



SIMP

Società Italiana di Medicina Perinatale



Neurodevelopment at 3 years following IUGR relationship with brain sparing

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BACKGROUND

Intrauterine growth restriction (IUGR) due to placental insufficiency is associated with significant neurodevelopmental disabilities in cognitive function, attention capacity and school performance both in preterm and term babies. Neurostructural correlations with these disabilities in humans are not clear.

Animal studies have shown that chronic intrauterine hypoxia and protein restriction due to placental insufficiency have a negative impact on brain development.

The concept of 'brain sparing' as a 'protective' function persists in the interpretation of hemodynamic changes in IUGR fetuses even if it has been lately challenged by many reports showing increased prevalence of short-term and long-term neurological complications in IUGR children presenting brain vasodilatation.

AIM OF THE STUDY

To evaluate cerebral morphological maturation by Magnetic Resonance Images in preterm newborns to verify the hypothesis that IUGR interferes on human brain development

To assess the neurodevelopmental outcome at 3 years of age in our population of growth-restricted preterm babies, brain imaged at term corrected age and its relationship with arterial and venous Doppler

METHODS

26 singleton IUGR fetuses met the inclusion criteria for this study

34 singleton Preterm Appropriate for Gestational Age (AGA) fetuses matched for gestational age at birth were identified.

within 48 h from
delivery

Doppler ultrasound examinations: umbilical artery, middle cerebral artery and ductus venosus

at delivery

Perinatal outcomes

at term corrected
age

MRI performed in order to assess Total Maturation Score

at 3 years of age

Neurodevelopmental outcome assessed by the Griffith's scale. Severe developmental delay was defined as General Quotient (GQ) ≤ 75

RESULTS

	Preterm AGA (n=34)	IUGR (n=26)
Umbilical Artery pH	7.28 ± 0.2	7.23 ± 0.1
Umbilical Vein pH	7.34 ± 0.2	7.28 ± 0.1*
Umbilical Artery Cont O2 (mmol/L)	1.14 ± 0.2	0.48 ± 0.7**
Umbilical Vein Cont O2 (mmol/L)	3.17 ± 0.5	1.81 ± 0.2*
Umbilical Artery Lactate (mmol/L)	3.04 ± 0.4	3.86 ± 0.5
Umbilical Vein Lactate (mmol/L)	2.69 ± 0.3	3.81 ± 0.5

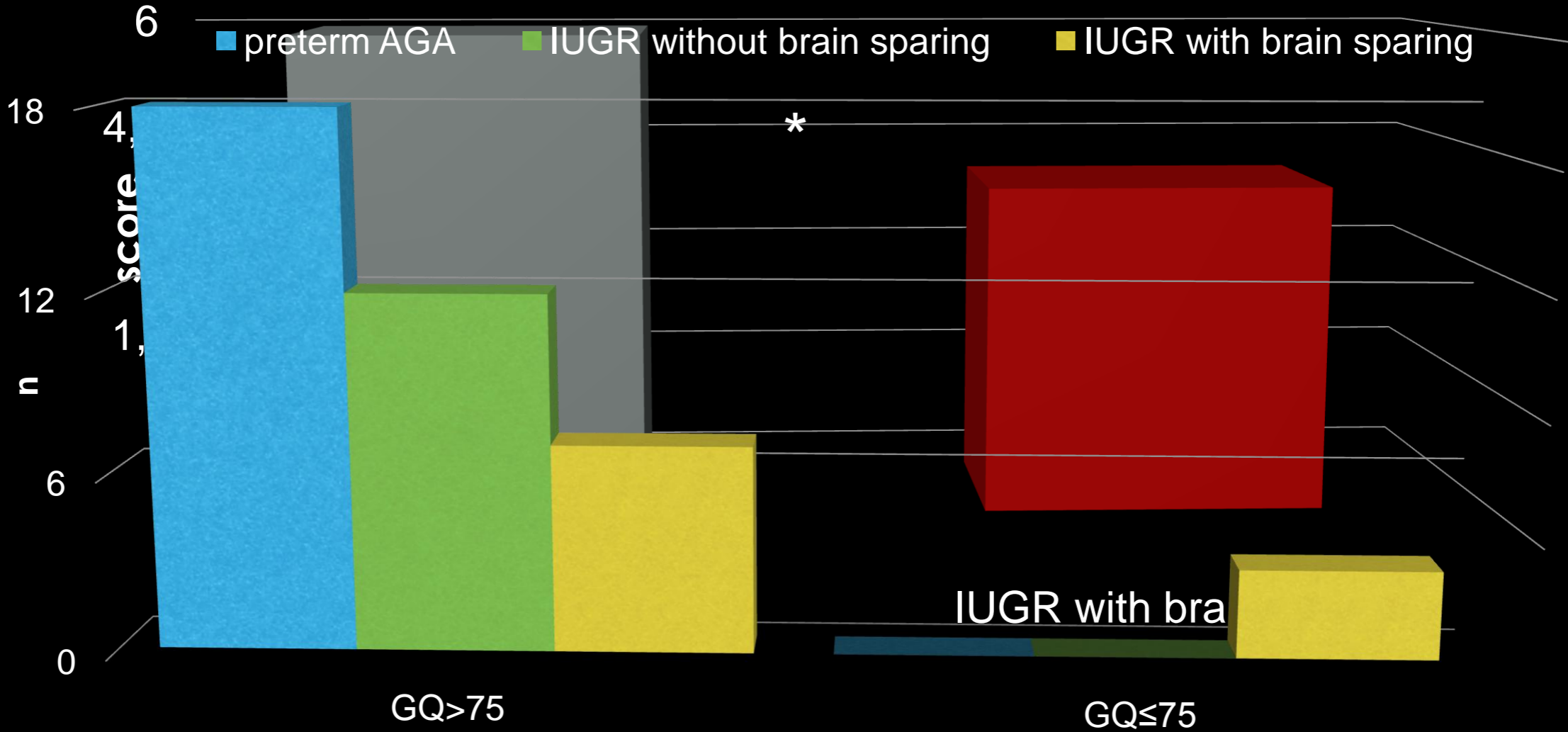
*p<0.05 t test vs preterm AGA, **p<0.01 t test vs preterm AGA

* P value obtained by unpaired Student's t test vs AGA p<0.001, ° P value obtained by non-parametric Chi-squared test vs AGA p<0.001

RESULTS

Myelination at corrected age

Neurodevelopment at 3 years of age



test U of Mann-Whitney, *p<0.05

WHAT'S NEW?



Very well classified population

MRI and Doppler are here used together to evaluate relationship between IUGR and neurodevelopment

Ahmet A. Baschat, MD, Erich Cosmi, MD, Catarina M. Bilardo, MD, Hans Wolf, MD, Christoph Berg, MD, Serena Rigano, MD, Ute Germer, MD, Dolores Moyano, MD, Sifa Turan, MD, John Hartung, MD, Amarnath Bhide, MD, Thomas Müller, MD, Sarah Bower, MD, Kypros H. Nicolaidis, MD, Baskaran Thilaganathan, MD, Ulrich Gembruch, MD, Enrico Ferrazzi, MD, Kurt Hecher, MD, Henry L. Galan, MD, and Chris R. Harman, MD

development assessed by fetal MRI
the growth restriction

z-Cortes, PhD; Francesc Figueras, PhD; Nuria Ba

Need largest population

Controls are not really physiological



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Edgar Hernandez-Andrade^{a,b}, Tamara Stanpalija^c, and Fran...^d

HOW THIS DATA HELP PERINATOLOGY?

Timing of delivery?

PREMATURITY



**COMPENSATORY
AND
DECOMPENSATORY
CHANGES**



ANY IDEAS FOR NEXT RESEARCHES?

Increase population number with uniform diagnostic criteria

Follow-up until scholar age