



Does bloody aspirate reflect the state of upper gastrointestinal mucosa in a critically ill newborn?

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ABSTRACT:

Background and study aims

Critically ill newborns have many risk factors to develop stress related mucosal lesions (SRML). We used upper [endoscopy](#) to evaluate the presence of SRML in these neonates, to know the specificity and sensitivity of the bloody [gastric aspirate](#) to detect SRML and to identify the risk factors associated with the presence of SRML and bloody gastric aspirate.

Patients and methods

This is a cross-sectional study done on 100 critically ill newborn after becoming clinically stable. SRML were diagnosed if there is [hyperaemia](#), erosions or [ulcers](#) in the oesophagus, stomach, and/or the [duodenum](#).

Results

SRML were found in 77% of neonates in the NICU though frank bloody aspirate was detected in only 22% of neonates. The presence of bloody aspirate showed low sensitivity (24.68%) and high specificity (86.96%) for the presence of SRML. The presence of bloody gastric aspirate showed a double fold risk for the presence SRML (OR = 2.184, CI = 0.584–8.171). Factors associated with SRML included respiratory distress ($p = 0.000$, risk = 4.006), the use of nasogastric tube ($p = 0.017$, OR = 3.281).



Biography:

Rania Hosny Tomerak is a Professor of [Pediatrics and Neonatology](#) in Cairo University. She has completed her graduation in 1994, Master's in Pediatrics in 1998 and Doctorate in Pediatrics in 2001. She is an international board certified Lactation Consultant since 2004. She is a board member of Lactation Education Accreditation and Approval Committee in USA, which provides approval and accreditation to all breastfeeding programs all over the world. She has published 21 scientific papers.

Publications:

1. Occult blood in stool in exclusively formula fed infants versus exclusively breast fed infants in the first six months of life.
2. Prevalence of factor V Leiden (G1619A) and prothrombin gene (G20210A) mutation in Egyptian children with sickle cell disease.
3. DOES BLOODY ASPIRATE REFLECT THE STATE OF UPPER GASTROINTESTINAL MUCOSA IN A CRITICALLY ILL NEWBORN?
4. ECHOCARDIOGRAM DONE EARLY IN NEONATAL SEPSIS: WHAT DOES IT ADD?
5. TRACHEAL COLONIZATION IN PRETERM INFANTS SUPPORTED WITH NASAL CONTINUOUS POSITIVE AIRWAY PRESSURE.

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