

## Phenobarbital uses in a Maternal-Fetal Infections Suspected Case

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### Abstract

During our pediatric internship at the State University Hospital of Haiti (HUEH), we have noticed Phenobarbital is administered to newborns with MFIs. Our goal is to draw attention to the indications of Phenobarbital in newborns and the importance of discussing the new recommendations in management.

This is a 3-day-old male, born at term in a soiled environment with a birth weight of 2845 gr, of a 31-year-old mother, with a history of genitourinary infection (GUI). The first evaluation reveals a tonic, febrile state with the following vital signs: HR: 128 beats/mn, RR: 40 cycles/mn, T° 37.7 and oxygen saturation of 98 %. Physical examination reveals a slight overlap of the sutures, ogival palate with a palpable mass and a skin re coloration time of 2 seconds. Examination of the dander and skin reveals grade III jaundice and the malodorous umbilical stump. The management was done with Dextrose/Saline (D/S) 0.225 %, amoxicillin 142 mg, IV /8h, gentamicin 8 mg IV, vitamin K: 2 mg IM, Tetanus Serum: 750 IU subcutaneously and Phenobarbital 7 g IV.

The three main indications of Phenobarbital in neonatology are: Enzyme inducer, Intracranial hemorrhage and Seizure control in neonate. Other indications for Phenobarbital are severe asphyxia, hypoxic-ischemic encephalopathy. However, there is no indication of Phenobarbital in newborns in the case of MFIs, although studies have shown that Phenobarbital can reduce jaundice in premature infants. Our patient presented the so called grade III jaundice and the tests showed mixed hyperbilirubinemia. What seems intriguing is the condition of the newborn during hospitalization which was greatly improved and after about 8 days; he had already recovered and was even given his exit.

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### Biography

Axler Jean Paul is a finishing graduating medical student at the Faculty of Medicine and Pharmacy of the state University of Haiti. He has published more than 3

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