

Repeated application of isopropyl alcohol superficial peeling once a week can be used for resistant or recurrent cases.⁵ ■

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Renal Arterial Doppler Perfusion Pattern with and without Ductal Steal



Acute kidney injury is a known phenomenon in premature infants with hemodynamically significant patent ductus arteriosus (PDA). Ductal steal may result in widened pulse pressure, bounding pulses, pulmonary overflow, and organ injury with decreased blood flow to brain, intestines, or kidney. Assessing for vascular steal at the bedside includes obtaining Doppler arterial flow patterns in various organs, including the kidney. The pattern of decreased flow and organ(s) affected in symptomatic PDA may be variable. Attention to clinical status such as feeding intolerance or

decreased urinary output pointing at the potential organ affected is prudent. Worsening Doppler flow over time shows steepening systolic increase in artery pressure, and absent, then reverse end-diastolic, and finally reversed flow throughout diastole in symptomatic PDA (Figure, A). This might result in acute kidney injury such as that we observed in a 3-week-old extremely preterm infant of 24 weeks of gestation and 560 g birth weight, characterized by doubling of baseline creatinine and reduced urinary output. After successful complete closure of the PDA, the flow pattern

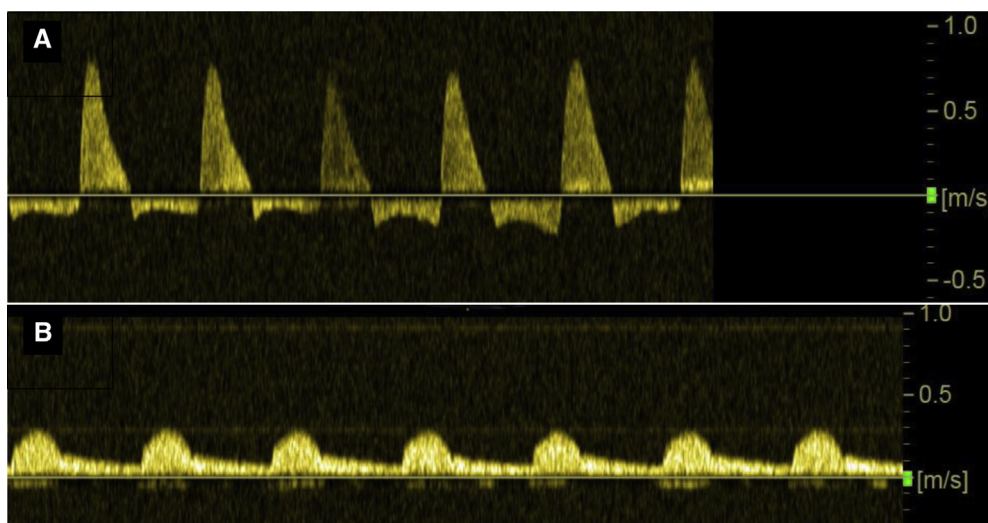


Figure. Doppler perfusion pattern of the right renal artery. **A**, With significant ductal steal, retrograde diastolic flow, steep systolic rise, and elevated systolic pressure. **B**, Normalized 3 days later after ductal closure with preserved diastolic flow and low velocity.

normalized 3 days later with now preserved diastolic flow and less steep systolic increase in pressure (**Figure, B**). This finding correlated with a decreased pulse pressure and less bounding pulses. Acute kidney injury improved with the now normalized kidney blood flow. ■

Data Statement

Data sharing statement available at www.jpeds.com.

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