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We need to talk about Trissomy 18

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Trissomy 18 (T18) is the third most common chromosomal disorder and a life-limiting condition. Recently, major surgical interventions have been related to longer survival. When should we consider curative and palliative care?

Aim: To describe the treatment performed for patients with Trissomy 18 in a Tertiary Neonatal Intensive Care Unit (NICU).

Methods: Retrospective cohort of newborns with confirmed diagnosis of Trissomy 18 by karyotype.

Results: During a 19 months period, 2074 newborns were admitted; 13 had Trissomy 18 (6.3:1000 live births). The average time of hospitalization was 44 days. There were 9 (69.2%) deaths; 4 (30.8%) infants were discharged to their homes. The average age of death was 35 days of life. All the patients of the sample died before 1 year old. Non-invasive ventilation was used in 6 (46.2%) for an average time of 15,2d. Invasive ventilation was used in 4 patients (30.8%) for an average time of 12.5 d Cardiac surgery was performed

in 2(15.4%) patients;1 died after the surgery, the other was discharged, but died with 7 months of age. In 2 (15.4%) patients, the prostaglandin use was discontinued after discussing the options with the families. Abdominal surgeries were performed in 3(22.6%) patients with esophageal atresia (2) or omphalocele (1). Gastrostomy was performed in 8(76%) patients. The goals of care were discussed with the multidisciplinary team and the parents were encouraged to participate in all decisions.

Conclusions: In most patients, the treatment included mechanical ventilation and surgical procedures. A palliative care protocol to approach Trissomy 18 is necessary. All possible disclosures and treatments should be discussed with the parents considering the high morbidity and mortality of each intervention made.

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