Fifteen newborn extravasation injuries reviewed | 1


Abstract:

Extravasation injuries are common complications that occur during infusion for diagnostic or therapeutic purposes by the peripheral or central venous catheters. In pediatric settings, iatrogenic extravasations are serious. When they are viewed late, they are sources of functional sequelae. The purpose of this study was to report our experience with the management of iatrogenic extravasations for therapeutic purposes. Between January 2010 and December 2012, fifteen newborns were supported for accidents of infusion of the upper and the lower limbs. The male was mostly affected. The mean age was 3.6 days, with extremes of one and nine days. The average birth weight was 2900g. The range was 1200g and 3550g. Serum 10 % glucose and calcium chloride were implicated in all cases. The lesions were seen in the late stages III in six cases and IV in nine cases. The upper limbs were frequently affected. Nine lesions were in the upper limbs and six in the lower limbs. The dorsal surfaces, feet and hands were frequently affected in six and five cases, respectively. Two lesions were in the anterior aspect of the forearm and elbow. Elbows lesions were circular and realized a tourniquet effect. Treatment was conservative in eleven cases: five pro-inflammatory fatty dressings and six alcoholic dressings. The surgery was delayed in four cases. It combined excision-full thickness skin graft, excision-dressing-thin skin grafting, debridement and two-full thickness skin graft for retractable wrist scars. Two deaths were
related to associate pathologies. One patient was lost for follow-up. Our results were satisfactory in functional, aesthetic and psychological aspects. Extravasation injuries are serious iatrogenic lesions. If the lesions are seen at an early stage in usual circumstances, in extreme exercise, they are seen late, sometimes at the stage of functional, psychological and cosmetic sequelae. The difficulty of the therapeutic management of these lesions requires prevention through the development of protocols and the permanent training of nursing staff for an efficient practice of infusion.