

Leukoencephalitis in Newborn due to Dengue Infection in Mother

Treating Consultant

Dr Chandrakant Sahare (HOD - Pediatrics)

Newborn Baby of Bhagwat Manisha Rushikesh

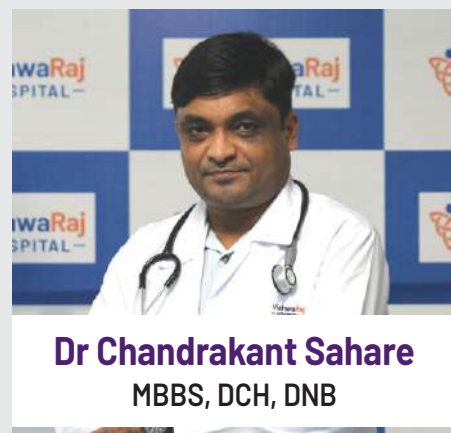
TERM/FEMALE/CIAB/B.WT-3KG/AGA/DELIVERED ON 20/10/2021 at 12:02AM TO DENGUE POSITIVE PRIMI mother. Was referred from outside in intubated state.

Baby was delivered and shifted to mother side. Baby developed distress with cynosis and desaturation, so referred to local pediatrician, where baby was intubated and put on mechanical ventilator. Developed sclerema with worsening general condition so shifted to VRH for further management with bag and tube ventilation.

Baby was shifted to VRH NICU and taken on SIMV PSV support Mechanical Ventilation. IV line secured, necessary investigations sent. Baby kept NBM started on IV fluids. IV Antibiotics inj Meropenem and Inj. Vancomycin started suspecting severe sepsis by sending blood culture. In view of weak Pulses IV NS bolus given and started on inotropes. In view of deranged coagulation profile and low hemoglobin, FFP and PCV transfusion done on day 3.

Lab reports were suggestive of severe sepsis with increased inflammatory markers and electrolyte disturbances. Inj. IV IG given. Electrolyte disturbances were corrected accordingly. As there were desaturation episodes on conventional ventilator, baby was shifted to High Frequency Oscillation Ventilation (HFO) on day 3, patient was maintaining saturation HFO so gradually shifted on conventional mechanical ventilator on day 5. In view of recurrent seizure episodes anti-convulsion started and Inj. Midaz drip started and continued for 48 hrs and then gradually tapered off.

OUR PAEDIATRIC TEAM



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In view of severe sepsis and dearranged septic profile Inj. Fluconazole was added suspecting fungal sepsis. Blood culture were S/O serratia marcescens which was sensitive for Inj. Meropeneem and inj vancomycin. Inj. Fluconazole was stopped.

CSF examination done was normal and antibiotics were given for total for 14 days. Gradually sclerema decreased but baby was having edema all over the body so Inj. Lasix and IVO hypoalbuminemia albumin infusion given.

MRI brain done was S/O lacunar intensity in right Ganglio-Capsular, right occipital, bilateral parafalcine and left parietal subcortical white matter with diffusion restriction s/o acute demyelinating encephalitis.

Repeated trial of weaning from SIMV to CPAP given but due to less spontaneous respiration it failed. Repeat septic screen was positive along with repeat blood culture S/O enterobacter cloacae. Inj. Meropenem and Inj. Vancomycin restarted and lab investigations repeated was S/O raised inflammatory and infection parameters. Hence, antibiotics graded up to Piptaz and Gentamycin and continued for 7 days.

Gradually patients general condition and lab. Parameters started improving. NGT feeding started, gradually increased as per tolerance. Baby was having persistent hypokalemia so to rule out batter syndrome, urinary investigations were done, suggestive of raised urinary calcium, raised urinary calcium/creatinine ratio with normal serum magnesium. Then baby was shifted to NIPPV mode of ventilation and then on T-piece.

Successfully weaning done and baby was put on O2 by nasal prongs @ 1 ltr /min. Accepting breastfeeds and EBM orally 2 hourly well. Vitally and hemodynamically stable so being discharge with follow-up advice.

Discharge Diagnosis :-

Term/female/b.wt-3kg/aga /delivered To Dengue Positive Primi. Mother. Early Onset Sepsis, Leukoencephalitis, Culture Positive Neonatal Sepsis, Respiratory Distress, DIC, Neonatal Seizures, Electrolyte Imbalance, Neonatal Hyperbilirubinemia.



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