



## A Retrospective Study of Bilateral Pneumothorax in Neonates at a Tertiary Care Centre: A Case Series.

Dr. Manikiran Reddy (Pg Resident), Dr. Jayashree Jadhav (Prof. Dept Of Paediatrics), Dr.(Col). D.Y.Shrikhande (Hod Dept of Paediatrics)

*College: pravara rural hospital, loni,ahmednagar.*

*corresponding author: Dr. Manikiran Reddy*

Date of Submission: 15-09-2020

Date of Acceptance: 28-09-2020

### I. INTRODUCTION:

Pneumothorax is defined as air or gas leak in pleural cavity (between lung and chest wall) which impairs oxygenation and or ventilation

#### RISK FACTORS :

- Mechanical ventilation
- Post-resuscitation
- Post operated case of trachea-oesophageal fistula.
- Respiratory distress syndrome in preterm(surfactant decreases incidence of pneumothorax)
- Meconium aspiration syndrome and pneumonia common in term babies.
- Trauma.

3. Pneumothorax as a post operative complication of trachea-oesophageal fistula has poor prognosis

### II. METHOD:

A retrospective case series study done at pravara rural hospital from November 2019 to August 2020.

### III. RESULTS:

Six neonates diagnosed clinically and then radiologically confirmed were considered in our study. With Male : Female ratio of 5:1 ranging from 2020 – 3500 gms with 2564 gms.All the pneumothorax were bilateral pneumothorax with etiology including pneumonia(33.33%), post-resuscitation(16.6%), Meconium aspiration syndrome(16.6%), Spontaneous(16.6%), Post-operated case of trachea-oesophageal fistula (16.6%). Survival rate 50% according to our study.

### IV. CONCLUSION:

1. Bilateral pneumothorax associated with high mortality. But considering our study, we can reduce mortality with prompt management in case of pneumonia and post resuscitation.
2. Double oxygen therapy by hood box is a better mode of oxygen therapy than mechanical ventilation or CPAP in case of pneumothorax.