

# MULAGO HOSPITAL COMPLEX

## CASE PRESENTATION OF NEONATAL ENCEPHALOPATHY

Dr Flaviah Namiiro, SCBU

# INTRODUCTION

- WF, MALE
- BORN AT 38/40, ON 30/08/12
- SVD, BREECH, MECONIUM+++
- SCORED 5/10 (5 MIN)
- RESUSCITATION DONE IN LABOUR WARD
- REASON FOR ADMISSION TO SCBU- LOW SCORE
- TIME OF BIRTH- 1945
- ADMISSION- 0130HRS
- (RECRUITED IN STUDY)
- DISCHARGED 13/09/12

# INTRODUCTION

## MUM

- 34 YEAR, PARA 3+0
- HIV + VE ON HAART
- ATTENDED ANC X 3
  
- HAD MALARIA  
PROPHYLAXIS &  
COTRIMOXAZOLE
  
- CD4 533 CELLS AT DELIVERY

## BABY AT ADMISSION

- WT= 2.92 KG, 52 CM
- SICK, Temp=35, SEIZURES
- RESP: IN DISTRESS
  
- NEURO: HYPERALERT,  
HYPERTONIC, PARTIAL  
SUCK, MORO & GRASP,
  
- REST OF SYSTEMS NORMAL

# MANAGEMENT

- DIAGNOSIS: NEONATAL ENCEPHALOPHY
- TREATMENT: VIT K, CPAP, DEX 10%, IV ANTIBIOTICS;  
DAY 1: AMPICILLIN, GENTA  
DAY 3: CEFOTAXIME & GENTA  
DAY 7: CIPRO, AMIKACIN+METRO

Other: phenobarb, syrup Niverapine, tube feeding

- **LABS:** BLOOD CULTURE NEGATIVE AT BIRTH; RBS=4.7 mmol/L , HB= 17.9g/dl
- **RADIOLOGY:** CRANIAL USS (Day1; Basal ganglia injury, Day4; cerebral edema, Day 30; ventricular dilatation & cerebral atrophy)

# Follow up at 6 weeks

- Failure to thrive (weight= 2.5)
- Unable to breastfeed
- Neuro assessment; hypertonic, scissoring, abnormal posture, jerky movements, unable to fix and follow objects
- Done: re-inserted NGT for feeding

# Summary

- Infant with evidence of neurological sequale