

Fantoms

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POLYCYTHAEMIA

A meta-analysis of five randomised trials of partial exchange transfusion (PET) for polycythaemia demonstrates no reduction in the risk of neurodevelopmental problems with the treatment. None of the trials was large. The total number of infants included in the meta-analysis was 295. Many were asymptomatic. In two trials utilising umbilical venous catheterisation, PET was associated with increased risk of necrotising enterocolitis (NEC). Should we continue to use this treatment? Are other techniques for exchange less invasive? Small but important effects on neurological outcome cannot be excluded without larger studies. More data from symptomatic infants are required. If a partial exchange is to be performed a meta-analysis of six studies enrolling 235 infants shows that human albumin or plasma offer no advantage over normal saline as the diluent.

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ECMO

Since the UK extracorporeal membrane oxygenation (ECMO) trial, inhaled nitric oxide and high frequency oscillatory ventilation have become more widely available and surfactant is now commonly used to treat meconium aspiration syndrome. Referral patterns for ECMO are likely to have changed. Thresholds for commencing ECMO are also lower. Khambekar *et al* report the outcomes of 145 infants treated with ECMO in Leicester between 1997 and 2001 and demonstrate that most term infants who are treated with ECMO will survive and will have normal development at a year of age. All 65 infants treated for meconium aspiration syndrome survived.

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MUSICAL BEDS

In 2004 the east of England regional neonatal transport service, acting as a cot bureau for 18 hospitals, was asked to arrange the transfer of 262 expectant mothers who could not be delivered in their hospital of booking. Most were expected to deliver prematurely and the commonest reason for the transfer request was that the neonatal unit was "Full". On average, seven hospitals had to be contacted to find a bed and mothers were moved up to 250 miles. UK neonatologists may not be surprised by these figures as they reflect a widespread problem but they have not been gathered and presented on this scale until now. But what does "Full" really mean? It might seem reasonable to prospective parents that they have to be moved because all the beds are full. But when units say that they are full or that there are no cots available what they usually mean is that there are too few nurses to care for more babies, even though cots are lying empty.

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WHITE MATTER DAMAGE

Harris *et al* report a study examining variations in the interpretation of neonatal cerebral ultrasound scan images in relation to the presence of white matter damage. The same authors have previously demonstrated reasonably good agreement between multiple observers in the identification of haemorrhages. Not so for white matter damage and ventriculomegaly. When reporting scans centrally three reviewers identified 3–6 times more periventricular leukomalacia than had originally been reported and four times more ventricular dilatation. Trials reporting scan findings as outcomes should consider the need to standardise reporting between centres, particularly when unblinded interventions are being compared.

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CONGENITAL CYSTIC ADENOMATOID MALFORMATIONS OF THE LUNG

These come along often enough to trouble most neonatologists from time to time. This series of 28 cases, gathered over 10 years describes their largely favourable outcome, with 21 healthy survivors from the 23 cases born alive.

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RENAL ULTRASONOGRAPHY IS NOT REQUIRED IN BABIES WITH ISOLATED MINOR EAR ANOMALIES

Exactly what it says on the tin. In combination with earlier series, this case series gathered by Deshpande and Watson should put an end to ultrasound referrals for this perceived indication.

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