Severe bronchiolitis in infants born very preterm and neurodevelopmental outcome at 2 years

Titre	Severe bronchiolitis in infants born very preterm and neurodevelopmental outcome at 2 years
Type de publication	Article de revue
Auteur	Gouin, M. [1], Nguyen The Tich, Sylvie [2], Savagner, Christophe [3], Troussier, F. [4], Gascouin, G. [5], Rozé, Jean-Christophe [6], Flamant, Cyril [7]
Editeur	Springer Verlag
Type	Article scientifique dans une revue à comité de lecture
Année	2013
Langue	Anglais
Numéro	5
Pagination	639-644
Volume	172
Titre de la revue	European Journal of Pediatrics
ISSN	0340-6199
Résumé en anglais	Preterm infants are at greater risk of bronchopulmonary dysplasia, which is associated with neurodevelopmental impairment. These infants are also more likely to develop severe bronchiolitis, which can contribute to neurodevelopmental impairment. The aim of this study was to determine whether severe bronchiolitis in very preterm infants (born before 33 weeks of gestation) was associated with an increased risk of neurodevelopmental impairment at 2 years of age. We analyzed a population-based cohort of infants (the Loire Infant Follow-up Team cohort) born between 1 January 2003 and 31 December 2009. Severe bronchiolitis was defined as hospitalization due to bronchiolitis during the first year of life. Neurodevelopmental outcome was assessed at 2 years of corrected age. A total of 2,405 infants were included in this analysis and categorized based on neonatal respiratory status: 1,308 (54.4 %) received no respiratory assistance, 864(35.9 %) received oxygen for <28 days, and 167 (6.9 %) had mild and 66 (2.7) moderate or severe bronchopulmonary dysplasia. At 2 years, 502 children displayed non-optimal neurodevelopmental outcome (20.9 %). Moderate or severe bronchopulmonary dysplasia was significantly associated with non-optimal neurodevelopmental outcome at 2 years (adjusted odds ratios (OR) = 2.3 [95 % confidence interval (CI): 1.3–3.9], p = 0.003). In the first year, 318 infants acquired severe bronchiolitis (13.2 %), which was not associated with non-optimal neurodevelopmental outcome (adjusted OR = 1.0 [95 % CI: 0.8–1.4]; p = 0.88). In conclusion, respiratory status in the neonatal period was significantly associated with non-optimal neurodevelopmental outcome at 2 years, while severe bronchiolitis was not.
URL de la notice	http://okina.univ-angers.fr/publications/ua6511 [8]
DOI	10.1007/s00431-013-1940-8 [9]

Lien vers le document	http://dx.doi.org/10.1007/s00431-013-1940-8 [9]

Liens
[1] http://okina.univ-angers.fr/publications?f[author]=10302
[2] http://okina.univ-angers.fr/publications?f[author]=1879
[3] http://okina.univ-angers.fr/publications?f[author]=2042
[4] http://okina.univ-angers.fr/publications?f[author]=8436
[5] http://okina.univ-angers.fr/publications?f[author]=10303
[6] http://okina.univ-angers.fr/publications?f[author]=2044
[7] http://okina.univ-angers.fr/publications?f[author]=2039
[8] http://okina.univ-angers.fr/publications/ua6511
[9] http://dx.doi.org/10.1007/s00431-013-1940-8