Peerless Hospital
And B. K. Roy Research Centre

CASE of the Month September 18

OUR SUCCESS AGAINST NEONATAL DESQUAMATIVE NECROTIZING ORGANIZING PNEUMONIA

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In children and neonates, necrotizing pneumonia (NP) is an uncommon, severe complication of pneumonia. It is characterized by destruction of the underlying lung parenchyma resulting in multiple small, thin-walled cavities and is often accompanied by empyema and bronchopleural fistulae. The greatest risk of neonatal death from pneumonia is estimated and contributes to be between 750,000 to 1.2 million in the world annually, accounting to 10% of global child mortality.

A baby girl, with birth weight of 2.7 kgs was discharged from a nursing home on day 3 after the delivery. She was a preterm / premature baby as she was born on the 36th week. After discharge she was on breast feeding, but on day 12 of life parents noticed the baby was not feeding well and was lethargic. Fever was there with high respiratory rate, for which the baby was admitted in reputed nursing home in Kolkata.

Treatment started there with I.V antibiotics and oxygen via mask and I.V immunoglobulin but the baby was not responding well to the treatment there even after 3 days. A X-Ray was performed which showed right sided upper and middle lobe pneumonia with consolidation. Since there was no improvement in her condition at the other nursing home, the parents decided to shift her to our hospital for further management.

The condition of the baby was very critical and there was little chance of survival of the little one when a repeat X-ray showed right sided pneumonia involving all the 3 lobes, her blood reports showed features of severe sepsis needing initial C-PAP support and there after ventilator support, CT Thorax showed Desquamative Necrotizing Organizing Pneumonia.

The baby was on ventilator for 15 days, her E.T tube changed in between because of blockage and sent for culture which showed growth of Serratia marcescens but blood culture was sterile, on ventilator she received surfactant, I.V immunoglobulin and Antibiotics. Our investigations excluded Cystic Fibrosis, α-1 Anti Trypsin Deficiency and Tuberculosis. This baby developed bronchopulmonary dysplasia as well but we managed it well and finally after 15 days of ventilator support we extubated the baby.

She needed oxygen support for a long time after extubation but finally at the end of total 40 days in our hospital she was discharged in a healthier condition and allowed demand feeding. A team effort and the Neonatal ICU support service helped in managing the complicated condition of Desquamative Necrotizing Organizing Pneumonia in the little one.