HAEMODYNAMIC AND METABOLIC EFFECTS OF A NEW PAEDIATRIC DOBUTAMINE FORMULATION IN HYPOXIC NEWBORN PIGLETS

Methods

2–days-old-piglets were exposed to hypoxia (10–15% oxygen) for 2 h followed by reoxygenation with 21–30% oxygen for 6 h. After 60-min of reoxygenation, 18 piglets were randomised to: Control group, hypoxic animals without treatment, and 10–15 µg/kg/min or 15–20 µg/kg/min dose groups, each animal received two doses of dobutamine (Proveca Ltd.) during 30-min with 60-min washout period between doses. All animals were monitored for arterial blood pressure (MABP), heart-rate (HR), CO, stroke-volume-index (SVI), systemic-vascular-resistance-index (SVRI), systemic consumption (VO2) and fractional-tissue-oxygenation extraction (FTOE). In three animals an ultrasonic perivascular flow probe was placed around superior vena cava to continuously measure SVCF. Statistics: Mean ± SD, ANOVA, p < 0.05.

Results

A good positive correlation was observed between SVCF and CO. Hypoxia resulted in a significant decrease of CO, SVI, SVRI and MABP. All dobutamine doses improved significantly HR, CO and SVRI without changes in SVI and MABP. All doses increased OD but only 10–15 µg/kg/min increased VO2 without changes in FTOE.

Conclusion

The new dobutamine formulation targeted to support neonatal cardiovascular function reveals a significant improvement of haemodynamic status, but dose-specific differences in metabolic response in hypoxic neonatal piglets. Further studies are needed to evaluate those drug effects in other vital organs. F77-HEALTH-F5-2011 (n=282533).

BLOOD PRESSURE AND AORTIC DISTENSIBILITY AS EARLY MARKERS OF AN INCREASED CARDIOVASCULAR RISK IN PRESCHOOL CHILDREN BORN PRETERM – PRELIMINARY DATA

Background and aims

Numerous studies have shown that young adults born preterm have an increased risk of cardiovascular diseases. The aim of this study was to investigate which markers of an increased cardiovascular risk are present at preschool age in children born preterm.

Methods

In preschool children born preterm (gestational age less than 32 weeks) and healthy control subjects born at term, blood pressure was determined oscillometrically. Elastic properties of the ascending and descending aorta were calculated using computerised wall contour analysis out of transthoracic M-mode echocardiographic recordings.

Results

119 children were examined at 5 to 7 years of age (45 born preterm and 74 children born at term). Blood pressure was determined oscillometrically. Elastic properties of the ascending and descending aorta were calculated using computerised wall contour analysis out of transthoracic M-mode echocardiographic recordings.

Conclusions

Children born preterm already have higher systolic blood pressure and decreased distensibility of the descending aorta in comparison to preschool children born at term (p < 0.001). Diastolic blood pressure, distensibility of the ascending aorta, and stiffness index of ascending and descending aorta did not differ significantly between the two groups.

PS-099 TRANSITIONAL CHANGES IN CEREBRAL BLOOD VOLUME AT BIRTH

Background and aims

Near-infrared spectroscopy (NIRS) is a non-invasive method to measure changes in the concentration of oxygenated (ΔO2Hb) and deoxygenated haemoglobin (ΔHHb). Changes in total haemoglobin (ΔcHb = ΔO2Hb + ΔHHb) give information on changes in cerebral blood volume (CBV). Moreover cerebral tissue oxygenation index (cTOI = ΔO2Hb/Δ cHb*100%) is detected.

The aim was to evaluate changes of CBV during postnatal transition in term newborns.

Methods

This observational study was conducted at the Medical University Graz. Included were term infants without need for respiratory support after caesarean section. NIRS measurements were carried out with ‘NIRO-200-NX’ (Hamamatsu; Japan) over 15 min.

Results

109 term infants (55 female) with mean gestational age of 39±0 weeks (±7 days) and birth weight of 3245 g (±441) were included.

CBV: Related to the baseline at 2 min of age (min), median (25th; 75th percentiles) ΔcHb was 0 micromoles (µM) (-5.4) at 3 min, -1 µM (-8.5) at 5 min, -7 µM (-17.0) at 10 min, and -13 µM (-26.1) at 15 min. ΔcHb, representing the behaviour of CBV, was slowly decreasing during transition period.

cTOI: Median (25th;75th percentiles) cTOI was 56% (50;65) at 2 min, 57% (51;64) at 3 min, 64% (58;72) at 5 min, 74% (69;79) at 10 min, and 72% (67;78) at 15 min. CTOI was slowly increasing from 2 min to 7 min, reaching a steady state after 8 min.

Conclusion

In healthy newborns CBV was slowly decreasing over the whole study period. We hypothesise, that increasing left-to-right shunt via ductus arteriosus may account for decreasing CBV in this period. These findings add information for a better understanding of haemodynamic processes during transition.

PS-100