## Journal of Current Pediatric Research





# Prevention of kernicterus and lowering the incidence of cerebral palsy- An upliftment of rural health care in India

Asish Bhakta<sup>1</sup> and Anjan Bhattacharya<sup>2</sup>

<sup>1</sup>Bhakta Clinic and Nursing Home, West Bengal, Kolkata, India <sup>2</sup>Apollo Gleneagles Hospitals, Kolkata, India

### Abstract

Kernicterus is a bilirubin induced brain dysfunction that results from unconjugated hyperbilirubinemia in a newborn. It can cause athetoid cerebral palsy, hearing loss and sometimes intellectual disabilities. Cerebral palsy is the leading cause of childhood disability affecting function and development. [1] The incidence of the condition has not changed in more than 4 decades. [2] Population-based studies from around the world report prevalence estimates of CP ranging from 1.5 to more than four per 1,000 live births. [3] In India, the estimated incidence is around 3/1000 live births. [4] About 60% of full-term newborns and 80% of premature babies get jaundice. [5] Hypoxic Ischemic Encephalopathy and bilirubin encephalopathy (Kernicterus) are the principle causes of Athetoid Cerebral Palsy. Phototherapy and Exchange transfusion remains the only effective therapy to prevent development of bilirubin encephalopathy. These treatment modalities were not available in rural areas of India in the past. But over last 10 to 15 years, these technologies along with Lab and imaging facilities are being widely used in the periphery as a result of which the incidence of kernicterus and athetoid cerebral palsy has dropped significantly in the rural areas including my own. We share our experience of effectively treating neonatal hyperbilirubinemia in our peripheral setup. We report 10 cases treated between October 2018 and October 2019 in our 20 bedded primary care rural centre. The outcome was very encouraging. All the newborn were saved from developing neurologic complication of neonatal hyperbilirubinemia. Study from India, [7] Dutta et al. reported that severe jaundice represented 15.3% of neonatal admissions, with a CFR (case fatality rate) of 6.7% and 4.4% of jaundice related deaths.

### **Biography**

Asish Bhakta was born in the year 1957 at his village at Mahishadal, Purba-Medinipur, West-Bengal, and had been nurtured at Mahishadal Raj High School till he passed the Higher Secondary examination in 1973 with National Scholarship. In the year 1974 he got qualified for admission to MBBS course at R G Kar Medical College; under University of Calcutta and passed out in 1981; did House-physician-ship in Pediatrics in his mother institution. Thereafter he devoted himself to serve the pediatrics population in his native place as a doctor. Later in 2013 he met Dr Anjan Bhattacharyya, the renowned Developmental Paediatrician in the Child Development Center, Apollo Glen-eagles Hospital Kolkata. That was the turning point in his life. He was inspired to pursue post-graduate studies under the mentorship of Dr Anjan Bhattacharyya and achieved the prestigious qualifications: DCH/IPPC (Sydney University) in 2014 and DCH (U.K) -RCPCH (UK) in 2018.



#### International Conference on Pediatrics and Neonatal Care | July14, 2020

**Citation:** Asish Bhakta, *Prevention of kernicterus and lowering the incidence of cerebral palsy- An upliftment of rural health care in India*, Neonatal care 2020, International Conference on Pediatrics and Neonatal Care, July 14, 2020, Page 03