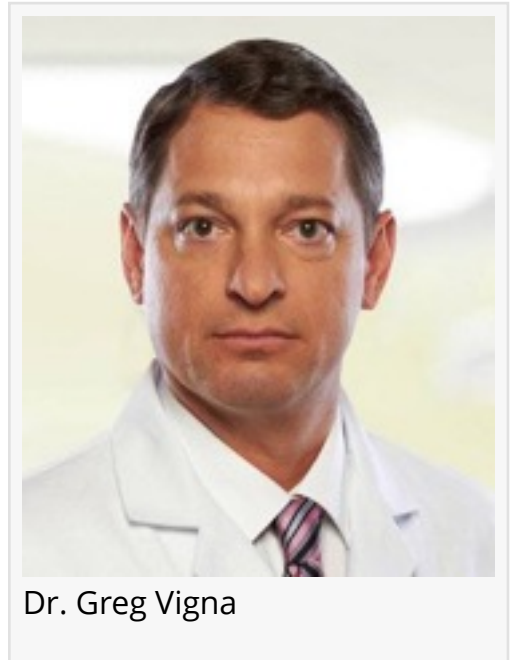


Mild Hypoxic Ischemic Encephalopathy: Therapeutic Cooling Versus No Therapeutic Cooling

Many infants with mild neonatal encephalopathy face long-term disabilities, highlighting the need for evidence-based treatments such as therapeutic cooling

SANTA BARBARA, CA, UNITED STATES, September 25, 2024 /EINPresswire.com/ -- "A significant proportion (approximately 25%) of infants with mild neonatal encephalopathy have mild to moderate disability at 2 years. By 5 years, 35% are having difficulties in one or more areas. No trials of cooling in mild HIE have been undertaken and so clinicians have no evidence base to guide treatment in this group," states Geraldine Boylan, Director of INFANT Centre, University College Cork, Ireland.

[Dr. Greg Vigna, MD, JD](#), national birth injury attorney, Board Certified Physical Medicine and Rehabilitation, states, "Mild neonatal encephalopathy is determined by the Sarnat Grading system and there are children who would clearly benefit from therapeutic cooling."



Dr. Greg Vigna

What is neonatal encephalopathy?

“

Mild neonatal encephalopathy is determined by the Sarnat Grading system and there are children who would clearly benefit from therapeutic cooling.”

Greg Vigna, MD, JD

“Clinical syndrome of disturbed neurologic function in the first week after birth in an infant born at or beyond 35 weeks of gestation, manifest by a subnormal level of consciousness or seizures, often accompanied by difficulty with initiating and maintaining respiration, depression of tone and reflexes ... Hypoxic-ischemic encephalopathy is a subgroup of neonatal encephalopathy.”

Read “Neonatal Encephalopathy and Hypoxic-ischemic Encephalopathy: Moving From Controversy to Consensus

Definitions and Subclassification”: <https://www.nature.com/articles/s41390-023-02775-z>

What did Geraldine Boylan report in "Mild Hypoxic Ischemic Encephalopathy and Long Term Neurodevelopmental Outcome -- A Systematic Review" published in Early Human Development 120 (2018) 80-87?

"In the few HIE cohorts where mild grade infants are assessed at school age and beyond, it is increasingly clear that they may experience significant disability.

Potential disabilities in this group include learning and neuropsychological difficulties, autism, epilepsy, and visual and sensory loss.

Recent studies have also shown a high percentage of abnormal MRI findings, similar to those found in infants with moderate HIE.

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A Swedish population-based study examining the long-term outcome following moderate encephalopathy has also shown that in late adolescence the rates of disability are even higher, with 30% having CP, and 70% of those without CP having behavioral and learning disabilities which interfere with their daily life.

A well-constructed RCT of TH in mild HIE is urgently needed to give clinicians an evidence base to guide therapy in this neglected group."

Read Geraldine Boylan's article:

<https://www.sciencedirect.com/science/article/pii/S0378378218301245>

Dr. Vigna concludes, "Clearly, there are babies with mild neonatal encephalopathy that should receive therapeutic cooling. The role of diffusion MRI at birth will become more important in the critical decision to cool going forward to diagnose babies with mild neonatal encephalopathy with evidence of hypoxic damage."

Click here to read Dr. Vigna's book, "The Mother's Guide to Birth Injury."

Dr. Vigna is a California and Washington DC lawyer who focuses on neurological injuries caused by medical negligence. Ben Martin Law Group is a national pharmaceutical injury law firm and birth injury lawyer in Dallas, Texas. The attorneys are product liability and medical malpractice attorneys, and they represent neurological injuries across the country.

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