

 ORIGINAL ARTICLE

## Prognosis and risk factors for intrauterine growth retardation

Line Thousig Sehested<sup>1</sup> & Pernille Pedersen<sup>2</sup>

### INTRODUCTION

Intrauterine growth retardation (IUGR) is the term describing a foetus that has not reached its genetic growth potential. There is no international consensus on the definition of IUGR. The aim of this study was to describe a cohort of weight-restricted neonates and their mothers focusing on risk factors, catch up and neonatal outcome.

### MATERIAL AND METHODS

This was a retrospective descriptive study of IUGR neonates with a birth weight below 70% of the expected whose mothers were admitted to the Neonatal Ward at Hvidovre Hospital during 2007-2009. Obstetrical and maternal risk factors and neonatal growth and outcome at six weeks, five months and 12 months of age were collected.

### RESULTS

A total of 73 neonates and their mothers were included. Caesarean delivery was given in 78% of the cases. Maternal risk factors included gestational hypertension (33%), smoking (24%) and placental infarction (17%). Hypoglycaemic episodes developed in 31% of the neonates. At 12 months, 90% had caught up growth and 7% had a neurologically poor outcome. No infants died.

### CONCLUSION

Maternal smoking and gestational hypertension are important risk factors for the development of IUGR. Special attention must be given to reducing the risk of hypoglycaemia. More studies are needed. Our purpose was to underline the need for a consensus on the definition of IUGR, catch-up and follow-up programmes in order to compare results in the future.

### FUNDING

Not relevant.

### TRIAL REGISTRATION

Not relevant.

**CORRESPONDENCE:** Line Thousig Sehested. E-mail: lineth@dadlnet.dk.

**CONFLICTS OF INTEREST:** Disclosure forms provided by the authors are available with the full text of this article at [www.danmedj.dk](http://www.danmedj.dk).

**REFERENCE:** Dan Med J 2014;61(4):A4826

**FROM:** 1) Department of Paediatrics, Holbæk Hospital, 2) Department of Paediatrics, Hvidovre Hospital

 ORIGINAL ARTICLE

## Low incidence of children with acute epiglottitis after introduction of vaccination

Mette Nagstrup Hermansen<sup>1</sup>, Jesper Hvass Schmidt<sup>2,4</sup>, Andrea H. Krug<sup>3</sup>, Knud Larsen<sup>4</sup> & Søren Kristensen<sup>4</sup>

### INTRODUCTION

The aim of this retrospective case series is to describe the epidemiology, symptoms and findings of acute epiglottitis in hospitalized patients after the introduction of the *Haemophilus influenzae* type B (HIB) vaccine and to identify any symptoms or findings predictive of a prolonged hospital stay.

### MATERIAL AND METHODS

Medical records on all patients discharged with the International Classification of Diseases 10 diagnostic code DJ051, acute epiglottitis, from January 1997 to December 2012 were reviewed. A total of 41 patients were identified.

### RESULTS

In all, 37 patients were included, only one of whom was a child. The dominating symptom was a sore throat (97.2%). A hoarse voice was found in 20 patients (58.8%), and 14 patients (40.0%) were drooling. Thirteen patients (36.1%) had trouble breathing. Nine patients (24.3%) were diagnosed with abscess. Two adults tested positive for HIB. The average length of hospitalization was 6.1 days. The average stay in the intensive care unit was 1.2 days for patients who were not intubated and 4.0 days for patients who were intubated or tracheotomised. Six patients (16.2%) were intubated. One patient (2.7%) was directly tracheotomised.

### CONCLUSIONS

Our study shows that the incidence of adult acute epiglottitis seems to remain unchanged compared with a previous investigation from the same geographical region. The disease is potentially life-threatening, and intubation or tracheostomy was required in 18.9% patients in this study. Respiratory distress had the largest impact on the length of hospitalization.

**FUNDING:** not relevant.

**TRIAL REGISTRATION:** not relevant.

**CORRESPONDENCE:** Mette Nagstrup Hermansen. E-mail: nagstrup@dadlnet.dk

**CONFLICTS OF INTEREST:** Disclosure forms provided by the authors are available with the full text of this article at [www.danmedj.dk](http://www.danmedj.dk).

**REFERENCE:** Dan Med J 2014;61(4):A4788

**FROM:** 1) Department of Anaesthesiology, Hospital of South-West Jutland, Esbjerg, 2) Department of Oto-rhino-laryngology, Odense University Hospital, Odense, 3) Department of Medicine, Hospital of South-West Jutland, Esbjerg, 4) Department of Oto-rhino-laryngology, Hospital of South-West Jutland, Esbjerg