Predictions of chronic lung disease (CLD)

EDITORS—We enjoyed reading the recent article by Ryan and coauthors on the prediction of chronic neonatal lung disease (CNLD). At our own unit, using a database of all babies of <2.5 kg requiring ventilation, between 1980–1990, we derived a similar type of score using independent variables including sex, duration of exposure to FIO2 of >0.6, and duration of exposure to a peak inspiratory pressure >25 cm H2O. We validated our own score by dividing the study population into a training set used to derive the score, and a test set for evaluation of sensitivity and specificity. Our sensitivity of 65% and specificity of 88% at a cutoff of p >0.50 are lower than those of Ryan et al (73% and 93%, respectively). As early intervention such as steroid treatment before 12 hours may reduce the incidence and severity of CNLD, a predictive test that can be calculated soon after birth is required. Unfortunately, neither our score nor that of Ryan et al are useful in this regard, as our score could not be calculated before the fifth day of life, and Ryan’s score cannot be calculated till the seventh day.

The OSBCT study (Open Study of Early Corticosteroid Treatment) is recruiting very preterm infants who have severe respiratory distress within the first 72 hours of life and it should demonstrate the value or otherwise of early treatment with systemic or inhaled steroids. It is hoped that this study will also provide further data for early prediction of CNLD. Anyone interested in further details of this trial could contact the authors at the address below.

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