Experience of management of Neonatal hypertension

**Abstract:**

“Neonatal hypertension is increasingly recognized in neonatal intensive care units. A variety of factors appear to be important in determining blood pressure in neonates, including gestational age, birth weight, and postmenstrual age. Normative data on neonatal blood pressure values remain limited. The cause of hypertension in an affected neonate should be identified with careful diagnostic evaluation, with the most common causes being renal parenchymal disease, umbilical catheterization-associated thrombosis, and chronic lung disease. Available data suggest that long-term outcomes are usually good, with resolution of hypertension in most infants. We present full term male had hypertension (>99th percentile). His echocardiogram showed poor left ventricular contractility (ejection fraction of 30%) who later developed left ventricular hypertrophy 2° to hypertension. He was started on Nifedipine and propranolol. Later as blood pressures were still on higher side, sodium nitroprusside and clonidine added after that gradually his blood pressure decreased and improving cardiac function. As Neonatal Hypertension rarely seen & sodium nitroprusside is very rarely used for hypertension in neonates, we would like to share our experience.”