

What's New in

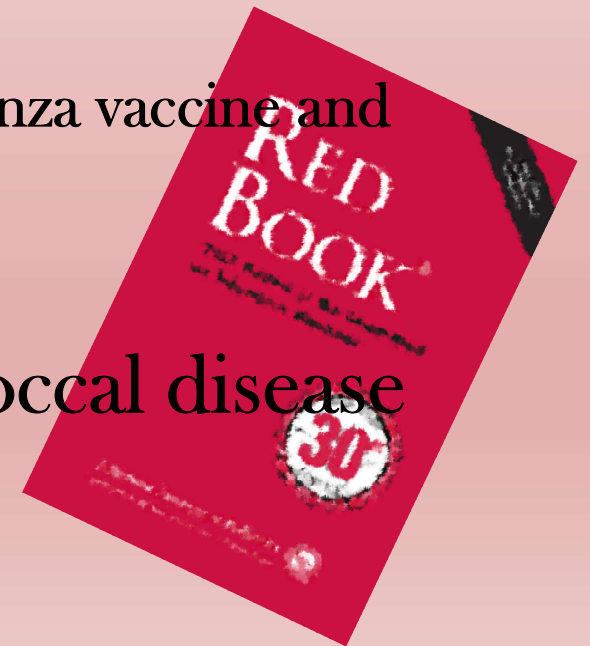


รศ.พญ.วณัฏฐ์ปรียา พงษ์สามารถ

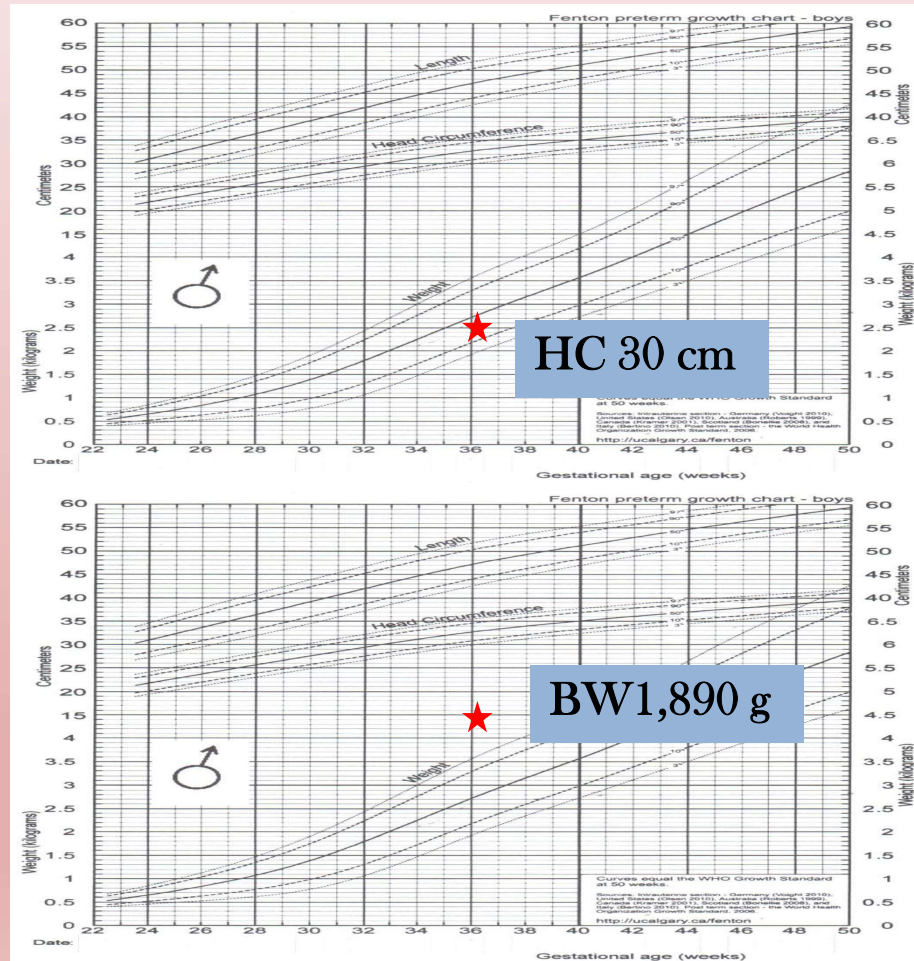
คณะแพทยศาสตร์ศิริราชพยาบาล

Outline

- Update treatment of congenital CMV infection
- Enterovirus D68
- Update on Kawasaki disease and viral infection
- Immunization
 - Co-administration of inactivated influenza vaccine and PCV13
 - Serogroup B meningococcal vaccine
- Chemoprophylaxis for meningococcal disease



Preterm 36 weeks Symmetrical SGA

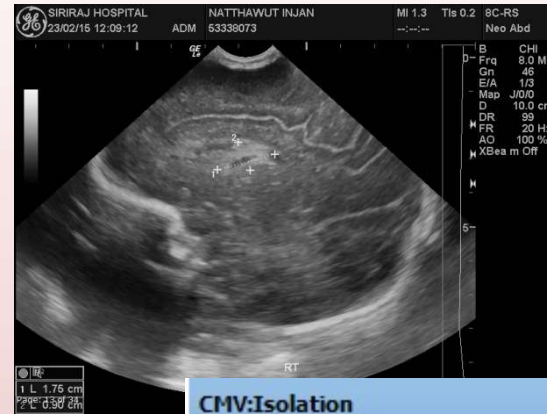


- Microcephaly
- Petechiae at abdomen
- CBC: Hct 46.8%, WBC 9,590 (N54%,L 38%, M4%, Eo2.3%), Platelet s 53,000/mm³
- Mild transminitis (SGPT 50 IU/L)



Investigations

- U/S brain: Grade I IVH and a few calcification at bilateral basal ganglia
- Eye and hearing exam: normal



CMV: Isolation

D2 of life

REPORT

SPECIMEN : Urine (midstream)

Virus Isolation

Cytomegalovirus (CMV) Isolation : Positive

TORCH Ab:IgG PROFILE					TORCH Ab:IgM PROFILE				
Orderable Item	Value	Units	H/L	R	Orderable Item	Value	Units	H/L	R
Toxoplasma:Ab IgG	Negative				Toxoplasma:Ab IgM	Negative			
Rubella virus:IgG Ab	Negative	IU/ml			Rubella virus:IgM Ab	Negative			
Cytomegalovirus(CMV):IgG	Positive			*	Cytomegalovirus(CMV):IgM	Weakly Positive			*
HSV:Ab IgG	Negative				HSV:Ab IgM	Negative			

Placental Pathology

Supplementary Report

Immunostaining for CMV was performed due to additional clinical information of CMV infection. Few immunostained cells are detected. Thus, CMV infection in this placenta is confirmed.



Question 1

- ท่านจะให้การรักษาอย่างไรในทารกที่ได้รับการวินิจฉัยเป็น symptomatic congenital CMV infection?
 - A. IV Ganciclovir 6 weeks
 - B. Oral Valganciclovir 6 weeks
 - C. Oral Valganciclovir 6 months
 - D. สัตว์โลกย่อมเป็นไปตามกรรม

