

Inhaled nitric oxide doesn't cut mortality for neonates

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[patients](#) were included in each of the two matched cohorts. There was no significant correlation between exposure to iNO and mortality (hazard ratio, 1.08; 95 percent confidence interval, 0.94 to 1.25; P = 0.29).

"Off-label prescription of iNO is not associated with reduced in-hospital mortality among extremely premature neonates with RDS," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—For neonates born at 22 to 29 weeks' gestation with respiratory distress syndrome (RDS), off-label use of inhaled nitric oxide (iNO) is not associated with reduced mortality, according to a study published online Feb. 9 in *Pediatrics*.

William A. Carey, M.D., from the Mayo Clinic in Rochester, Minn., and colleagues used the Pediatrix Medical Group Clinical Data Warehouse to identify neonates born at 22 to 29 weeks' gestation from 2004 to 2014. Singletons who required [mechanical ventilation](#) for treatment of RDS were included. Using propensity scores, each patient who received iNO during the first seven days of life was matched to a patient who had not received iNO at a chronological age before the age of initiation of the case patient. The authors examined the correlation between iNO status and in-hospital mortality.

The researchers identified 993 neonates (2.6 percent) who received iNO among 37,909 neonates in the study sample. A total of 971

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