

EP12

Ductal Closure in the Premature Infant with Paracetamol

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We discuss our experience in the Neonatal Intensive Care Unit with closure of hemodynamically significant patent ductus arteriosus with oral Paracetamol. We have treated a series of five under 1250 gram and under 30 week premature infants with either failure to respond to Ibuprofen (during a period when Indomethacin was unavailable for clinical treatment) or contraindications to its use after experiencing a surprising and unexpected closure in the first of the series treated with Paracetamol (for an unrelated indication.) All the infants responded definitively. We discuss the theoretical mechanism and advantages of paracetamol over conventional treatments in the treatment of PDA and describe a prospective double blind study developed to conclusively evaluate its clinical role.