SUMMARY

This study was conducted on 20 patients having neonatal sepsis who were diagnosed on basis of clinical and laboratory findings and had subjected to full history taking, thorough clinical examination and laboratory investigations including measurement of APO-A and APO-B lipoprotiens. Meanwhile 20 completely healthy term neonates served as a control group.

Clinical ex. and laboratory inv. shows that 90% of the studied patients have history of respiratory distress, 75% have history of neonatal jaundice, 55% have developed hypothermia and only 40% of the studied patients have history of post-natal fever.

All patients were proven to had sepsis by positive blood culture revealing the nursery monsters, Klebsiella, pseudomonas and stphylococcus .

Laboratory data of this study revealed that Hb levels were significantly lower while WBCs count and I\T neutrophil ratio was significantly higher in the patients compared to controls.

CRP was significantly higher in patient group compared to controls.

Negative correlation between the amount of inflammation as measured by plasma CRP concentrations and the amounts of Apo-A.

These finding may suggest that total amount of lipoproteins is decreasing in neonatal sepsis.

The CRP assay might be a valuable adjunct in screening for neonatal sepsis, and serial CRP levels are useful in the diagnostic evaluation of neonates with suspected infection.

Apo-A levels were significantly lower in septic newborns than in healthy control newborns.

Level of serum Apo-A may be a predictive marker for diagnosis of neonatal sepsis, and HDL could be a useful therapeutic agent for sepsis due to neutralization of LPS and modulation of inflammatory response by HDL.

APO-B levels were significantly higher in septic newborns than in healthy control newborns revealing that lipeamia of sepsis may be true.

Level of serum Apo-B may be a predictive marker for diagnosis of neonatal sepsis.