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El Colegio de Pediatras del Estado de Guanajuato se caracteriza por una intensa actividad en investigación clínical. A continuación se presentan las portadas de las publicaciones de enero a mayo de 2023.

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Incidence And Morbidity And Mortality Of Refeeding Syndrome In Premature Newborns With Low Weight For Their Gestational Age

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INCIDENCE AND MORBIDITY AND MORTALITY OF REFEEDING SYNDROME IN PREMATURE NEWBORNS WITH LOW WEIGHT FOR THEIR GESTATIONAL AGE

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Rationale: Newborns with low weight for their gestational age (LBWGA) are deprived of nutrients in the uterus, when they are born and start feeding they are at risk of refeeding syndrome (RS). We know little about the incidence, morbidity and mortality of RS in newborns.

Methods: 45 LBWGA under 37 weeks of gestation hospitalized in Hospital General Salamanca were included. Serum glucose, phosphorus, magnesium, calcium and potassium records, anthropometry, and their morbidity were collected before and after feeding. Wilcoxon test was performed to evaluate changes in electrolytes when starting feeding. Morbidity (late sepsis, septic shock, necrotizing enterocolitis, pulmonary dysplasia, retinopathy of prematurity and cholestatic syndrome) from patients with and without RS was compared to Chi[2]. Mortality was analized by Kaplan Meier with log-rank test and logistic regression with confidence intervals at 95%.

Results: 45 patients were admitted, 32 met at least 1 RS criteria (71%). The most frequent alterations were: hypophosphatemia 53% (n=24) and hypercalcemia 35% (n=16), the main combination was hypophosphatemia/hypercalcemia in 22.2% (n=10), no patient reported all the alterations together. The group with RS presented more cases of late sepsis and ventricular hemorrhage than the group without RS (68.8% vs 30.8 %, p=0.019), (43.7% vs 0%, p=0.041), respectively. The survival of RS was of 78.1% vs 84.6% without RS with an average of 79 days (p=0.632). The logistic regression showed that short length is at risk of RS (OR 1.94, 1.027-3.695; p=0.041).

Conclusion: The incidence of RS is high, mortality is not increased, but morbidity does, exposing newborns to sequelae. It is important to look for strategies to prevent RS, treat it, and lower the risk of complications.

Disclosure of Interest: None declared

Comparación de resultados perinatales desfavorables en primigestas adolescentes y adultas
Comparison of unfavorable perinatal outcomes in primiparous adolescents and adults

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Resumen
Introducción: el embarazo en la adolescencia puede estar asociado a complicaciones médicas relacionadas con la inmadurez biológica de la madre y las madres primigestas adultas pueden presentar resultados perinatales asociados a alteraciones crónicas preexistentes relacionadas con la edad.
Objetivo: comparar los resultados perinatales desfavorables en primigestas adolescentes y adultas.
Material y métodos: estudio observacional, transversal, retrospectivo y analítico. Se incluyeron expedientes de mujeres adolescentes de 12-19 años de edad y mujeres adultas de 20-40 años primigestas, con gestación mayor de 20 semanas, que ingresaron al área de Obstetricia de un hospital de tercer nivel para resolución del embarazo. Los resultados perinatales se compararon con chi cuadrada, prueba exacta de Fisher o U de Mann-Whitney.
Resultados: se incluyeron 220 expedientes de mujeres primigestas, 110 adolescentes de 18 (16-19) años y 110 adultas de 24 (21-25) años. Las madres adolescentes presentaron como resultados perinatales desfavorables a recién nacidos (RN) con peso bajo para edad gestacional (PBEG): razón de momios (RM) 2.95 (IC 95% 1.10-7.85), p = 0.04. Las embarazadas adultas presentaron más comorbilidades (hipertensión gestacional [11.82 frente a 3.64%] y preeclampsia [10.91 frente a 4.55%], diabetes gestacional [6.36 frente a 0.91%], (p = 0.006]) que se asociaron con prematurez (p = 0.018) y con la hospitalización en el RN (p = 0.008).
Conclusiones: las madres adolescentes presentaron dos veces más RN con PBEG. La prematurez y la hospitalización del RN se asoció a la presencia de comorbilidades de las madres adultas.

Abstract
Background: Adolescent pregnancy may be associated with medical complications related to the biological immaturity of the mother, and adult primiparous mothers may present perinatal outcomes associated with pre-existing age-related chronic changes.
Objective: To compare unfavorable perinatal outcomes in adolescent and adult primiparous women.
Material and methods: Observational, cross-sectional, retrospective and analytical study. Records of adolescent women from 12-19 years and adult women from 20-40 years in their first pregnancy, with a gestation of more than 20 weeks, who entered the Obstetrics Area of a third level hospital for pregnancy resolution were included. Perinatal outcomes were compared using chi-squared, Fisher's exact test, or Mann-Whitney U test.
Results: 220 records of primiparous women, 110 adolescents aged 18 (16-19) and 110 adults aged 24 (21-25) were included. Adolescent mothers presented as unfavorable perinatal outcomes newborns (NB) small-for-gestational-age (SGA): odds ratio (OR) 2.95 (95%CI 1.10-7.85), p = 0.04. Adult pregnant women presented more comorbidities (gestational hypertension [11.82 vs. 3.64%] and preeclampsia [10.91 vs. 4.55%], gestational diabetes [6.36 vs. 0.91%], [p = 0.006]) that were associated with prematurity (p = 0.018) and with hospitalization in the NB (p = 0.008).
Conclusions: Adolescent mothers presented twice more SGA NB. Prematurity and hospitalization of the NB was associated with the presence of comorbidities in adult mothers.

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