ASSESSMENT OF URINARY URIC ACID TO CREATININE RATIO AS A

MARKER OF BIRTH ASPHYXIA

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Introduction

Neonatal asphyxia causes neurological morbidity and mortality in full term infants. Despite the increasing understanding of the mechanism leading to and resulting from neonatal asphyxia, early determination of brain damage following hypoxic-ischemic events still remains the hardest problems in neonatal care.Hence the present was study conducted to assess whether urinary uric acid to create ratio is early marker of birth asphyxia as compared to ABG and apgar.

AIMS AND OBJEC TIVES OF THE STUDY

 1.To compare ratio of urinary uric acid to creatinine among asphyxiated and non asphyxiated term neonates

2.To assess the severity of hypoxic ischaemic encephalopathy as a marker of severity of birth asphyxia in term babies

MATERIALS AND METHODS:

case control study

Study Population: 60 term newborns with birth asphyxia and 60 term newborns without birth asphyxia

RESULTS • The mean Urinary uric acid/Urinary creatinine ratio among Cases was more (2.75 ±0.18) compared to controls (1.78 ±0.23) with highly statistical significant difference . (P<0.01)

The Urinary uric acid/Urinary creatinine ratio follows an increasing trend as the severity of HIE increases with statistical significant difference. (P<0.01)

CONCLUSION: The ratio of UA/Cr enables early and rapid recognition of asphyxial injury and also the assessment of its severity and the potential for short term morbidity. The study thus confirms that urinary uric acid to creatinine ratio can be used as a marker of birth asphyxia.