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# The outcome of extreme hyperbilirubinemia of newborns

**Moahamed Ahmed Elbaz**

Neonatal hyperbilirubinemia is a very common entity in neonatal intensive care units. Although jaundice in term and near term infants is generally benign, severe neonatal hyperbilirubinemia with TSB  $\geq$  25mg and kernicterus continue to be reported world wide in otherwise healthy term infants. The present study was conducted during the period from May 2008 to February 2009 on 30 neonates admitted to Neonatal Intensive Care unit (NICU) of Benha Child Hospital. These cases were presented with extreme hyperbilirubinemia with TSB  $\geq$  25 mg/ dl, cases with conjugated hyperbilirubinemia, congenital malformations, growth retardation or central nervous system disorders were excluded. They were subjected to thorough full history taking (presence of complications during pregnancy or delivery, onset of jaundice and APGAR score at 1 and 5 minutes), physical examinations (for vital signs and billard scoring for prematurity) and neurological examinations using BIND-Score system and laboratory investigations including (complete blood picture, blood group, Retic, C-reactive protein, total and direct bilirubin ). By analysis of collected data we found that haemolytic conditions (either ABO, Rh incompatibility or G6PD) are the major causes of extreme hyperbilirubinemia in these cases (22 cases) followed by undiagnosed jaundice (5 cases) where no cause except for breast milk Jaundice can be detected and finally sepsis representing only 3 cases. Analysis of data revealed also that early intervention with exchange transfusion in 18 cases or triple phototherapy in 11 cases is very effective in prevention of neurological sequale and kernicterus in these cases as 26 cases were completely cured, 2 cases died and 2 cases developed kernicterus. Finally, we conclude that early recognition and early intervention are very important in management of Extreme hyperbilirubinemia in newborns.