msal.gov.ar/images/stories/bes/graficos/0000000723cnt-guia-pract-clin-ROP-2015.pdf)



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- Otras realidades.
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- **Aplicabilidad.**

15ª Jornada Nacional de Prevención de la Retinopatía del Prematuro (ROP)



SIMPOSIO



"La ROP nos toca a todos, podemos prevenirla"



Gracias