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**Using of surfactant substitutive therapy at premature newborns with respiratory distress syndrome**.

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**Introduction.**

 According to a long-term experience of treatment of newborns AVL and pathogenetic reasonable substitutive therapy by exogenous surfactants are the most effective methods of correction of small premature infants.

**Aim.**

 To study status of premature newborns with neonatal RDS in case of prescribtion of exogeneous surfactant Curosurf.

**Materials and Methods**.

 Under observation there were 15 very small preterm infants with neonatal RDS. The check group been made by 10 preterm newborns who hadn't received this preparation.

 The careful study of anamnesis, clinical monitoring of vital functions has been carried out, AVL parameters before and after endotracheal introduction of Curosurf, data of radiological research of organs of thorax have been studied.

**Results of research and their discussion**.

 During studying of anamnesis of mothers, compromised obstetrical anamnesis took place in all women: all women are older than 29 years, preterm rupture of membranes has been marked in all mothers, miscarriage of pregnancy has been observed in all women, 65% - maternal and fetal infection (Herpes of I-II type, CMV, hlamydiosis, mycoplasmosis), 20% - infertility within 5 years and more. All premature infants were distributed on gestation period from 27 to 33 weeks, on body mass they were distributed from 1060 g to 1400 g. In case of distribution of neonates on sex boys have prevailed (80%). In the delivery room all neonates have received resuscitation measures, according to the protocol # 312. According to assessment on Apgar score, severe asphyxia took place in 10% of newborns, others had moderate asphyxia.

 All newborns were in ISU concerning neonatal RDS, taking into account clinical and radiological changes all newborns received substitutive therapy with Curosurf that is a natural surfactant of an animal origin. 100% of newborns within the first hour of stay in ISU have been prescribed endotracheal introduction of Curosurf in dose of 200 mg/kg. After prescription positive clinical dynamics of course of neonatal RDS took place, but taking into account a deep level of prematurity and immaturity introduction of preparation have been repeated during one day. Before and after introduction of Curosurf modes and parameters of AVL have been strictly supervised, correction of acid-base balance, of haemodynamic indexes, of hypothermia has been held.

 In dynamics of observation high effectiveness of preparation in correction of main manifestations of neonatal RDS took place.