

ABSTRACT

STUDY OF PREVALENCE, ASSOCIATED RISK FACTORS AND PATTERN OF RETINOPATHY OF PREMATURITY IN BABIES SCREENED AT TERTIARY CARE HOSPITAL IN SOUTHERN RAJASTHAN, INDIA

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ABSTRACT

PURPOSE: To study prevalence, associated risk factors and pattern of retinopathy of prematurity in babies screened at tertiary care hospital in southern Rajasthan, India.

METHODS: In this study, 150 babies satisfying the inclusion criteria were screened and prospectively observed over a period of 1 year from September 2019 to September 2020. The variables primarily studied were the Prevalence, neonatal risk factors, maternal risk factors, pattern and stages of disease, importance of timely management.

RESULT: Overall prevalence of Retinopathy of Prematurity (ROP) Southern Rajasthan was 26.7 % (40/150 babies) among the infants screened. Prevalence was 65.3% for very preterm babies (28-32 weeks), 56.0% for very low birth weight babies (1-1.5kg). Mean Gestation age at presentation in babies with ROP was 29.45 ± 2.35 weeks ($p=0.009$) and the Mean Birth weight at presentation in ROP babies was 1.06 ± 0.26 kg ($p>0.001$). On multivariate analysis gestational age at birth, birth weight, oxygen supplement ($p=0.038$, $p=0.015$, $p=0.013$ respectively) were found to be significantly associated with ROP. Respiratory distress syndrome was significant association with ROP ($p=0.038$). Blood transfusion, septicemia, multigestation pregnancy, neonatal hyperbilirubinemia, and phototherapy, were not associated with increased risk of ROP.

None of the maternal risk factors showed significant association with ROP in this study. More advanced stage of ROP i.e. APROP was observed to be significantly associated with in Extremely Preterm (EP) babies ($p=0.024$), but no significant association was seen in ELBW infants ($p=0.266$) in multivariate analysis.

CONCLUSION: Considering the high prevalence of ROP in southern Rajasthan in our study, judicious measures in NICU along with timely screening for Retinopathy of prematurity and close supervision by ophthalmologist along with effective treatment should be our goal to combat the morbidity due to ROP. Our ultimate goal is not just the survival of the baby but to save a baby from the preventable blindness and have a healthy and sightful life.



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