RESULTS

Table (5): Frequency distribution of clinical presentations among septicemic fullterms.

Clinical findings	Number of cases	%
(1)Poor feeding	16	80.0
(2)Lethargy	13	65 .0
(3) Hypothermia	. 12	60 .0
(4)Respiratory distress	11	55 .0
(5)Abdominal distension	9	45.0
(6) Hepatomegaly	8	40.0
(7)Seizures	7	35.0
(8) Diarrhea	6	30.0
(9)Irritability	6	30.0
(10)apnea	6	30.0
(11)Vomiting	6	25.0
(12)Jaundice	5	25.0
(13)Fever	4	20.0
(14) Pallor	2	10.0

N.B.: Patients presented by more than one clinical presentation had been recorded more than once according to each of the clinical finding present.

Table (6): Frequency distribution of clinical presentations among septicemic preterms.

Clinical findings	Number of cases	%
(1)Poor feeding	19	95.0
(2)Respiratory distress	16	80.0
(3)Lethargy	15	75.0
(4)Hypothermia	13	65.0
(5)Abdominal distention	10	50.0
(6)Apnea	10	50.0
(7)Diarrhea	. 9	45.0
(8)Jaundice	8	40.0
(9)Seizures	7	35.0
(10)Hepatomegaly	6	30.0
(11)Irritability	5	25.0
(12)Vomiting	5	25.0
(13)Pallor	3	15.0
(14)Fever	2	10.0

N.B.: Patients presented by more than one clinical presentation had been recorded more than once according to each of the clinical finding present.

Table (7): Systolic blood pressure among the studied groups.

Blood pressure Studied groups	Mean systolic blood pressure ± SD	P value
(1)Septicemic fullterms	58 ± 2	> 0.5
(2) Healthy fullterms	60 ± 1	Insignificant
(3) Septicemic preterms	54 ± 2	> 0.5
(4)Uncomplicated preterms	57 ± 1	Insignificant.

Table (8): C. reactive protein (CRP) among the studied groups.

CRP "mg/L"	Range	x	±SD		ts of Sign	
Studied groups				()	t 	p
(1) Septicemic fullterms	0 - 52	22.75	±17.326	1*2	5.403	<0.001
(2) Healthy fullterms	0 - 6.5	1.3	±2.741			
(3) Septicemic preterms.	0 - 52	31.85	±20.866	3*4	6.268	<0.001
(4) Uncomplicated preterms	0 - 6.5	1.95	±3.139			

Table (9): Diagnostic value of CRP as a screening test in comparison to blood culture as a definitive test.

Positive "septicemic"	Negative "control"	Total
34	0	34
6	20	26
40	20	60
	"septicemic" 34 6	"septicemic" "control" 0 6 20

- (1) Sensitivity = 85%
- (2) Specificity = 100%
- (3) Positive predictive accuracy = 100%
- (4) Negative predictive accuracy = 76.9%

Table (10): Hematological Scoring (HS) among the studied groups.

HS	Range	X	±SD	Tests	of Signif	icance.
	Kango	12		().	t	p
Studied groups			.1.165	1*2	7.889	<0.001
(1) Septicemic fullterms	1 - 6	3.9	±1.165	1 · 2 	7.005	
(2) Healthy fullterms	0 - 2	0.9	±0.876			
(3) Septicemi preterms	4 - 5	4.4	±0.503	3*4	7.327	<0.001
(4) Uncomplicated preterms	1 - 2	1.2	±0.422			

Table (11): Diagnostic significance of individual hematological findings of hematological scoring system (HSS) in all cases (fullterms & preterms).

Statistical study	Sensitivity %	Specificity %	Positive predictive value %	Negative predictive value %
H.S.S. (1) TLC <5000 or > 21000 /mm ³	40	50	61.51	29.4
(2) TPMNs <1750 or $> 5400 \text{ /mm}^3$	95	85	92.7	89.5
(3) IPMNs >500 /mm ³	62.5	75	83.3	50.0
(4) I : T ratio >0.16	95	80	90.5	88.9
(5) I : M ratio >=0.3	90	85	92.3	80.9
(6) Platelet count <=150000	35	100	100	43.5
(7) Degenerative changes (+ve)	0.0	0.0	0.0	0.0
Hematological Scoring. ≥3	95	100	100	90.9

Table (12): Hematological scoring system: Positive and negative score.

HS	< 3		≥ 3		To	tal		
Studied	No.	%	No.	%	No.	%	Z	P
(1) Septicemic fullterms	2	10	18	90	20	100	3.587	<0.05
(2) Healthy fullterms	10	100	0	0	10	100	0	<u>-</u>
(3) Septicemic preterms	0	0	20	100	20	100	0	-
(4)Uncomplicated preterms	10	100	0	0	10	100	0	-
Total	23	38.33	37	61.67	60	100	2.8088	<0.05

Table (13): Hemoglobin concentration (gm/dl) among the studied groups.

Hemoglobin (gm/dl)	Range	x	±SD	Tests	s of Signi	ficance.
				()	t	P
Studied groups						
(1) Septicemic fullterms	11.8-19.3	15.11	±2.03	1*2	5.41	<0.001
(2) Healthy fullterms	16-20.1	17.91	±1.12			
(3) Septicemic preterms	10.3-17.4	14.13	±2.71	3*4	5.72	<0.001
(4) Uncomplicated preterms	14.6-18.7	16.28	±1.15			

Table (14): Causative organisms among septicemic groups.

Septicemic		Septicemic preterms		Total	
No.	%	No.	%	No.	%
	60.0	13	65.0	25	62.5
12	60.0	1.5			
1	5.0	1	5.0	2	5.0
4	20.0	4	20.0	8	20.0
	<u> </u>	 	 		12.5
3	15.0	2	10.0	5	12.5
20	100.0	20	100.0	40	100.0
	fullte No. 12 1 4 3	fullterms No. % 12 60.0 1 5.0 4 20.0 3 15.0	fullterms prete No. % 12 60.0 13 1 5.0 1 4 20.0 4 3 15.0 2	fullterms preterms No. % 12 60.0 13 65.0 1 5.0 4 20.0 3 15.0 2 10.0 100.0	Septicemic fullterms Septicemic preterms No. % No. % No. 12 60.0 13 65.0 25 1 5.0 1 5.0 2 4 20.0 4 20.0 8 3 15.0 2 10.0 5

df = 3 $x^2 = 1.29$ p > 0.05

Table (19): Blood gases (mean \pm SD) among septicemic and healthy fullterms.

pН	PO ₂ (mmHg)	O ₂ saturation	PCO ₂ (mmHg)	HCO ₃ (mEq/l)
7.39 ± 0.01	74 ± 3	91 ± 3	39.9 ± 1.3	21.2 ± 0.6
7.37 ± 0.02	78 ± 1	92 ± 2	37.6 ± 0.8	20.4 ± 0.3
> 0.5	> 0.5	> 0.5	> 0.5	> 0.5
	7.39 ± 0.01		pH $(mmHg)$ saturation $(\%)$ 7.39 ± 0.01 74 ± 3 91 ± 3 7.37 ± 0.02 78 ± 1 92 ± 2	pH PO_{2} (mmHg) saturation (mmHg) 7.39 ± 0.01 74 ± 3 91 ± 3 39.9 ± 1.3 7.37 ± 0.02 78 ± 1 92 ± 2 37.6 ± 0.8

Table (20): Blood gases (mean \pm SD) among septicemic and uncomplicated preterms.

рН	PO ₂ (mmHg)	O ₂ saturation (%)	PCO ₂ (mmHg)	HCO ₃ (mEq/l)
7.40 ± 0.01	75 ± 6	91 ± 2	36.5 ± 1.2	21.3 ± 0.5
7.38 ± 0.03	76 ± 5	90 ± 3	35.7 ± 0.9	20.4 ± 0.4
> 0.5	> 0.5	> 0.5	> 0.5	> 0.5
	7.40 ± 0.01 7.38 ± 0.03		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	pH PO_2 (mmHg) saturation (mmHg) 7.40 ± 0.01 75 ± 6 91 ± 2 36.5 ± 1.2 7.38 ± 0.03 76 ± 5 90 ± 3 35.7 ± 0.9

Table (21): Correlation coefficient "r" between glucose and other variables before and after treatment in septicemic cases.

Glucose	Before tr	eatment	After treatment		
Other variables	r	Р	r	P	
Poor feeding	0.365461 >0.05 0.2873		>0.05		
HSS	0.148062	>0.05	0.1192999	>0.05	
CRP	0.27302	>0.05	0.134675	>0.05	
Gram-negative septicemia	0.5334	<0.05			
Lactate	-0.1832588	>0.05	0.134155	>0.05	
Insulin	0.28875	>0.05	-0.0588134	>0.05	
PH	0.092520	>0.05	0.201126	>0.05	
PO ₂	0.081948	>0.05	-0.1081519	>0.05	
PCO ₂	0.1912882	. >0.05	0.053084	>0.05	
Bicarbonate	-0.013556	>0.05	0.031996	>0.05	

Table (22): Correlation coefficient "r" between lactate and other variables before and after treatment in septicemic cases.

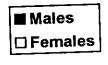
Lactate	Before tr	eatment	After treatment		
Other variables	r	P	r	Р	
HSS	-0.088029	>0.05 -0.108779		>0.05	
CRP	0.193421	>0.05	0.126352	>0.05	
Gram-negative septicemia	0.21143	>0.05			
glucose	-0.183258	>0.05	0.134155	>0.05	
Insulin	-0.07337	>0.05	0.210892	>0.05	
pН	0.28654	>0.05	-0.210892	>0.05	
PO ₂	0.121541	>0.05	-0.152882	>0.05	
PCO ₂	0.194806	>0.05	-0.11773	>0.05	
Bicarbonate	0.304784	>0.05	0.193514	>0.05	

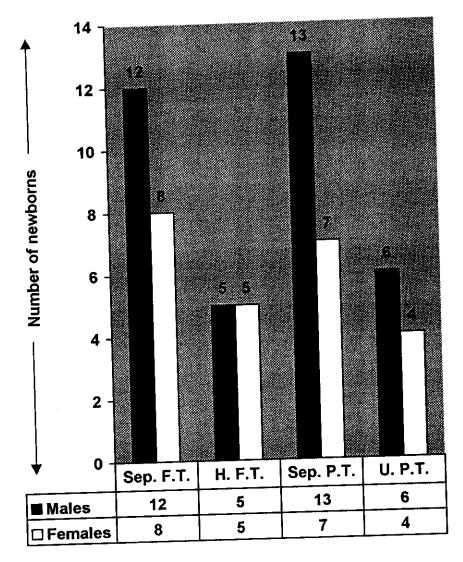
Table (23): Comparison between the results of lab. Investigations before and after treatment among septicemic fullterms.

Sample	Before treatment		After treatment		Statistical test	
Lab.	X	± SD	х	± SD	Paired t	P
Investigations HSS	3.9	± 1.165	0.45	± 0.605	8.774	< 0.001
CRP	22.75	± 17.326	2.275	±3.181	11.128	<0.001
Glucose	47.15	± 12.145	74.0	±6.366	2.553	<0.05
Insulin	61.55	±20.433	69.9	±22.055	2.658	<0.05
Insulin/glucose ratio	1.4019	±0.668	0.9445	±0.2886	1.874	>0.05
Lactate	3.105	± 0.961	0.62	±0.209	9.441	< 0.001
рН	7.39	±0.016	7.38	±0.038	1.78	>0.05
PO ₂	74.7	±3.11	75.6	±2.563	1.584	>0.05
O ₂ saturation	91	±3	92	±2	1.216	>0.05
PCO ₂	37.65	±1.34	39.4	±1.569	1.6488	>0.05
Bicarbonate	21.2	±0.61	21.55	±1.276	1.016	>0.05

Table (24) Comparison between the results of lab. Investigations before and after treatment among septicemic preterms.

Sample	Before treatment		After treatment		Statistical test	
Sample	X	± SD	x	± SD	Paired t	P
Investigations			0.55	± 0.686	9.427	< 0.001
HSS	4.4	± 0.503	0.55		13.647	<0.05
CRP	31.85	± 20.866	2.275	±3.1881	 	<0.001
Blood glucose	41.25	± 11.938	76.45	±8.679	2.849	
Insulin	50.45	±18.8765	69.1	±21.123	1.769	<0.05
Insulin/glucose	1.2658	±0.3921	0.9038	±0.2653	1.1463	>0.05
ratio	3.61	± 0.68	0.625	±0.177	8.775	<0.05
Lactate	7.40	±0.01	7.39	±0.023	1.549	>0.05
P^{H}	75.0	±6. 27	74.5	±5.43	1.543	>0.05
PO ₂	91	±2	90	±3	0.873	>0.05
O ₂ saturation		±1.28	37.55	±2.417	1.339	>0.05
PCO ₃	36.51		21.25		0.941	>0.05
Bicarbonate.	21.30					





	Sep. F.T. = Septicemic Fullterms Sep. P.T. = Septicemic Preterms
	H. F.T. = Healthy Fullterms U. P.T. = Uncomplicated Preterms
•	y

Figure (1): Sex distribution among the studied groups.

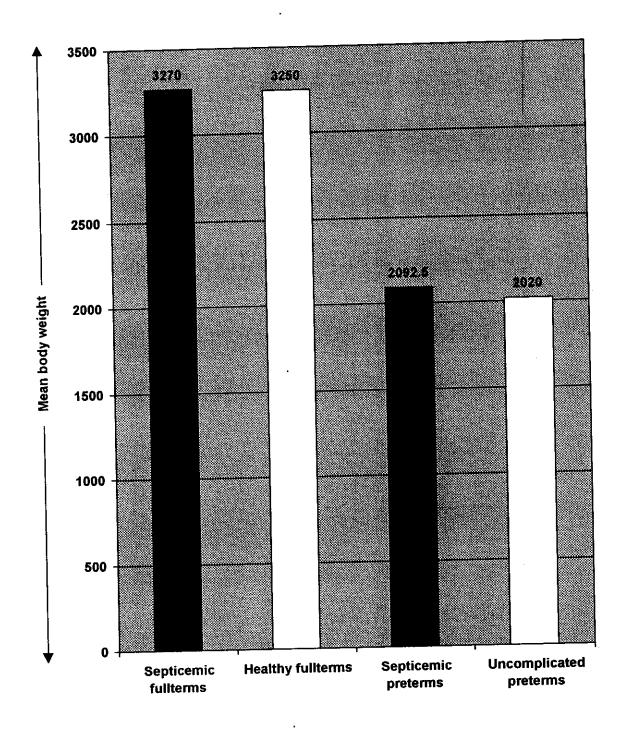


Figure (2): Body weight (grams) among the studied groups.

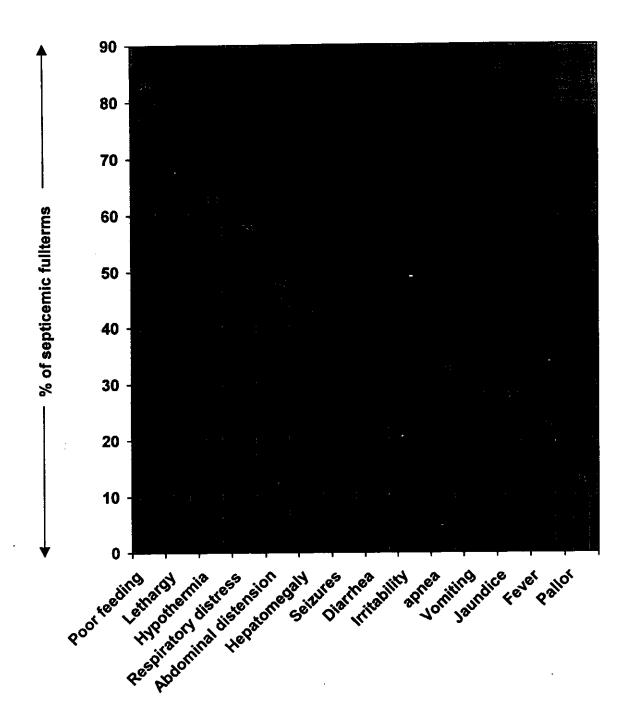


Figure (3): Clinical presentations among septicemic fullterms.

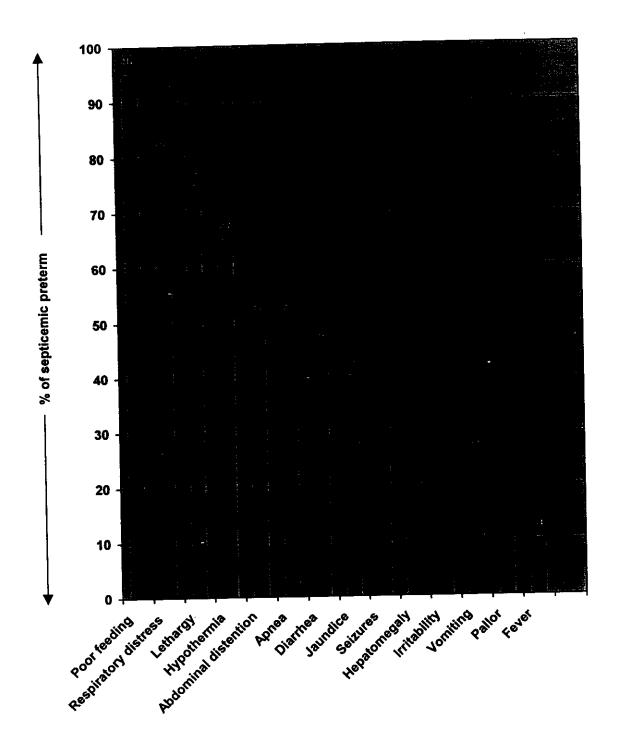


Figure (4): Clinical presentations among septicemic preterms.

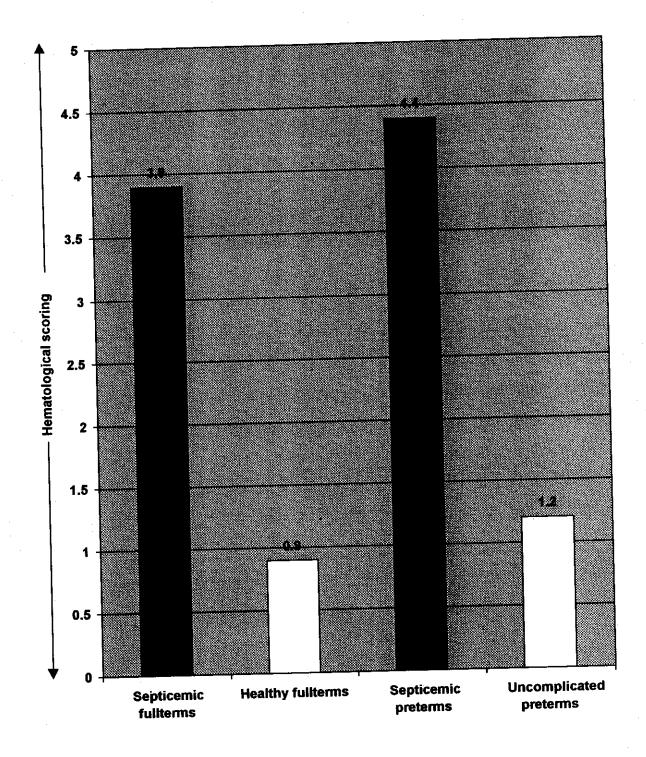


Figure (5): Mean hemalogical scoring among the studied groups.

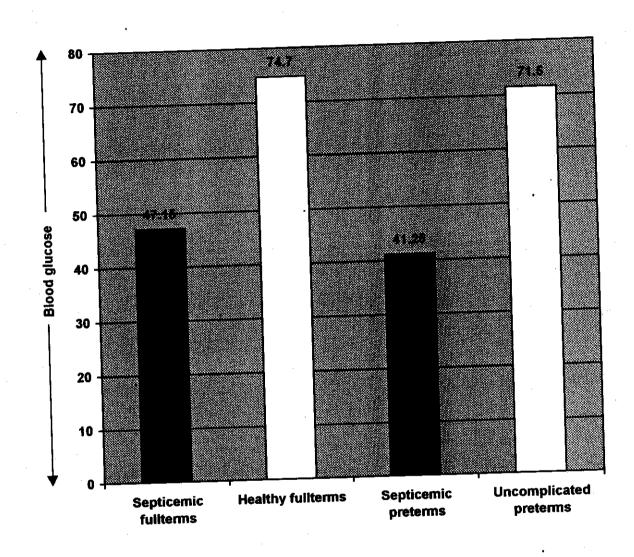


Figure (6): Mean blood glucose (mg/dl) among the studied groups.

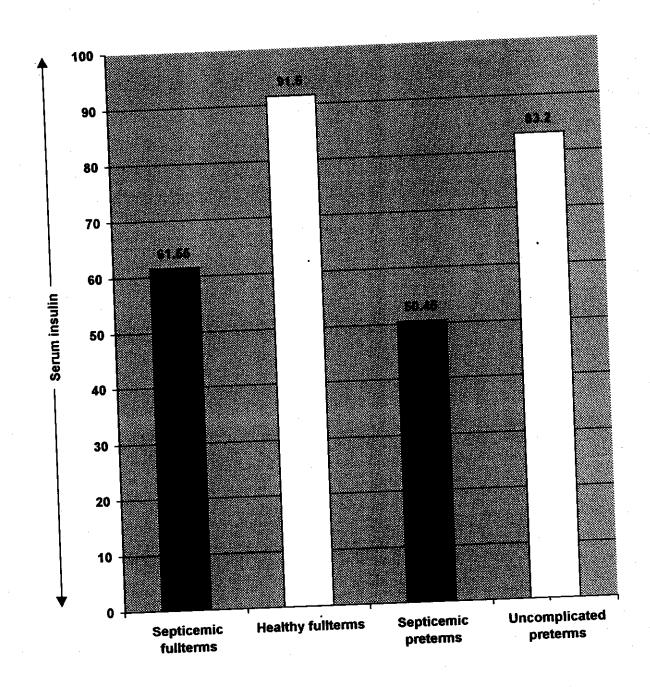


Figure (7): Mean serum insulin (Picomol/ml) among the studied groups.

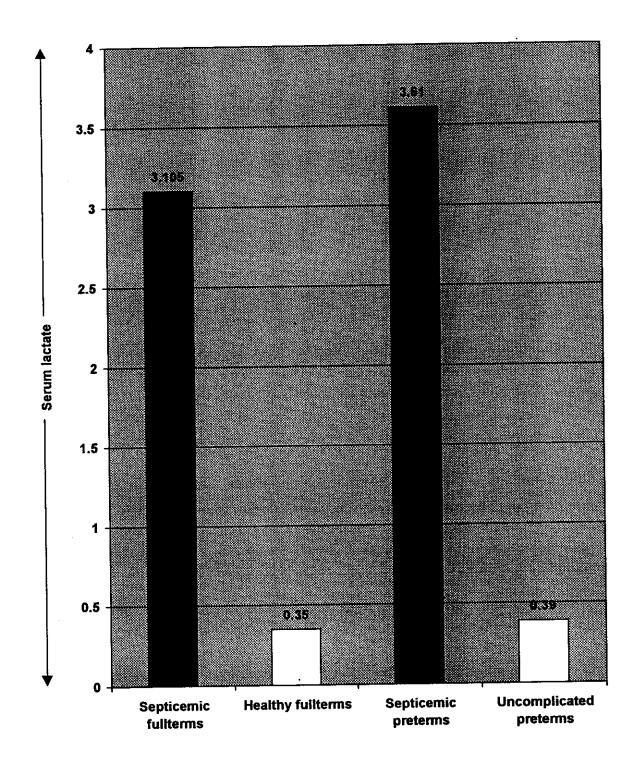


Figure (8): Mean serum lactate (mmol/l) among the studied groups.

ANALYSIS OF RESULTS

ANALYSIS OF THE RESULTS

- Table (1): Shows ranges & mean ± standard deviation of gestational age (weeks) of newborn infants under the study. Statistical analysis showed no statistically significant difference between septicemic and control fullterms. Also no significant difference between septicemic and control preterms.
- Table (2) & Figure (1): Shows sex distribution of newborn infants under study. There was no statistically significant difference between septicemic and control groups.
- Table (3) & Figure (2): Shows ranges & mean ± standard deviation of body weight (gms) of newborn infants under study. Statistical analysis showed no significant difference between septicemic and control fullterms, also between septicemic and control preterms. Both septicemic and control newborns were matched appropriate for gestational age.
- Table (4): Shows ranges & mean ± standard deviation of the day of onset of septicemia (days) among the septicemic groups.

 Statistical analysis showed insignificant difference between septicemic fullterm and preterm newborns.

- Table (5) & Figure (3): Shows the frequency distribution of clinical presentations among septicemic fullterms.

 Poor feeding was the most frequent finding (80%). Fever (20%) and pallor (10%) were the least frequent findings.
- Table (6) & Figure (4): Shows the frequency distribution of clinical presentations among septicemic preterms.

 Poor feeding was the least frequent one (10%).
- Table (7): Shows mean systolic blood pressure among the studied groups. There was no statistically significant difference between septicemic fullterms & healthy fullterms. The same was observed in preterms (septicemic and uncomplicated).
- Table (8): Shows ranges, mean ± standard deviations of serum CRP among the studied groups. Statistical analysis showed highly significant increase among septicemic newborns "fullterms and preterms" more than control newborns "fullterms and preterms".
 - Table (9): Shows diagnostic value of CRP as a screening test in comparison to blood culture as a definitive diagnostic test.

 Its sensitivity was 85%.

Its specificity was 100%.

Positive predictive value: 100%.

Negative predictive value: 76.9%.

- Table (10) & Figure (5): Shows ranges & means ± standard deviation of hematological scoring (HS) of newborn infants under study. Statistical analysis showed highly significant increase among septicemic newborns "fullterms and preterms" more than control "fullterms and preterms).
- Table (11): Shows diagnostic significance of individual hematological findings of HSS. The sensitivity of both ↑ or ↓ TPMNs count and I: T ratio were 95% followed by I: M ratio which had sensitivity 90%. In contrary, the sensitivity of total leucocytic count was 40% & that of thrombocytopenia was 35%, so the total leucocytic count and thrombocytopenia could not be a dependable sensitive tests for septicemia.
- Table (12): Shows the frequency of positive hematalogical scoring (≥ 3) among the studied groups as a diagnostic test in septicemic patient. All septicemic preterms had a score ≥ 3 and only 2 septicemic fullterm infants had a score < 3.
 All control newborns "preterms and fullterms" had a score < 3.
- Table (13): Shows ranges & means ± standard deviation of hemoglobin concentration (gm/dl) among the the studied groups. Statistical analysis showed significant decrease

among septicemic newborns (fullterms and preterms) more than control newborns (fullterms and preterms).

Table (14): Shows the results of blood cultures of septicemic newborns under study. Gram-negative bacilli were the most frequent causative organisms for sepsis. E. coli affected 62.5% of our septicemic cases while Klebsiella was the least frequent, it affected 5% of our septicemic cases.

Statistical analysis showed no significant difference between fullterms and preterms .

- Table (15) & Figure (6): Shows ranges & means ± sandard deviations of blood glucose (mg/dl) among the studied groups. Statistical analysis showed highly significant decrease among septicemic groups (fullterms and preterms) less than control groups (fullterms and preterms).
- Table (16) & Figure (7): Shows ranges & means ± standard deviations of serum insulin (picomol/ml) among the studied groups. Statistical analysis showed highly significant decrease among septicemic groups (fullterms and preterms) less than control groups (fullterms and preterms).

- Table (17): Shows ranges & means ± standard deviations of Insulin: glucose ratio among the studied groups. Statistical analysis showed no significant difference between septicemic and control fullterm newborns. Also no significant difference between septicemic and control preterm newborns.
- Table (18) & Figure (8): Shows ranges & means ± standard deviation of serum lactate (mmol/l) among the studied groups. Statistical analysis showed highly significant increase among septicemic groups (fullterms and preterms) more than control groups (fullterms and preterms).
- Table (19 & 20): Shows ranges & means ± standard deviations of blood gases (pH, PO₂, O₂ saturation, PCO₂, bicarbonate) among the studied groups. Statistical analysis showed no significant difference between septicemic and control fullterm newborns. Also no significant difference between septicemic and control preterm newborns.
- Table (21): Shows correlation between blood glucose and other variables. Statistical analysis showed positive significant correlation between hypoglycemia and gram-negative septicemia, while no signficant correlations were found between hypoglycemia and other variables.

- Table (22): Shows correlation between serum lactate and other variables. No significant correlations were observed.
- Table (23): Shows comparison between the results of laboratory investigations in before and after treatment among septicemic fullterms. Statistical analysis showed significant difference between all variables except for blood gases and insulin: glucose ratio.
- Table (24): Shows comparison between the results of laboratory investigations before and after treatment among septicemic preterms. Statistical analysis showed significant difference between all variables except for blood gases and insulin: glucose ratio.