

Rrelationship Between Intrauterine Growth Retardation and TORCH Infections in Neonates

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Abstract : Background: Many infants with intrauterine growth disorder are screened for TORCH infections. This action has no economic justification in terms of the imposed costs. In this regard, due to the research gap in this field, this study aimed to investigate the relationship between intrauterine growth disorder and TORCH infection in neonates referred to Milad hospital in 2019 and 2020. Materials and Methods: In this cross-sectional study, 41IUGR newborns were selected and evaluated based on diagnostic and clinical studies in Milad Hospital in 2019 and 2020. TORCH results found in IgG and IgM antibody titer assay were tested in mother and infant. Antibody titers of toxoplasmosis, rubella, cytomegalovirus, herpes, and syphilis were determined in cases, and other variables were compared. The collected data were entered in SPSS software 25 and analyzed at a significant level of 0.05 using the statistical tests of Kolmogorov-Smirnov, Shapiro-Wilk, chi-square, and Mann-Whitney. Results: Most of the IUGR infants studied were girls (68.3%), Gravida and Parity were reported to be 68.3% and 80%, respectively, in the study. Mean weight, APGAR score, and neonatal gestational age are reported as 1710.62 ± 334.43 g, 7.71 ± 1.47 , and 35.7 ± 1.98 weeks, respectively. Most of the newborns were born by cesarean section (92.7%). TORCH infection was reported in three patients, 7.3%. The mean gestational age of IUGR infants with TORCH infection was reported to be less than other babies with IUGR. Therefore, the mean gestational age of subjects with TORCH infection was 33 ± 1.4 weeks and in others 35.94 ± 1.91 weeks (p-value = 0.038). No significant relationship between TORCH infection and gender, gravidity, and parity of newborns was found (p-value > 0.05). Conclusion: TORCH infection was reported in 3 patients(7.3%). No significant relationship between TORCH infection and gender, gravidity, and parity of newborns was found. p-value > 0.05

Keywords : congenital infection, intrauterine growth restriction, TORCH infections, neonates

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