INTERNATIONAL CONGRESS 2023

MILAN Italy, 9-13 September

Respiratory monitoring and management in neonatal and paediatric intensive care

Neonatology and paediatric intensive care

PA-69146 - Lung biopsies in infants and children in critical care situation

Yael Levy ¹, Lauren Bitton ², Chiara Sileo ³, Jerôme Rambaud ¹, Yohan Soreze ⁴, Marie Legendre ⁵, Camille Louvrier ⁵, Harriet Corvol ⁶, Erik Hervieux ⁷, Pierre-Louis Leger ¹, Blandine Prevost ², Aurore Coulomb L'Herminé ⁸, Nadia Nathan

(1) Pediatric and neonatal intensive care unit, Armand Trousseau Hospital, APHP.Sorbonne University, Paris, France; (2) Pediatric pulmonology department, Reference center for rare lung diseases RespiRare, Armand Trousseau Hospital, APHP.Sorbonne University, Paris, France; (3) Radiology unit, Armand Trousseau Hospital, APHP. Sorbonne University, Paris, France; (4) Pediatric and neonatal intensive care unit, Laboratory of childhood genetic diseases Inserm UMR_S933, Armand Trousseau Hospital, Sorbonne University and APHP, Paris, France; (5) Molecular Genetics unit, Armand Trousseau Hospital, Laboratory of childhood genetic diseases Inserm UMR_S933, Armand Trousseau Hospital, Sorbonne University and APHP, Paris, France; (6) Pediatric pulmonology department, Reference center for rare lung diseases RespiRare, Armand Trousseau Hospital, Centre de recherche Saint Antoine (CRSA), APHP.Sorbonne University, Paris, France; (7) Pediatric Surgery department, Armand Trousseau Hospital, APHP.Sorbonne University, Paris, France; (8) Pathology department, Armand Trousseau Hospital, APHP.Sorbonne University, Paris, France; (9) Pediatric pulmonology department, Reference center for rare lung diseases RespiRare, Laboratory of childhood genetic diseases Inserm UMR_S933, Armand Trousseau Hospital, Sorbonne University and APHP, Paris, France

Introduction: Lung biopsy is the gold standard for the diagnosis of diffuse lung diseases. Its indication has to be balanced with its invasiveness. The present study aims at identifying the best indications of lung biopsies in pediatric patients hospitalized in intensive care unit (ICU).

Methods: Children hospitalized in ICU who underwent a lung biopsy were included between 1995 and 2022. Biopsies performed in the operating room, post-mortem biopsies and autopsies were excluded.



INTERNATIONAL CONGRESS 2023

MILAN Italy, 9-13 September

Results: Thirty-one patients were included at a median age of 18 days (2 days to 10.8 years); 21 (67.7%) were newborns. All had an invasive ventilation, 26 (89.7%) had a pulmonary hypertension and 22 (70.9%) were under extra corporeal membrane oxygenation (ECMO). The lung biopsy allowed a diagnosis in 81% of the patients, diagnostic reliability decreasing with age (95%, 71% and 0% in newborns, 1 month to 2 years and > 2 years-old respectively). Diffuse developmental disorders of the lung represented 15 (48%) patients, mostly alveolar capillary dysplasia, followed by surfactant disorders in 5 (16%) patients. Complications occurred in 9 (39.1%) patients including 8 under ECMO with massive hemorrhages in 7 cases. A duration of ECMO = 10 days and an age > 2 years-old seemed to be of higher risk of complications.

Conclusion: Lung biopsy is a reliable exploration in neonates in critical situation in whom a diffuse developmental disorder of the lung is suspected. In older children, the risk of the procedure increases while its diagnostic reliability decreases. Very few therapeutic modifications followed the lung biopsy; however it allowed withdrawing ECMO and other high levels of life-sustaining supports in fatal forms of congenital diseases.

Keywords: Critically ill patients, Children, Congenital lesion/malformation

Stick powered by: documediaS GmbH • Hannover • www.documedias.com • +49 (0) 511 54 2760