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Profile of Neonatal Septicaemia in a Tertiary Care Hospital of South India-a Retrospective Study

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Abstract

Diagnosis of neonatal sepsis remains challenging till today. Initial signs of neonatal sepsis are nonspecific. Diagnostic standard for sepsis is blood culture. In order to decrease the widespread, prolonged use of unnecessary antibiotics and improve the outcome of the infants with sepsis, reliable identification of sepsis at an earlier stage is paramount. In view of the limited data on microbial and epidemiology, clinical intervention is individualized by the physician discretion.

This study was done to review the clinical, microbial and antimicrobial pattern of neonatal sepsis in the Tertiary care hospital of South India.

Method

Data of 143 cases of neonates with suspected septicaemia were retrospectively analyzed. All data were collected from neonatal unit and microbiology laboratory of the hospital. Bacterial spectrum, perinatal risk factors, antimicrobial susceptibility pattern of antimicrobial drugs were recorded.

Results

Out of 143 cases, early onset sepsis occurred in 128 (90%) and late onset sepsis in 15 (10%) neonates.. Neonatal septicaemia was observed in 17 (80.9%) mothers with clinical disease, 16 (48.4%) cases with premature delivery, 05 (23.8%) with perinatal asphyxia, 03 (6.97%) with LBW, 02 (20%) with PROM & 02 (13.3%) with fever Culture proven sepsis was seen in 45(31%) cases. Predominant bacteria isolated was Klebsiella pneumonia 13(33%) and Coagulase Negative Staphylococcus(CONS) 8(18%). 92% Klebsiella pneumoniae was sensitive to Amikacin, 61.5% to Ciprofloxacin. 83% of Acinetobacter spp was sensitive to Netilmicin, 67% to Gentamicin. 73% of CONS was sensitive to Piperacillin+Tazobactam and Linezolid. 100% Enterococcus were sensitive to Amoxyclav and Linezolid.

Conclusion

Emphasis on screening and recording perinatal risk factors, as well as strengthened surveillance on neonatal sepsis could help to obtain information about their etiological pathogens and for empirical therapy and to act rapidly in case of major changes in susceptibility patterns, thus improving the accuracy of early diagnosis neonatal sepsis in the hospital.

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Keywords

Neonatal sepsis, risk factors, bacterial isolates, antibiotic resistance, surveillance.

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