CARDIOVASCULAR DISORDERS IN NEWBORNS WITH INTRAUTERINE GROWTH RETARDATION IN THE EARLY NEONATAL PERIOD

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**Aim:** Improvement of early diagnosis of cardiovascular disorders in newborns with intrauterine growth retardation (IUGR) in the early neonatal period.

**Methods:** Сlinicоanamnestic, dopplerechocardiography.

**Results:** Newborns with IUGR were born from mothers with age 26.7±4.6 years. 90.6% (р≤0,05) women had complicated course of pregnancy, 68.8% had somatic pathology, 15.6% mothers burdened by heredity from cardiovascular system. At 65.4% newborns revealed IUGR asymmetric variant (aIUGR), 34.6% symmetric (sIUGR). The birth weight of newborns with aIUGR 2370±220g (p≤0.05), sIUGR 2224±221g (p≤0.05) compared with control group healthy full-term newborns. Newborns with sIUGR (p≤0.05) characterized by tendency to bradycardia (114±7.0 b/m). Normorkinetic type central hemodynamics registered at 46.2% newborns, hyperkinetic at 28.8%, hypokinetic at 25.0% children (p≤0.05 compared with control group). At newborns with sIUGR ejection fraction LV 65.4±5.3% (p≤0.05), systolic index 2.6±0.6 l/(min×m2) (p≤0.05), Tei index LV 0.33±0.11 (p≤0.05). In 26.9% newborns were diastolic disfunction LV. In 23.5% children with aIUGR closing of рatent ductus arteriosus (РDА) on the second day of life. In 51.4% newborns with sIUGR persistence РDА, preservation of pulmonary hypertension (28.3±3.4 MmHg) to 4-5 days of life.

**Conclusions:** In 23.5% newborns with aIUGR is registered early closure of РDА. In 51.4% newborns with sIUGR long persistence РDА, lengthening of terms pulmonary hypertension. Hypokinetic type central hemodynamics in 25.0% (p≤0.05) is marker of low adaptive reserve of cardiovascular system.