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Neonatal thrombocytopenia: Its associated risk factors and outcome in NICU in a tertiary hospital in Nepal

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Thrombocytopenia is a frequently encountered hematological abnormality in neonatal intensive care unit (NICU). It is associated with various maternal and neonatal risk factors and the incidence varies greatly depending upon the population studies. In a retrospective study, 412 neonates who were admitted in Bharatpur Hospital NICU during November 2016 till October 2017 were included in the study. Depending upon the values thrombocytopenia was categorized into mild, moderate and severe types. Incidence of thrombocytopenia was determined along with maternal and neonatal risk factors associated with it. Maternal risk factors like pregnancy induced hypertension (PIH), diabetes, maternal immune thrombocytopenic purpura (ITP), eclampsia, drug use and neonatal risk factors like sepsis, asphyxia, intrauterine growth restriction (IUGR), prematurity, necrotizing enterocolitis (NEC) were analyzed. The incidence of neonatal thrombocytopenia was found to be 74 in 412 neonates which comprised approximately 18% neonates admitted in NICU. Early onset thrombocytopenia occurring within 72 hours comprised 91.8% while late onset thrombocytopenia occurring after 72 hours comprised 8.2% of total thrombocytopenia. 58.1% (43) comprised of mild, 29.7% (22) moderate and 12.2% (9) severe thrombocytopenia. The major risk factors among the neonates were sepsis, asphyxia, IUGR and prematurity while gestational diabetes mellitus (GDM), PIH and maternal ITP were the common maternal risk factors contributing to the neonatal thrombocytopenia. However, there was no correlation found between sex and race with the occurrence of thrombocytopenia. Neonatal thrombocytopenia accounted for 18% of neonates which were admitted in the NICU. Significant neonatal risk factors were asphyxia and sepsis and maternal risk factors were PIH and diabetes.

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