

Expectant management noninferior to ibuprofen for extreme preemies with patent ductus arteriosus

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For infants who are extremely preterm, expectant management is noninferior to early ibuprofen for patent ductus arteriosus (PDA), according to a study published online Dec. 6 in the *New England Journal of Medicine* to coincide with the Nemours Children's Health Hot Topics in Neonatology conference, held Dec. 4 to 7 in Washington, D.C.

Tim Hundscheid, M.D., from the Radboud University Medical Center in Nijmegen, Netherlands, and colleagues conducted a multicenter, noninferiority trial involving 273 [infants](#) with echocardiographically confirmed PDA (diameter >1.5 mm; left-to-right shunting) who were extremely preterm (median gestational age, 26 weeks). The infants were randomly assigned to receive expectant management or early ibuprofen treatment (136 and 137 infants, respectively).

The researchers found that a primary outcome event (necrotizing enterocolitis, moderate-to-severe [bronchopulmonary dysplasia](#), or death at postmenstrual age of 36 weeks) occurred in 46.3 and 63.5 percent of infants in the expectant-management and early-ibuprofen groups, respectively (absolute risk difference, -17.2 percent; upper boundary of the one-sided 95 percent confidence interval, -7.4; P "In our trial, the primary-outcome results suggest harm associated with early ibuprofen exposure, largely driven by a higher incidence of moderate-to-severe bronchopulmonary dysplasia in the early-ibuprofen group than in the expectant-management group," the authors write.

More information: Tim Hundscheid et al, Expectant Management or Early Ibuprofen for Patent Ductus Arteriosus, *New England Journal of Medicine* (2022). [DOI: 10.1056/NEJMoa2207418](https://doi.org/10.1056/NEJMoa2207418)

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