



Hypoxic Ischemic Encephalopathy

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The authors have edited an excellent book on hypoxic ischemic encephalopathy (HIE), which will be useful for neonatology trainees and practicing neonatologists alike. Some of our general comments on the book are as follows:

The color plates provided by the editors at the start of the book give a good overall visual impression of the recent modalities used in field of HIE. They have covered difficult topics like HIE in preterm neonates, and MRI in HIE in a very lucid and clear manner, which makes it easy to understand. The highlights of this book are recent advances like NIRS in HIE, seizure detection and management in the context of HIE, and a lucid explanation of the ILAE 2021 position statement. The individual authors have also taken great efforts to include the latest evidence from clinical trials, and position papers for all chapters.

Our comments regarding specific chapters are as follows: Chapter 1 and Chapter 3 emphasize all recent amend-ments in NRP like delayed cord clamping, initial FiO₂ requirement, optimum use of pulse oximeter and ECG. The relatively more recent concept of intact cord resuscitation has been introduced to readers in a comprehensive way. Chapter 2 summarizes all the modalities of antenatal fetal surveillance and provides useful recommendations on controversial topics like the choice of tests and the timing of delivery based on these tests. Chapter 7 summarizes all the biomarkers of asphyxia. The well-constructed tables make it easily digestible for readers.

There are a few minor points that the editors and the respective chapter authors can consider revising in the

next reprint. In Chapter 1, a line stating that when the two-thumb technique is used, the provider must stand at the head-end to allow space for the other person securing umbilical lines (potentially the next step in resuscitation) – as has been included in latest NRP guidelines. In the same chapter, the initial dose of IV epinephrine (0.02 mg/kg) and endotracheal epinephrine (0.1 mg/kg) can be incorporated. In Chapter 8, continuous low voltage has been inadvertently described as both upper and lower margins <5. It should be changed to upper margin <10 and lower margin <5. The editors can add the concept of ‘Expanded Apgar score’ as it has been advocated by both AAP and ACOG since 2015. In Chapter 15, the editors can mention that the dose of leviteracetam is loading dose of 40 mg/kg and maintenance with 40-60 mg/kg. This is according to the standard treatment workflow for neonatal seizure given by ICMR. In Chapter 16, the cut-off value of FENa for pre-renal AKI can be modified to 2.5. Many workers have suggested using 2.5 as FENa cut off because FENa is inversely proportional to gestational age, and a few preterms may lose more urinary sodium in initial few days.

We suggest that Chapter 22 could include a few extra paragraphs on “Early stimulation” and “Principles of physiotherapy”. Chapter 23 summarizes all the metabolic disorders which can masquerade as perinatal asphyxia. However, well-constructed algorithms may give a more practical approach for the readers.

Notwithstanding the minor changes suggested above, the book was a delightful read and a much needed addition to the bookshelves of all those who practice neonatal care, especially those who are practicing in India and developing countries.

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