

**56<sup>th</sup> Annual Meeting &  
42<sup>nd</sup> Post Graduate Course**  
**June 06-10 2022**



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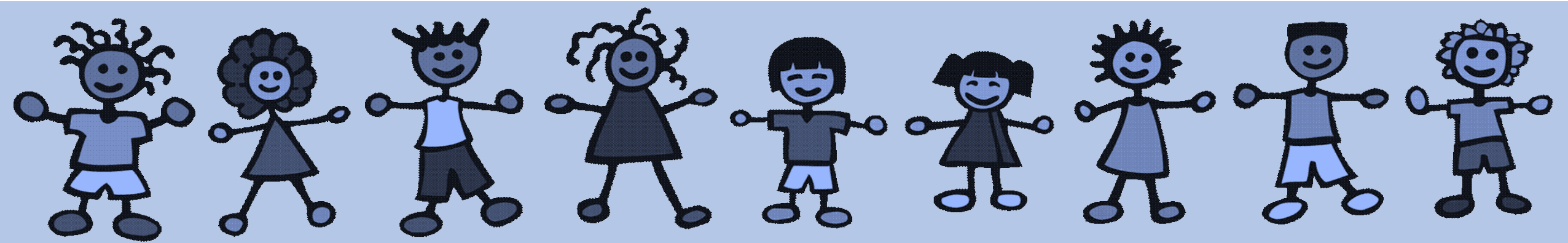




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# NEONATAL CHEST ULTRASOUND



**Lovrenski Jovan**  
ESPR Cardiothoracic Taskforce  
Radiology Department, Institute for Children and Adolescents  
Health Care of Vojvodina  
Faculty of Medicine, University of Novi Sad, Serbia





# Where were we?

1. Copetti R, Cattarossi L, Macagno F, Violino M, Furlan R (2008) Lung ultrasound in respiratory distress syndrome: a useful tool for early diagnosis. *Neonatology* 94:52-59
2. Avni EV, Braude P, Pardou A, Matos C (1990) Hyaline membrane disease in the newborn: diagnosis by ultrasound. *Pediatr Radiol* 20:143-46
3. Copetti R, Cattarossi L (2007) The 'Double lung point': an ultrasound sign diagnostic of transient tachypnea of the newborn. *Neonatology* 91:203–209
4. Avni EF, Cassart M, de Maertelaer V, Rypens F, Vermeylen D, Gevenois PA (1996) Sonographic prediction of chronic lung disease in the premature undergoing mechanical ventilation. *Pediatr Radiol* 26:463–469
5. Bober K, Swietliński J (2006) Diagnostic utility of ultrasonography for respiratory distress syndrome in neonates. *Med Sci Monit* 12:CR440–CR446
6. Pieper CH, Smith J, Brand EJ (2004) The value of ultrasound examination of the lungs in predicting bronchopulmonary dysplasia. *Pediatr Radiol* 34:227–231





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# The beginnings

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## Slow start



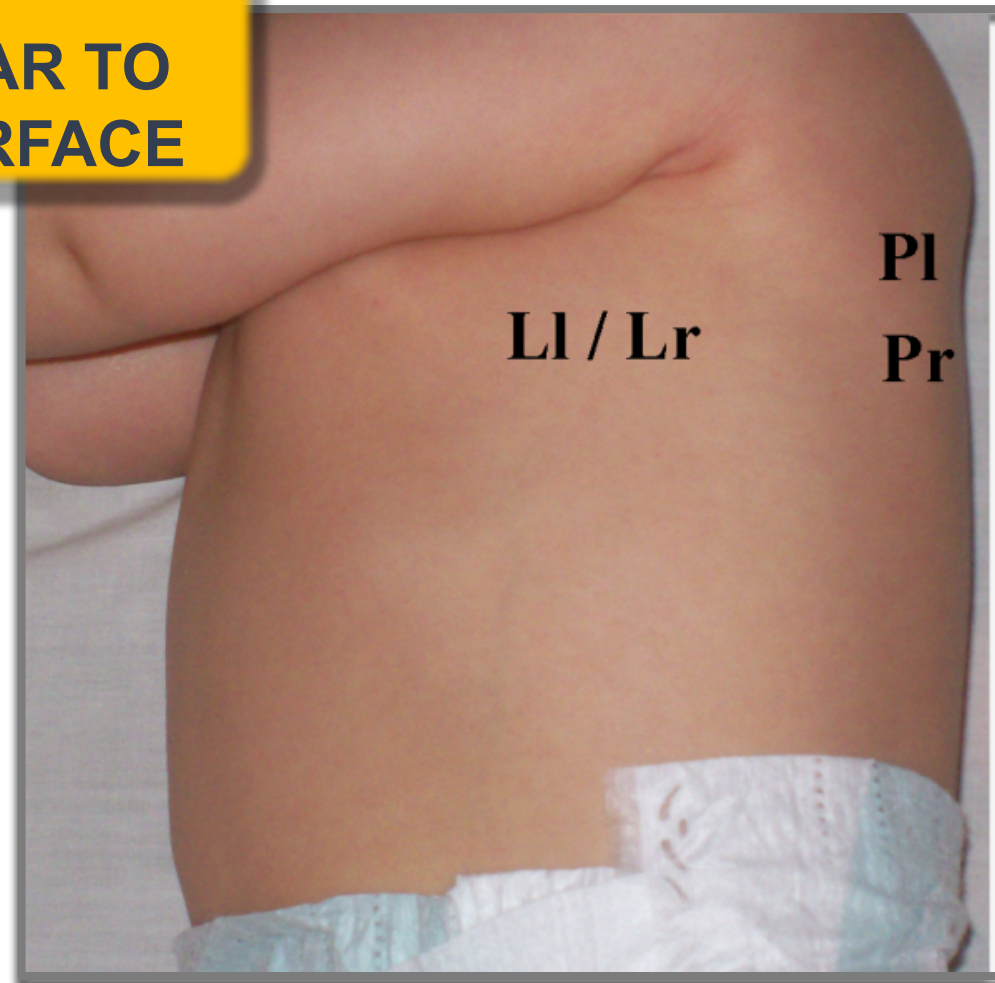
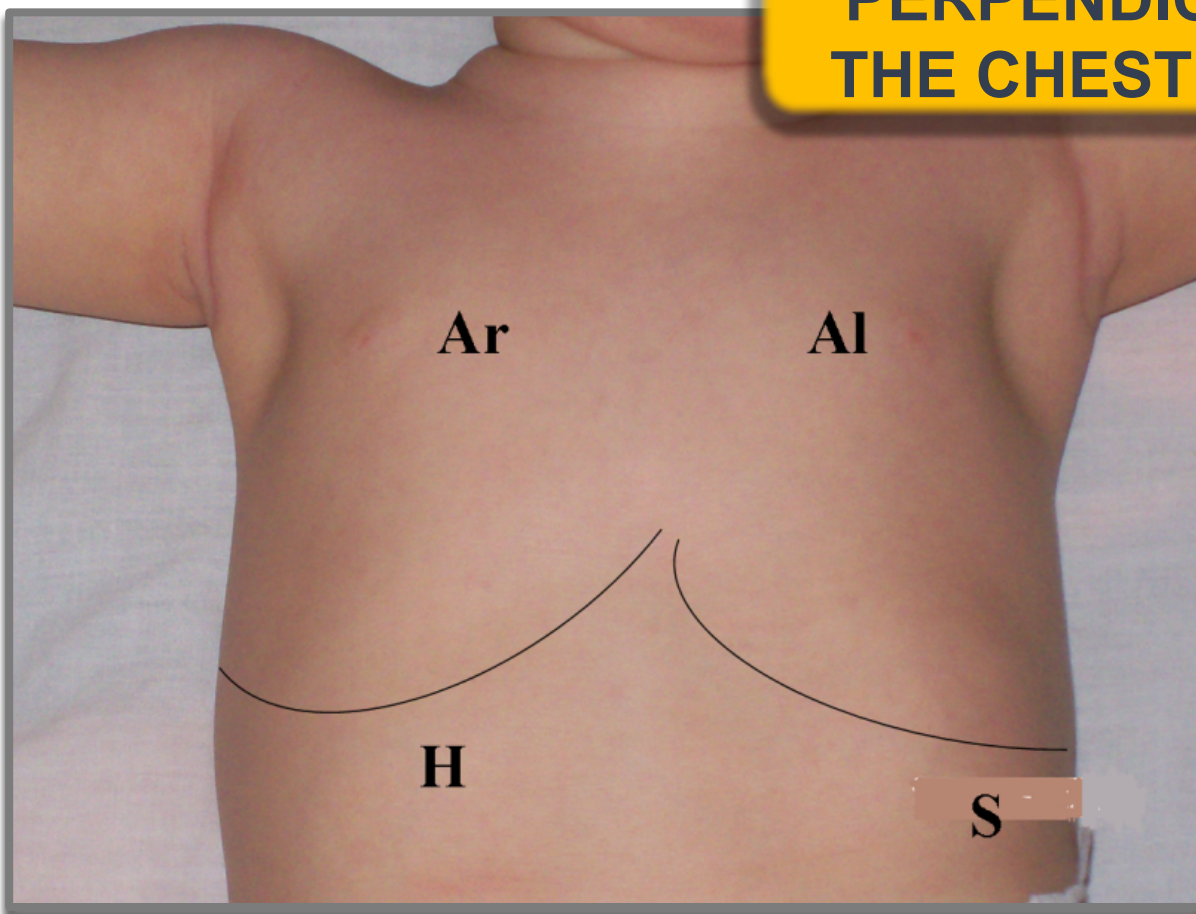
## Enthusiasm





# Technique

**PROBE  
PERPENDICULAR TO  
THE CHEST SURFACE**



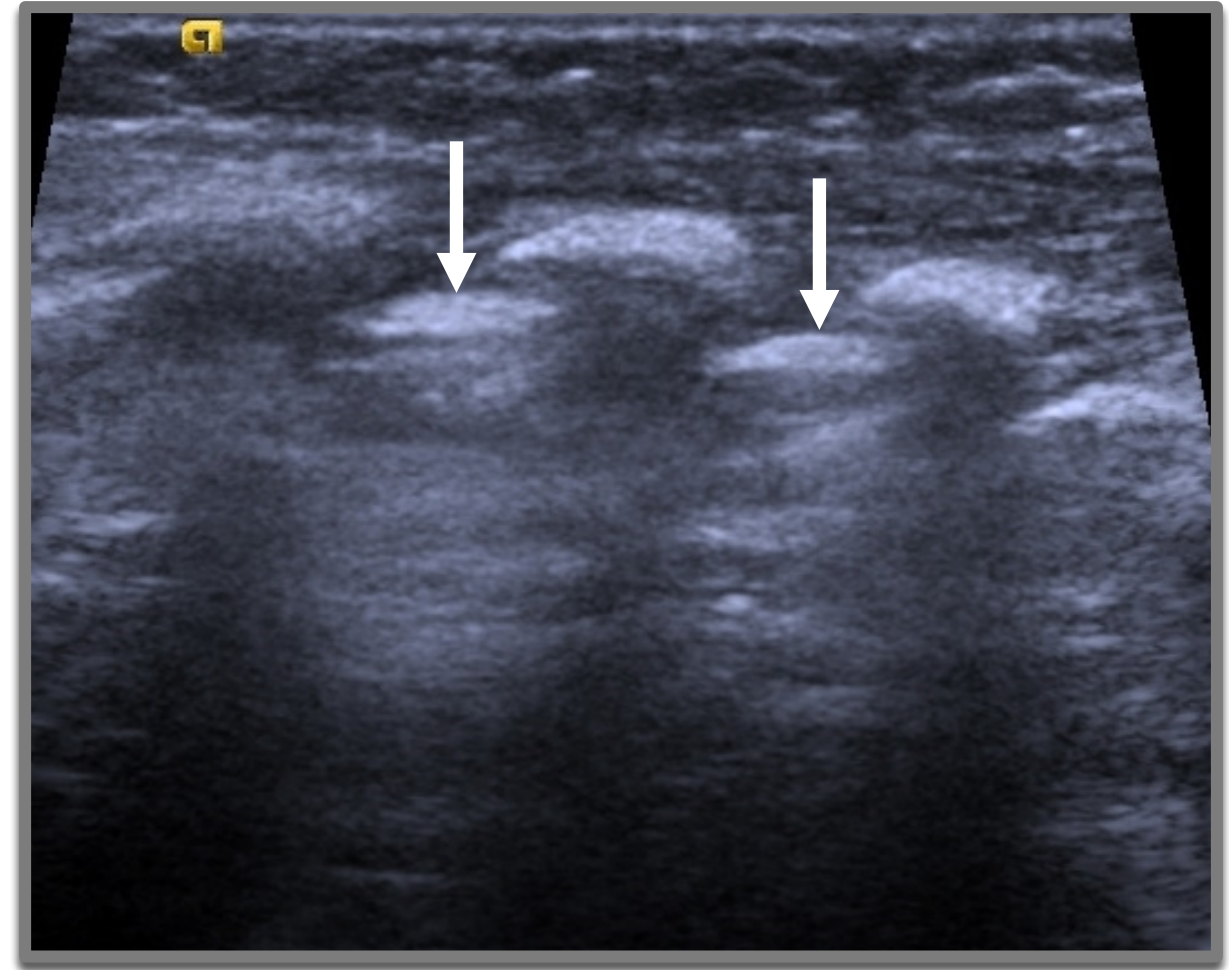
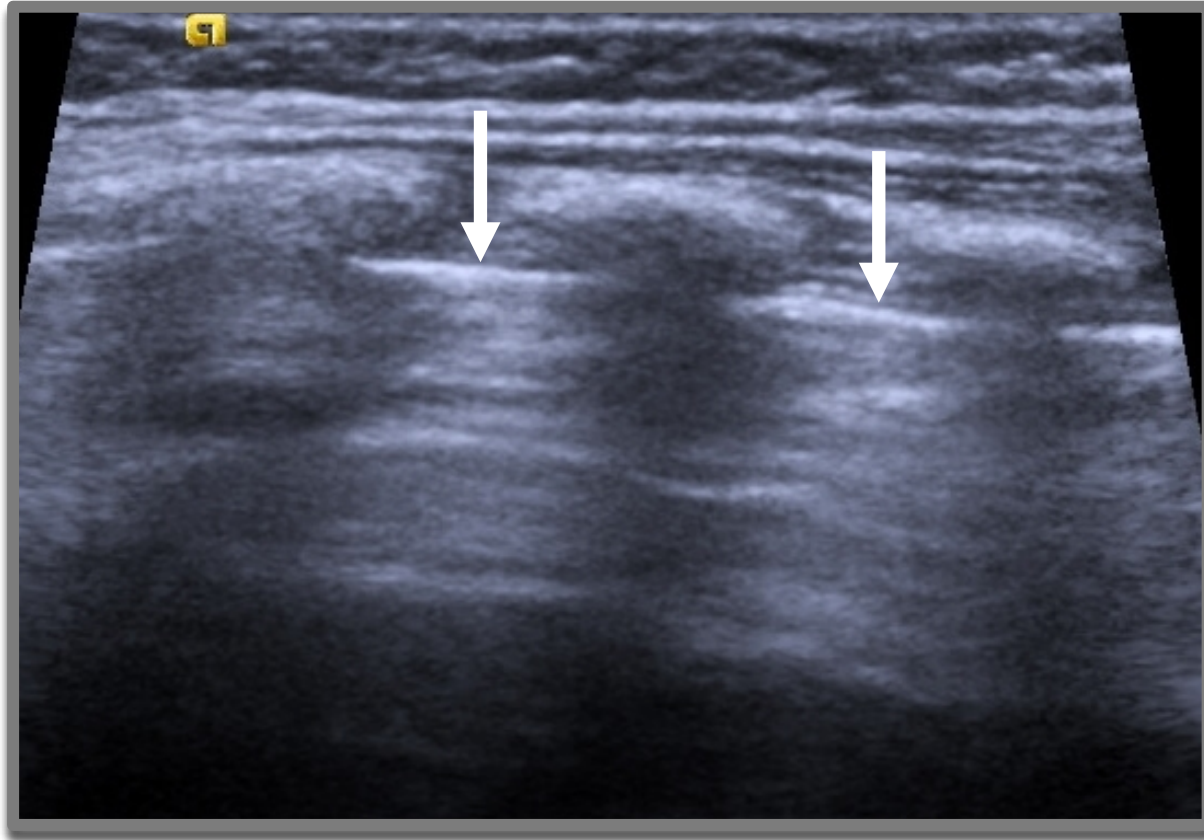




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# Technique

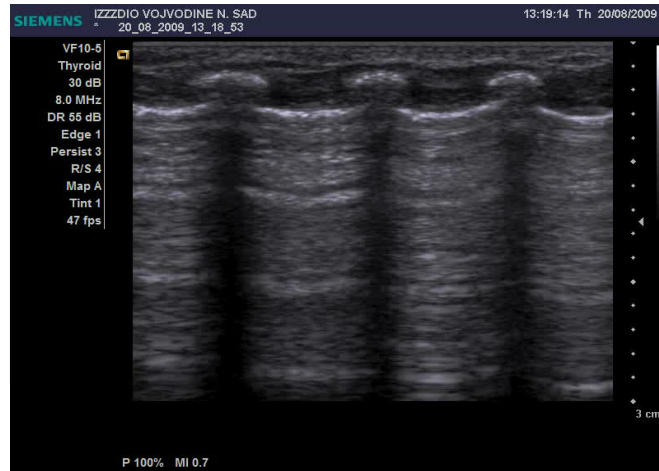
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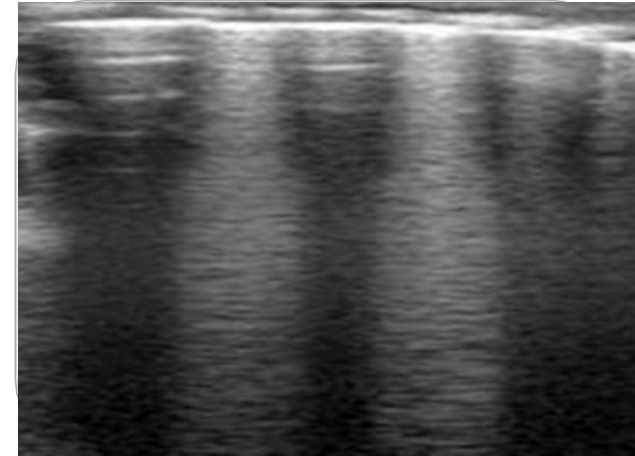




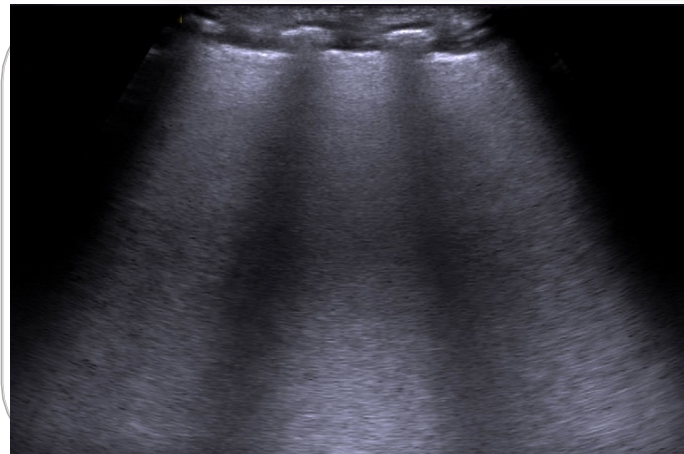
# Main LUS patterns



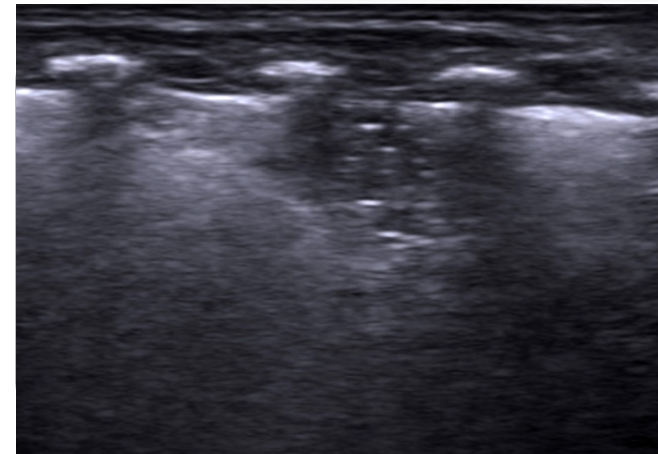
**NORMAL FINDING**



**INTERSTITIAL EDEMA**



**ALVEOLAR-INTERSTITIAL EDEMA**



**CONSOLIDATION**





## Descriptive LUS

## Functional LUS applications





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# Descriptive LUS

(acquired neonatal pulmonary diseases)

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**RDS**

**RDS**

**TTN**

**MAS**

**TTN**

**IE/AIE**

~~**Subpleural consolidation**~~

**MAS**

**Subpleural consolidation**

**Pneumonia**  
**Atelectasis**

**Pleural line abnormalities**

**Atelectasis**

**Pneumonia**

**Pleural effusion**

**Pulmonary BPD**  
**haemorrhage**

**Pulmonary**  
**haemorrhage**

**BPD**

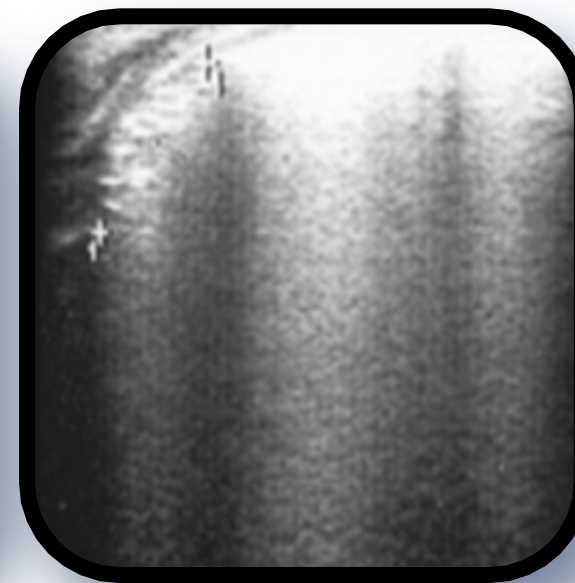
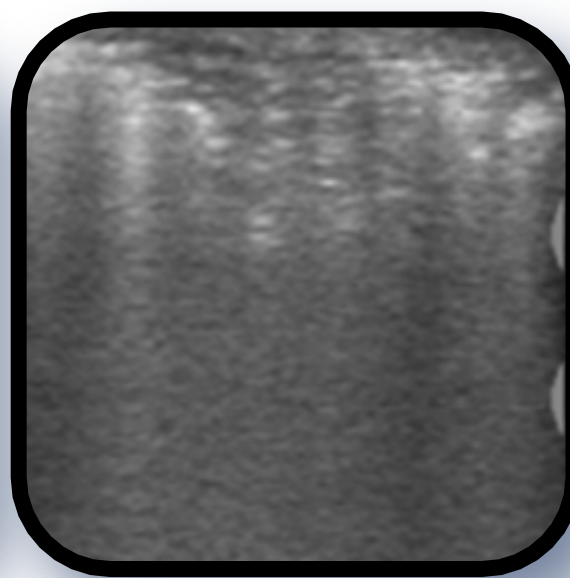
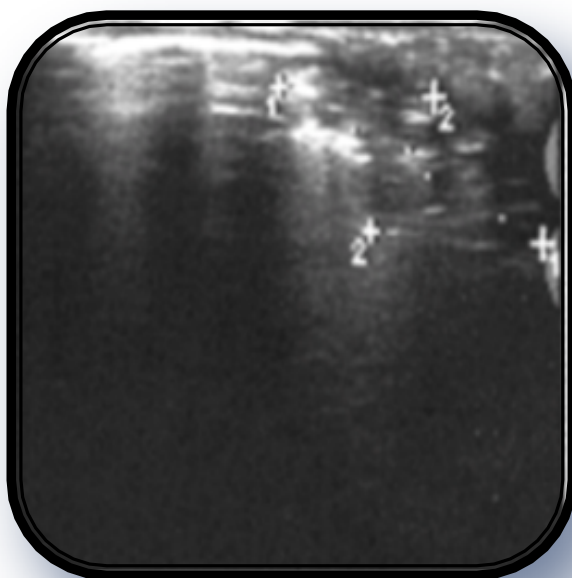




**PNEUMONIA**

**ATELECTASIS**

**HAEMORRHAGE**







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CLINICAL / LAB –  
RADIOLOGICAL  
CORRELATION IS  
CRUCIAL!





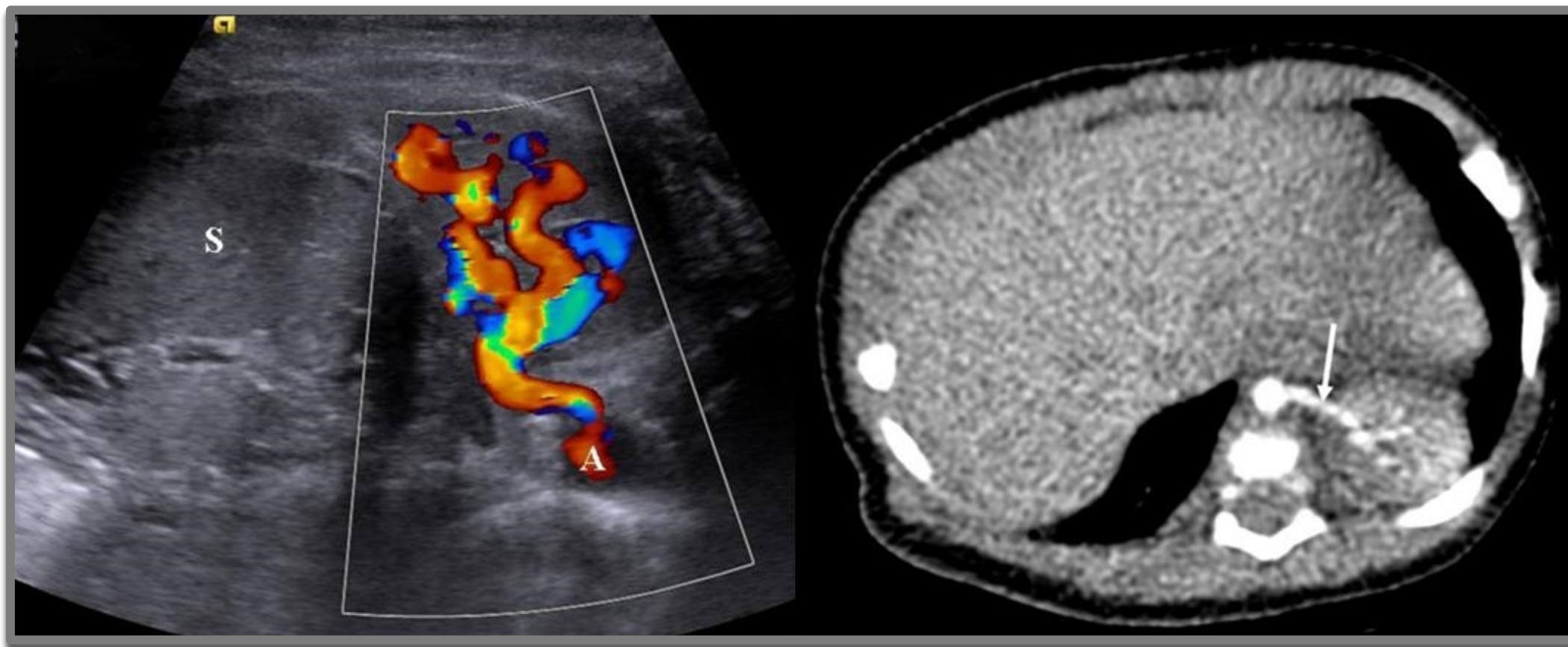
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LUS findings are varying  
between different stages /  
grades of the same lung  
disease.





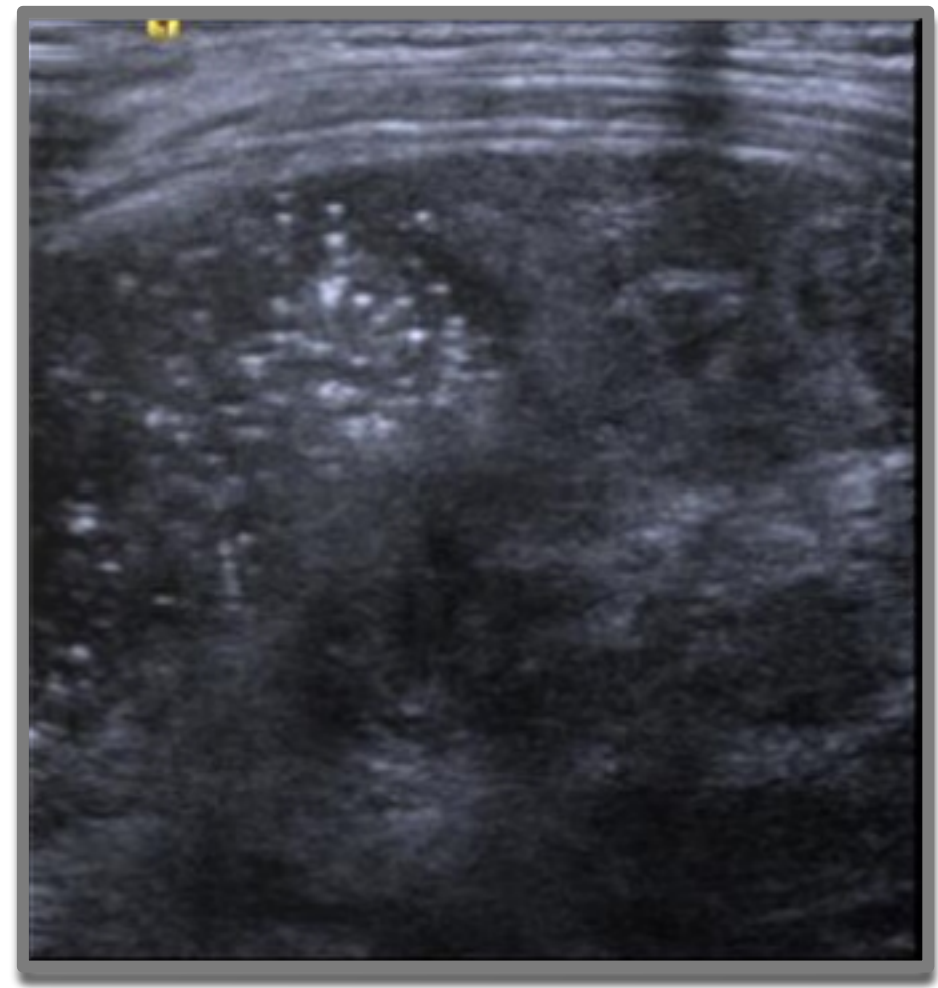




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# Diaphragmatic hernia

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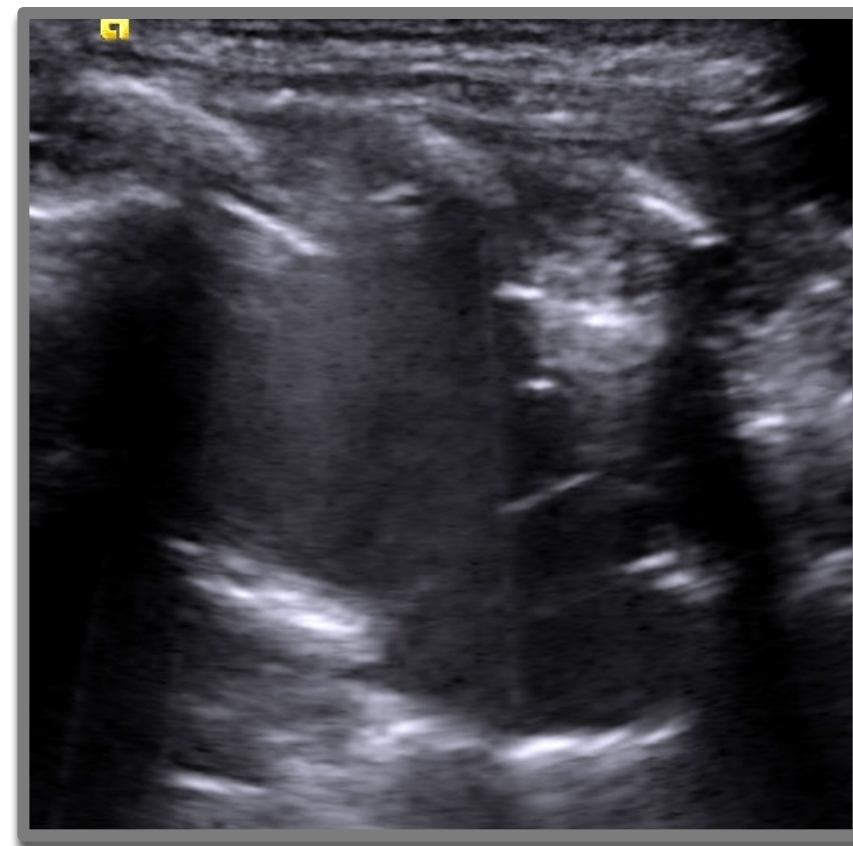
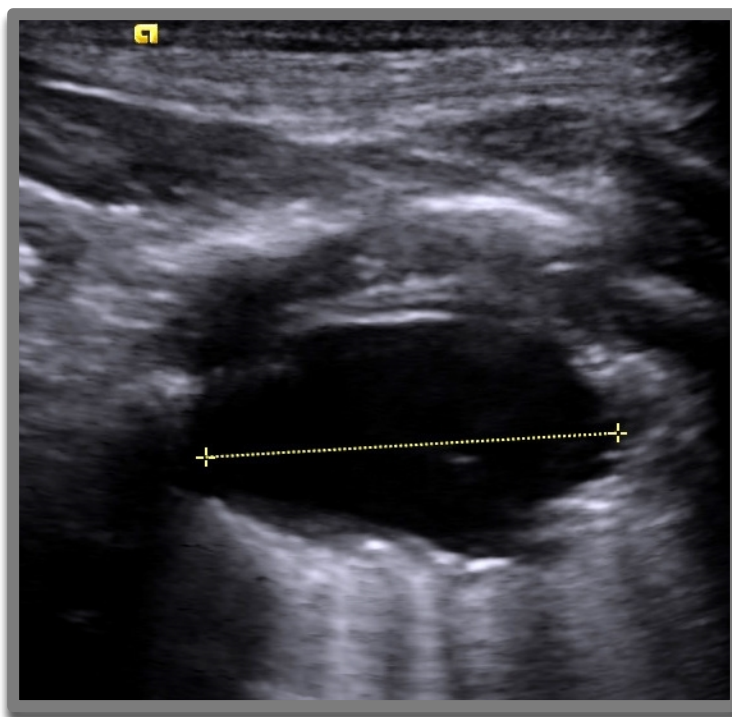
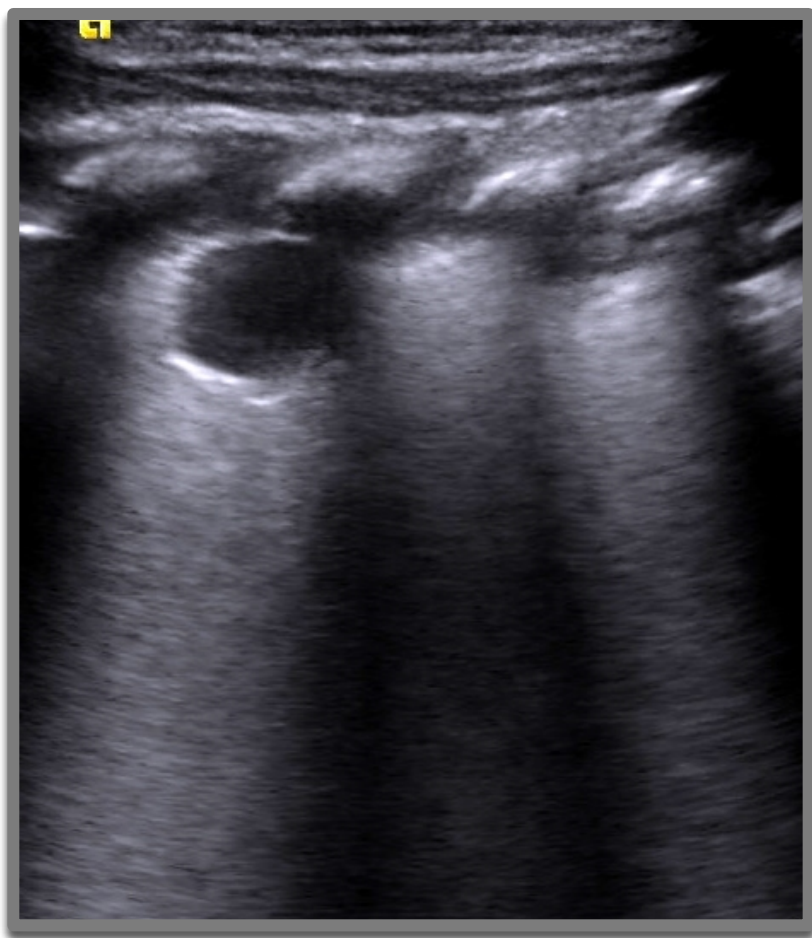




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# CPAM

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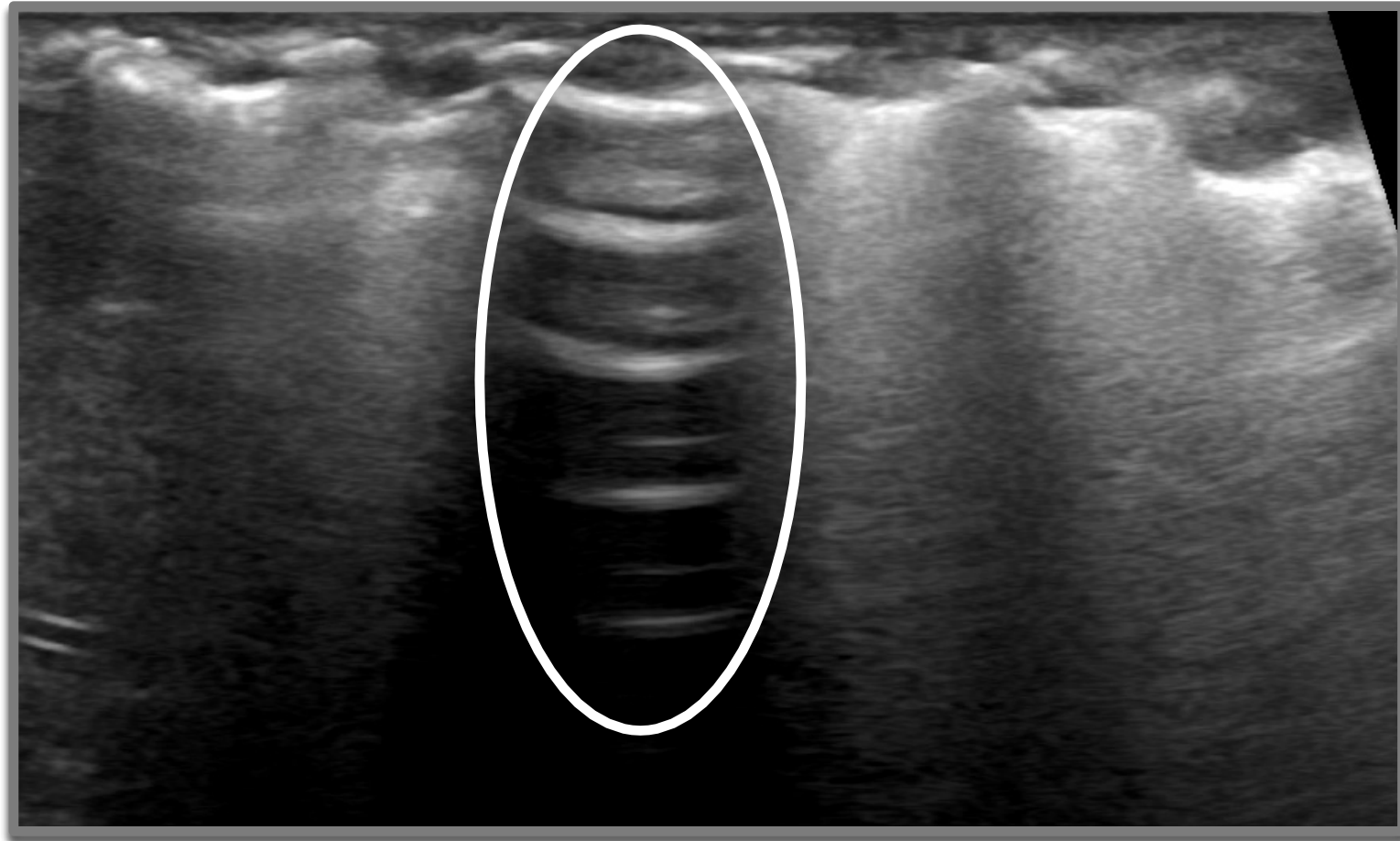
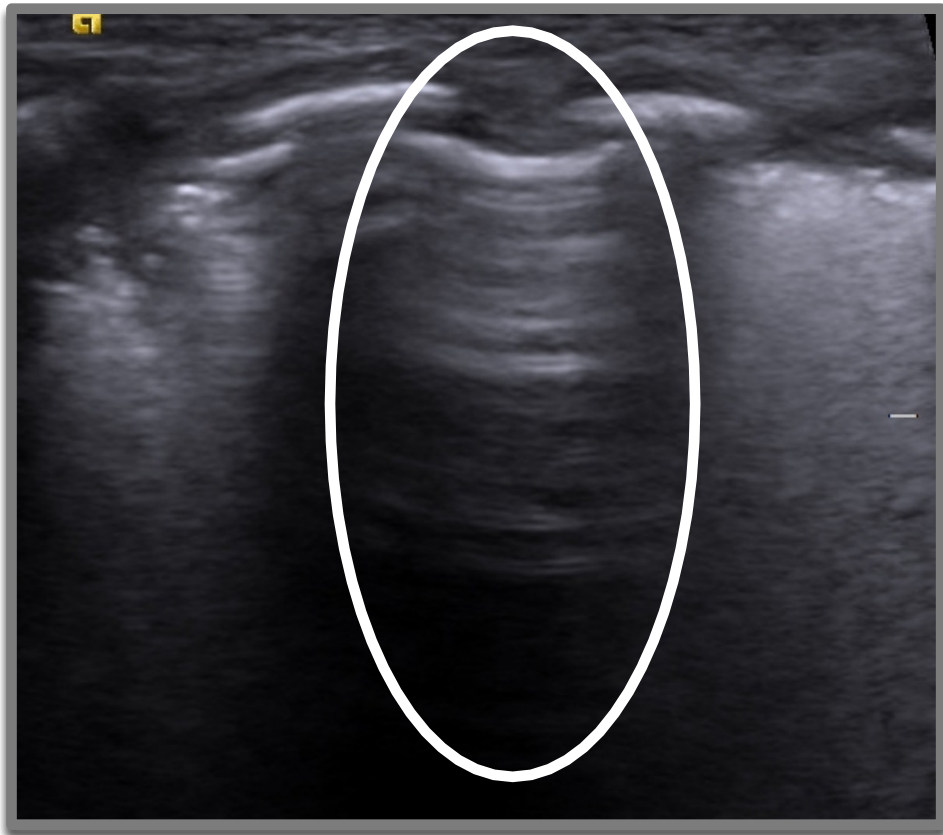




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# Air - filled cyst

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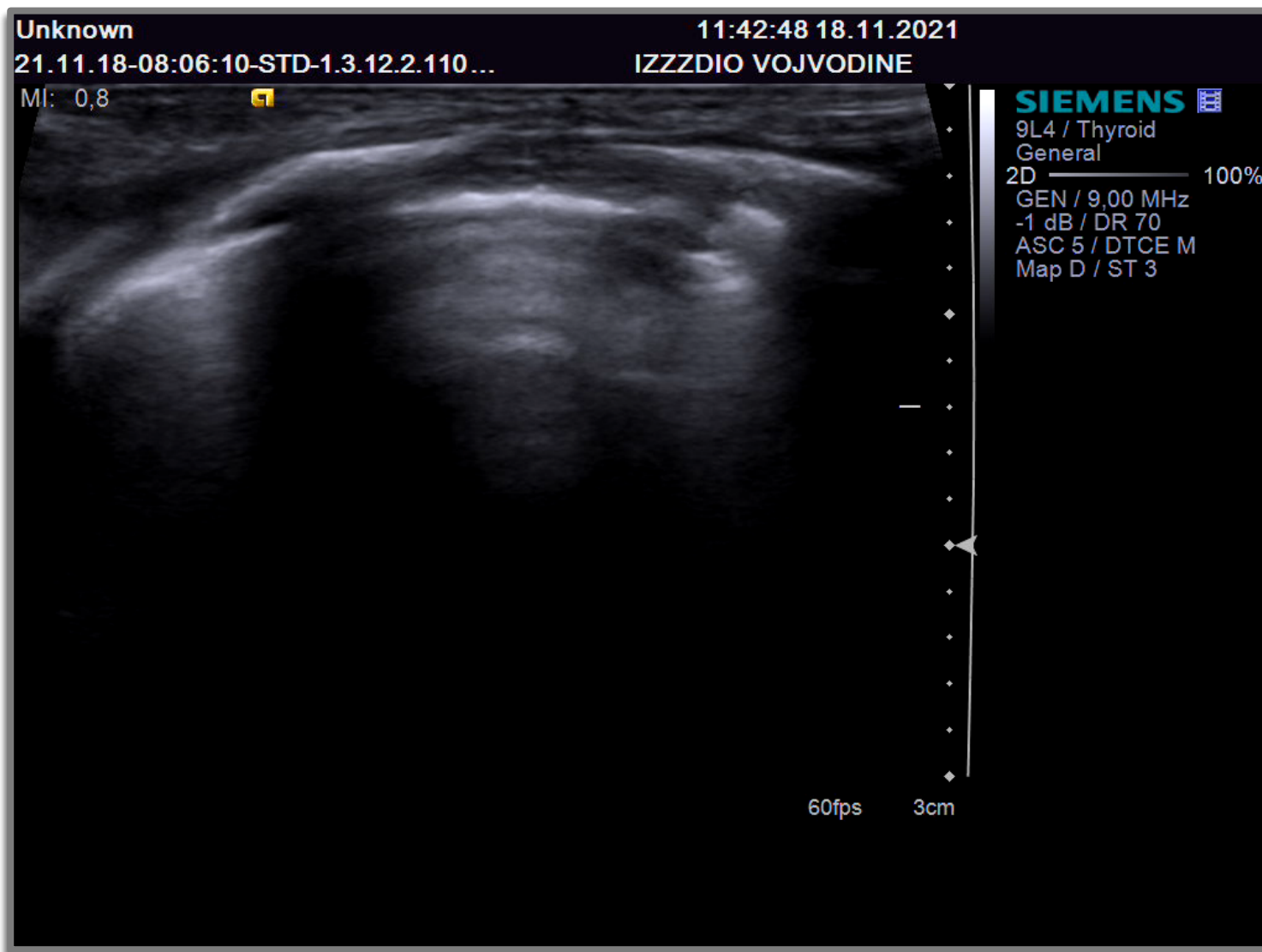


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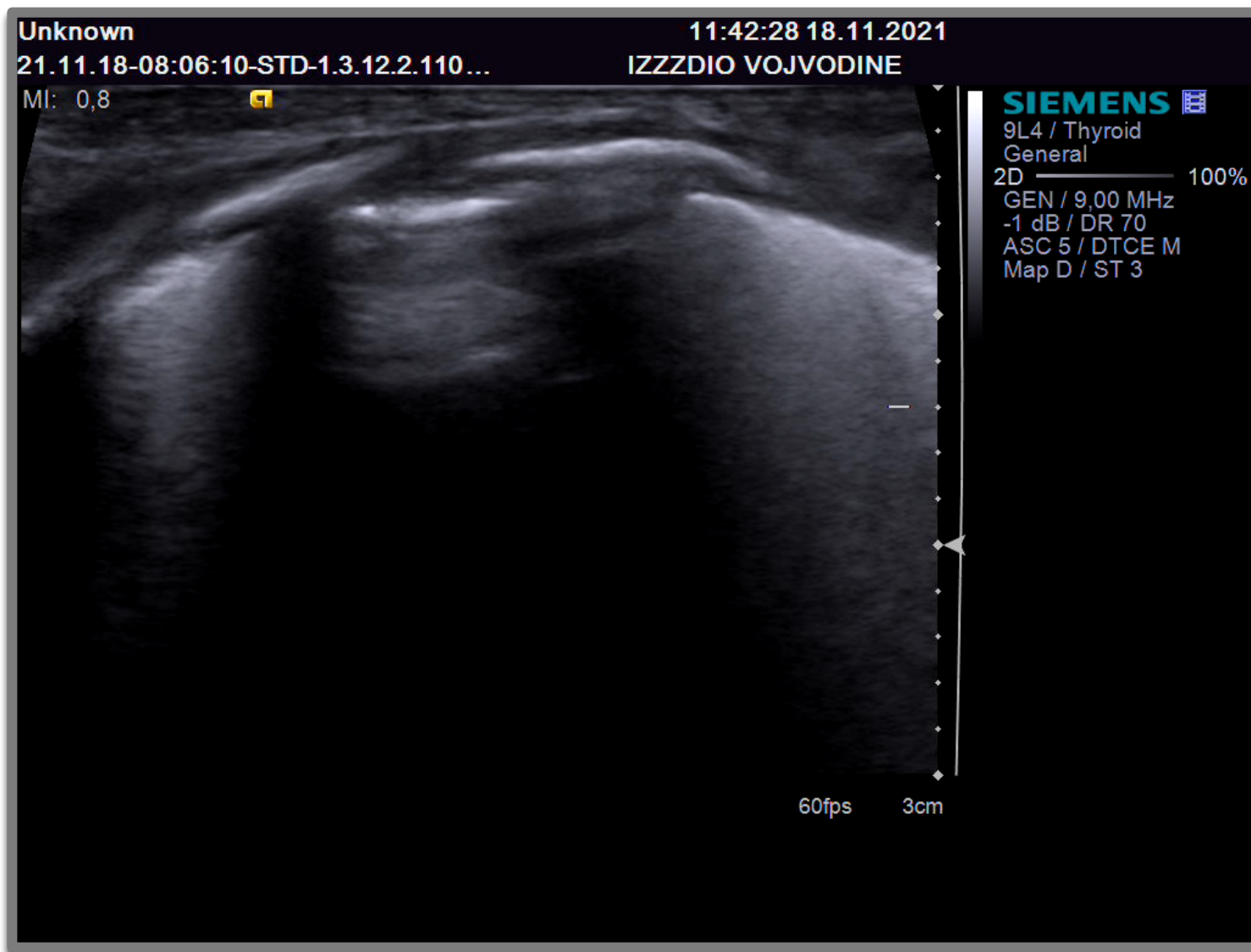


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# Air - filled cyst

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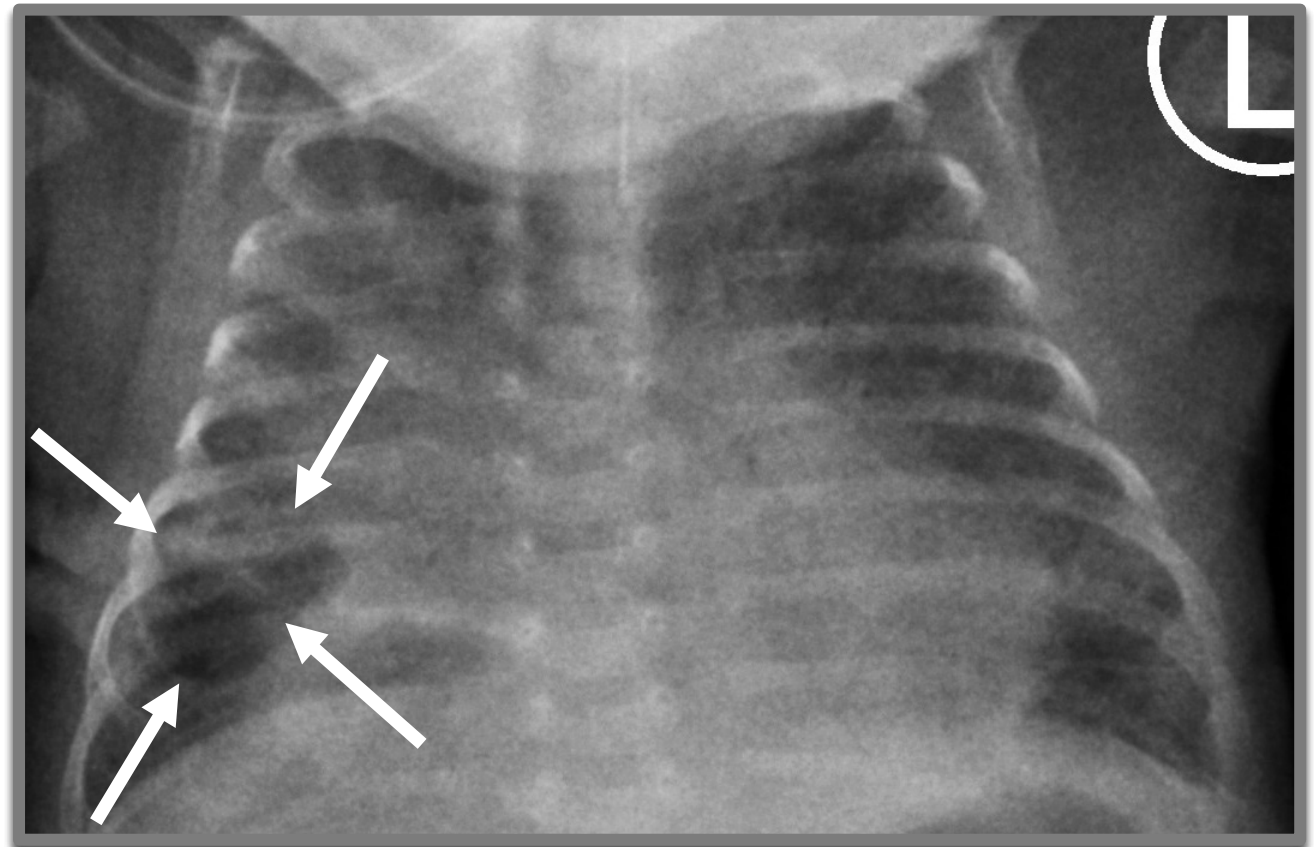
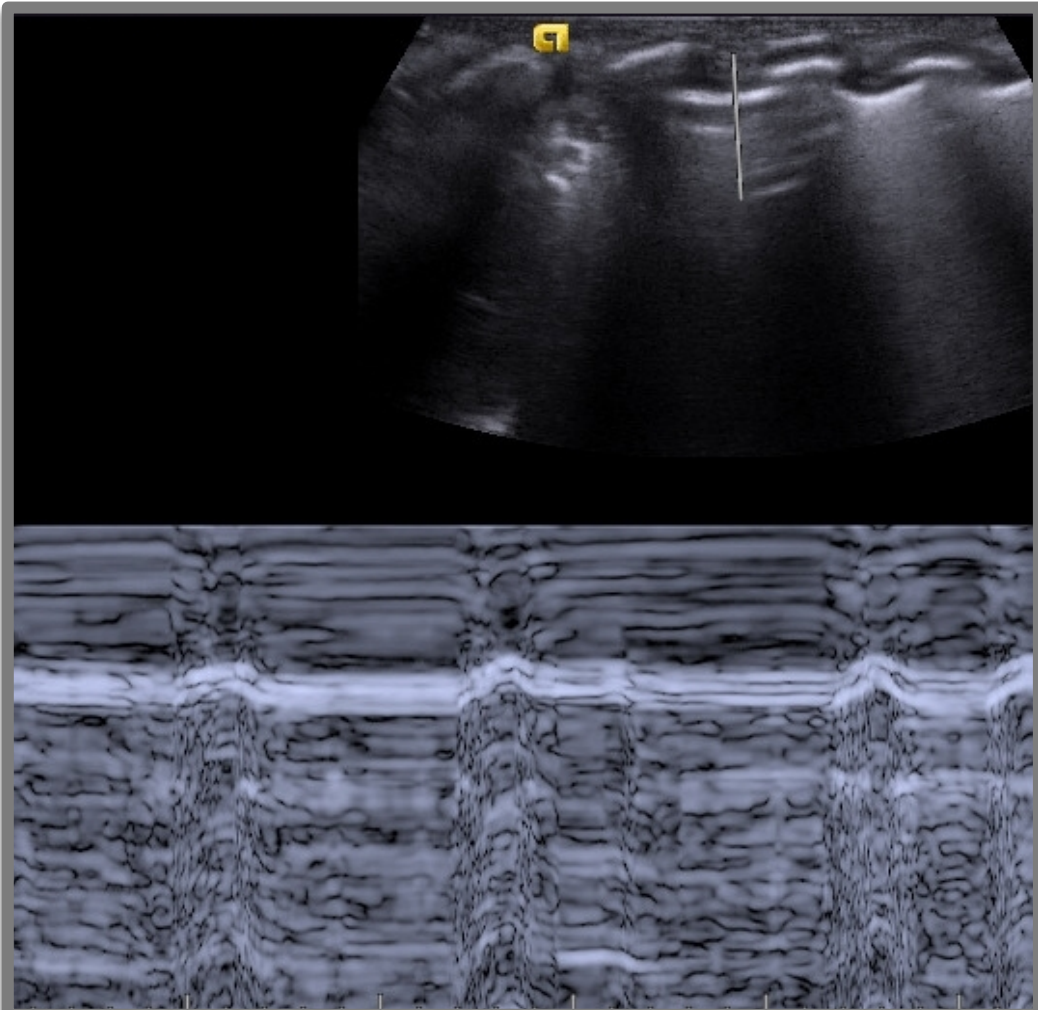




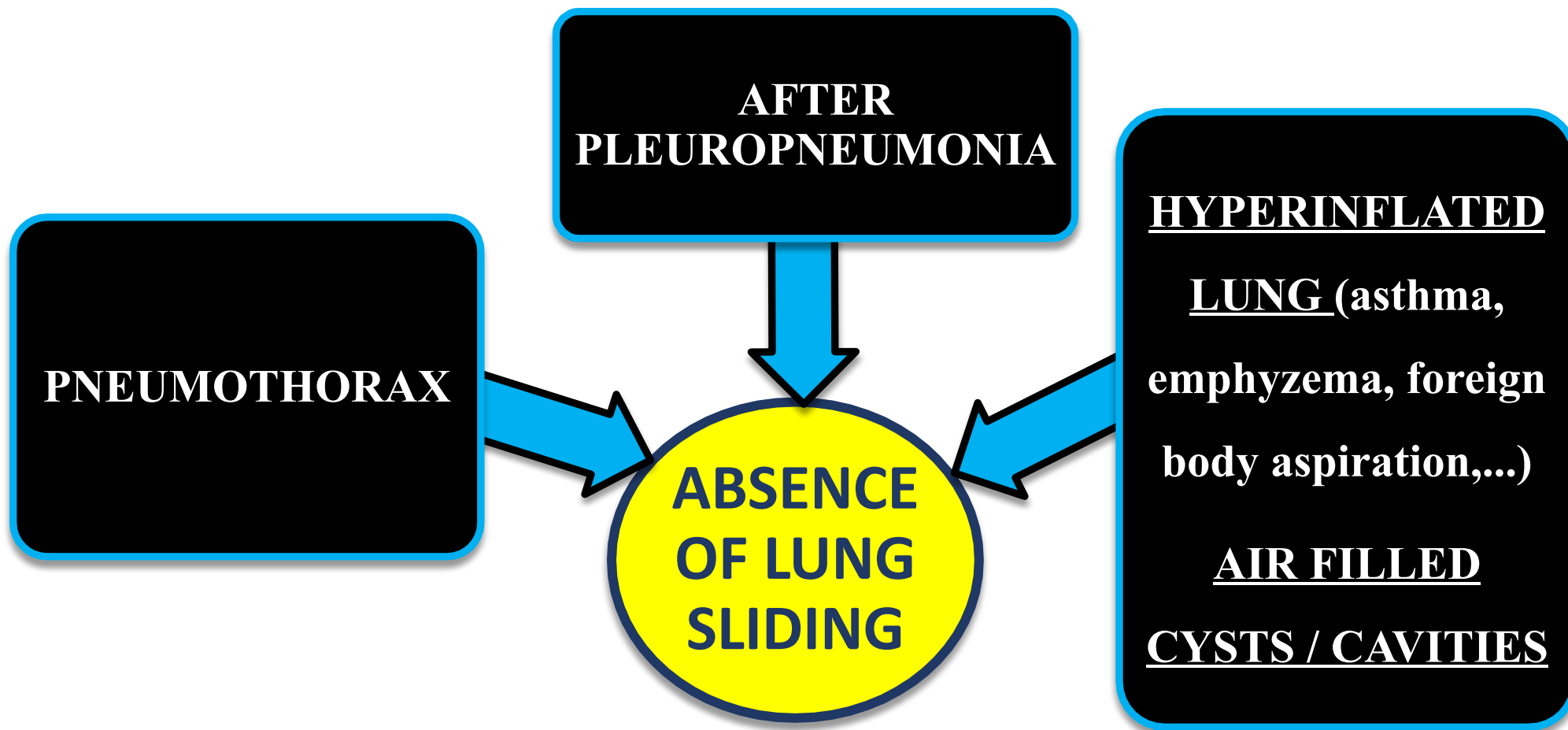
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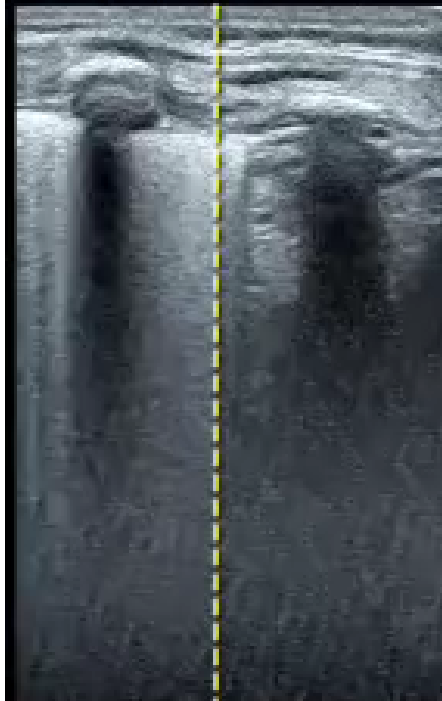
**Exclude  
pneumothorax as a  
potential diagnosis.**

**Detect lung expansion  
after the drainage of  
pneumothorax.**

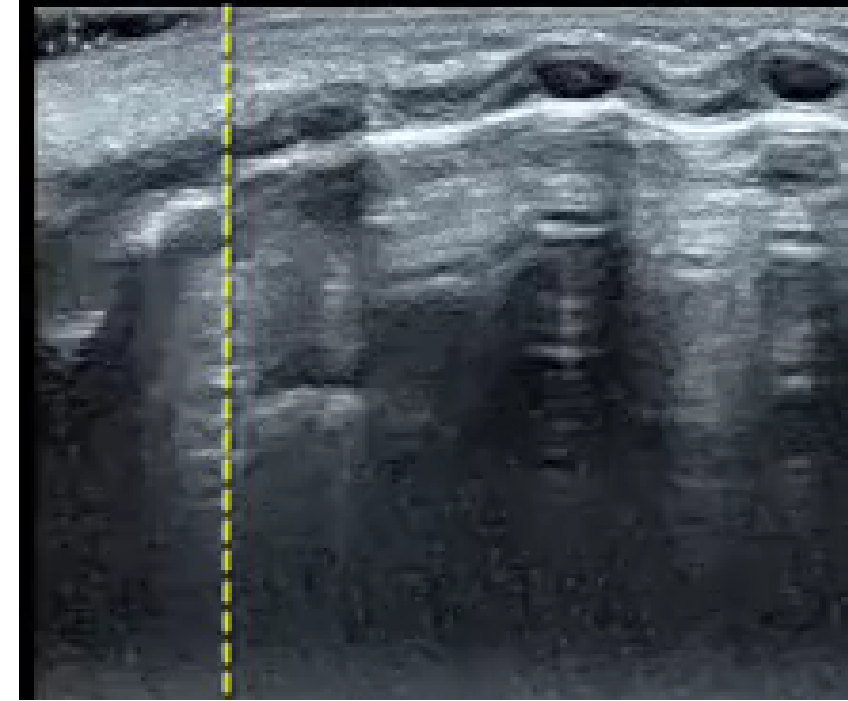




# Pneumothorax



**Mild – LUS signs of PTX only in anterior lung areas in supine position / „lung point“ with area of absent „lung sliding“  $< 50\%$  - generally does not require thoracocentesis.**



**Moderate – LUS signs of PTX in anterior and lateral lung areas in supine position / „lung point“ with area of absent „lung sliding“  $> 50\%$  - decision based on clinical condition.**





- **Severe – LUS signs of PTX in anterior, lateral and posterior lung areas, absence of „lung point“ sign – IMMEDIATE thoracocentesis.**
- **Needle / chest tube insertion within the area where „lung sliding“ is absent.**
- **A real-time visualization of postprocedural lung re-expansion.**





After sudden decompensation of neonates, an average time for LUS was  $5.3 \pm 5.6$  minutes vs.  $19 \pm 11.7$  minutes for a CXR.

LUS outperformed clinical evaluation and reduced time to imaging diagnosis and drainage.

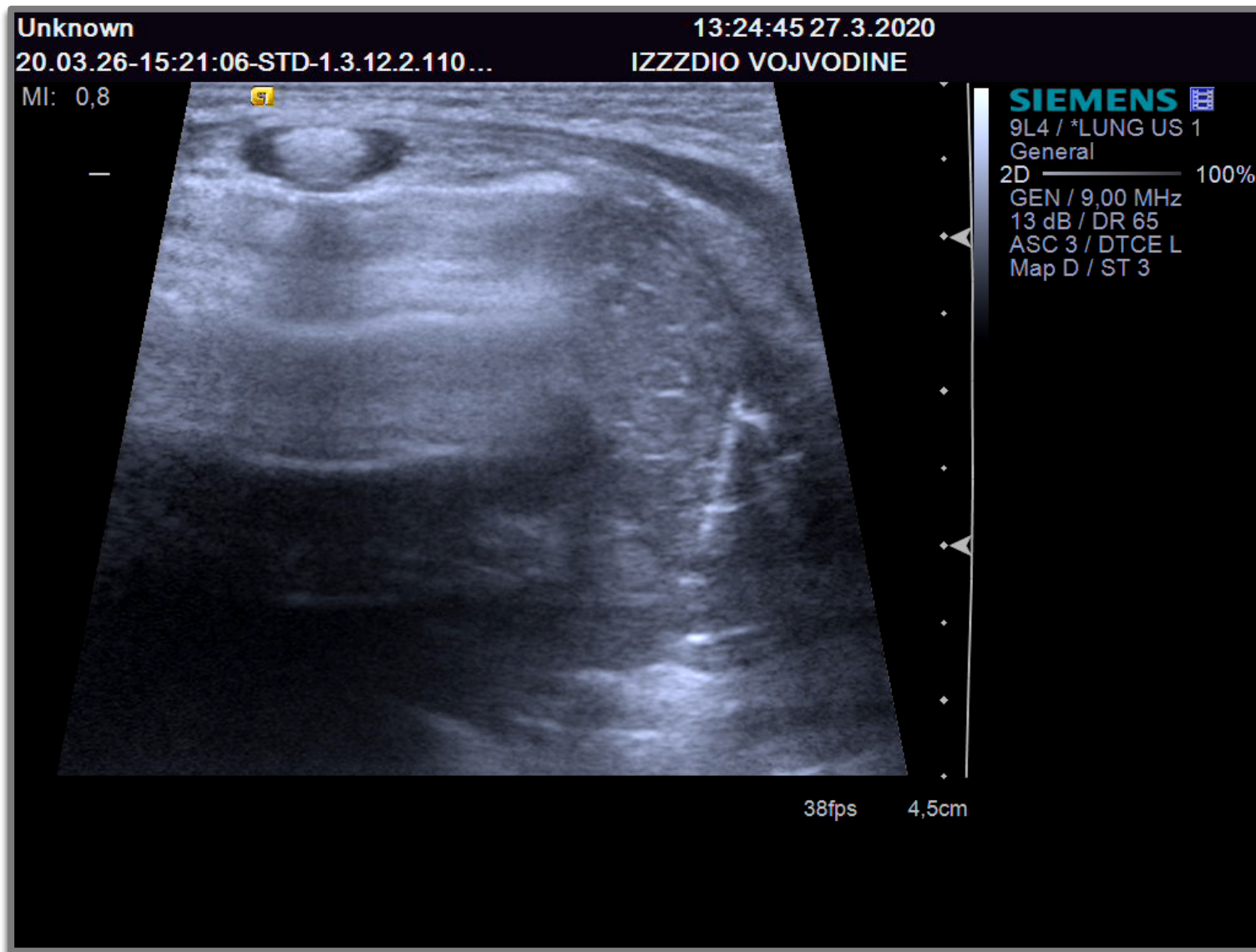




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# Hyperinflation (25d, RSV bronchiolitis)

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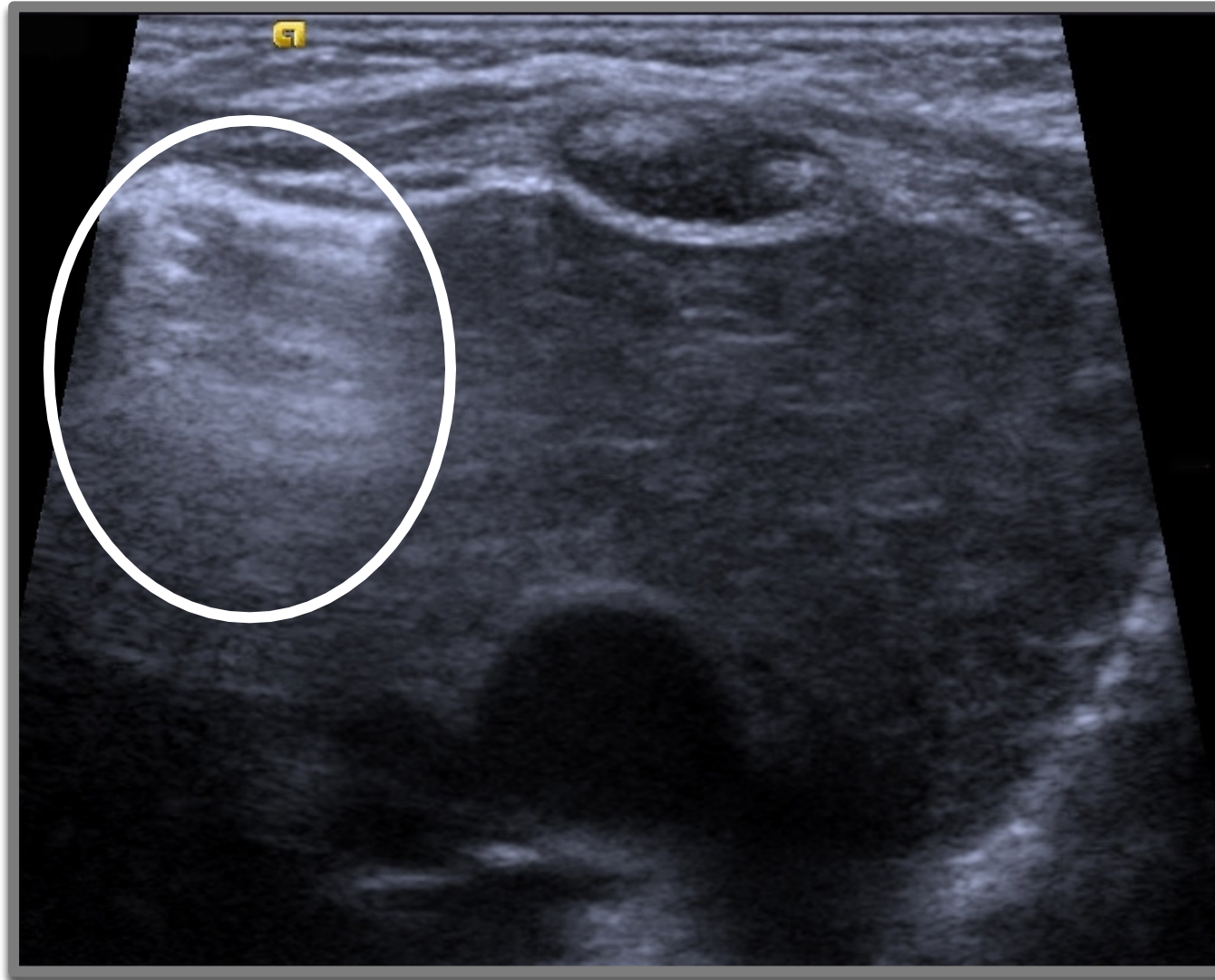




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# Hyperinflation

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# Functional LUS

**TO PREDICT THE NEED FOR SURFACTANT  
REPLACEMENT THERAPY**

**TO PREDICT THE NEED FOR INTUBATION**

**TO PREDICT THE DEVELOPMENT OF BPD**





**Earlier surfactant therapy**



**Reduced oxygen exposure early in life**



**The need for increasing respiratory support and NICU admission**



**Prediction of BPD from 7th to 14th day of life**



**Help clinicians to make more targeted therapeutic choices**



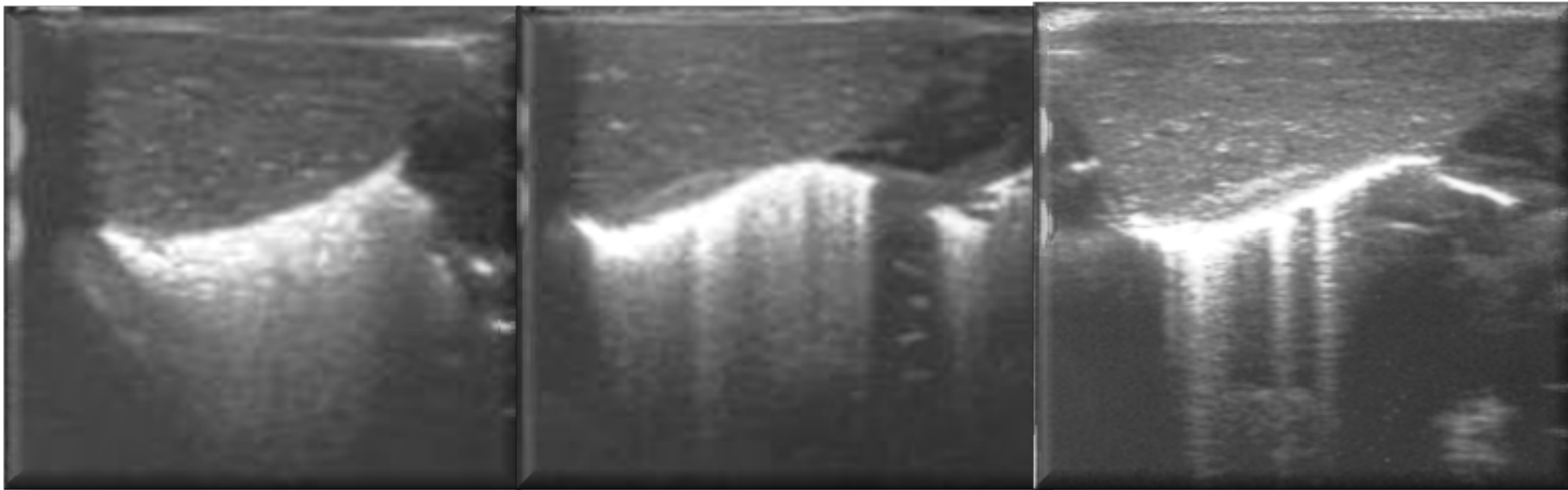


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# Surfactant replacement therapy effects

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## Transhepatic right lung base area



**Before surfactant**

**After 0.5h**

**After 18h**

Lovrenski J, Sorantin E, Stojanović S, Doronjski A, Lovrenski A (2015) Evaluation of surfactant replacement therapy effects – a new potential role of lung ultrasound. Srp Arh Celok Lek 43(11-12):669-675



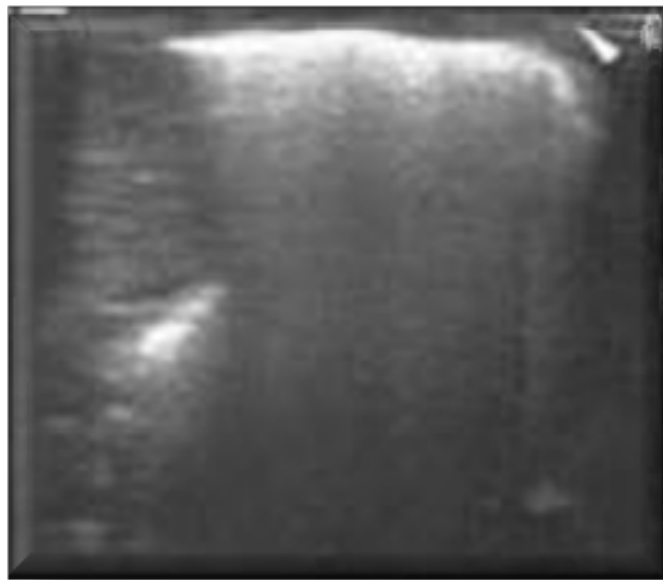


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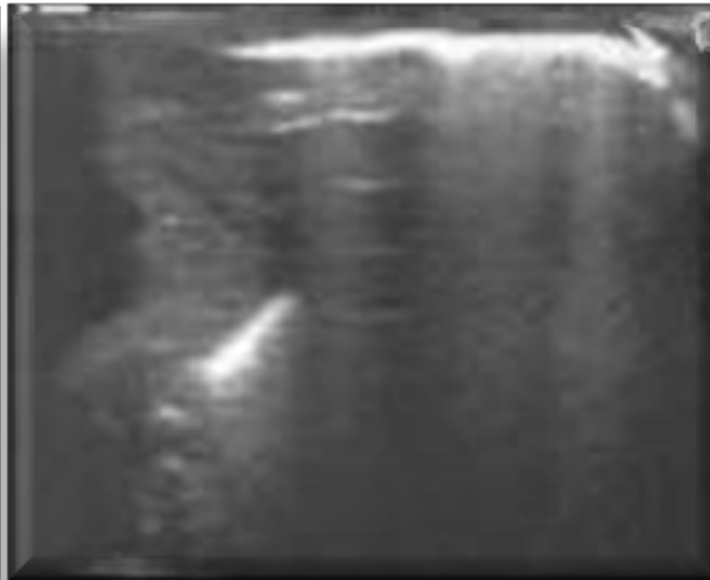
# Surfactant replacement therapy effects

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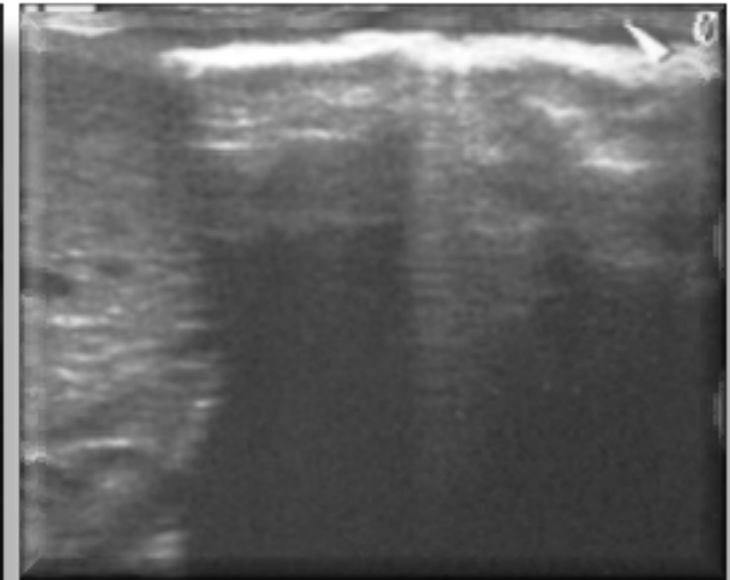
## Right anterior lung area



**Before surfactant**



**After 0.5h**



**After 18h**

Lovrenski J, Sorantin E, Stojanović S, Doronjski A, Lovrenski A (2015) Evaluation of surfactant replacement therapy effects – a new potential role of lung ultrasound. *Srp Arh Celok Lek* 43(11-12):669-675





# BPD vs. BPD complicated with pneumonia

**Continuous LUS  
follow-up (a great  
variety of findings).**

**Increase in number and  
extension of subpleural  
consolidations in  
correlation with clinical  
findings.**





# The impact of position on the LUS findings

**Normal LUS findings  
dominate anterior  
lung areas ( $p < 0.05$ )**

**AIE and subpleural  
consolidations  
dominate posterior  
lung areas ( $p < 0.05$ )**

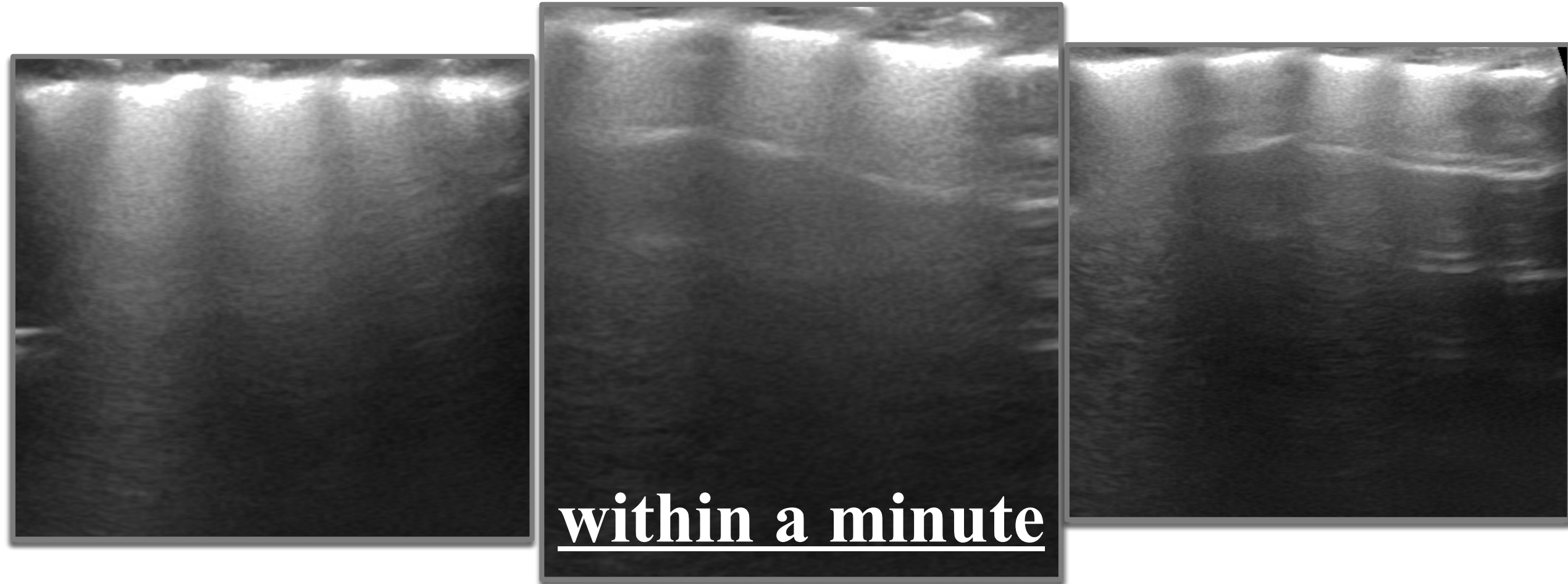




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# After surfactant (day 1) – left posterior lung area

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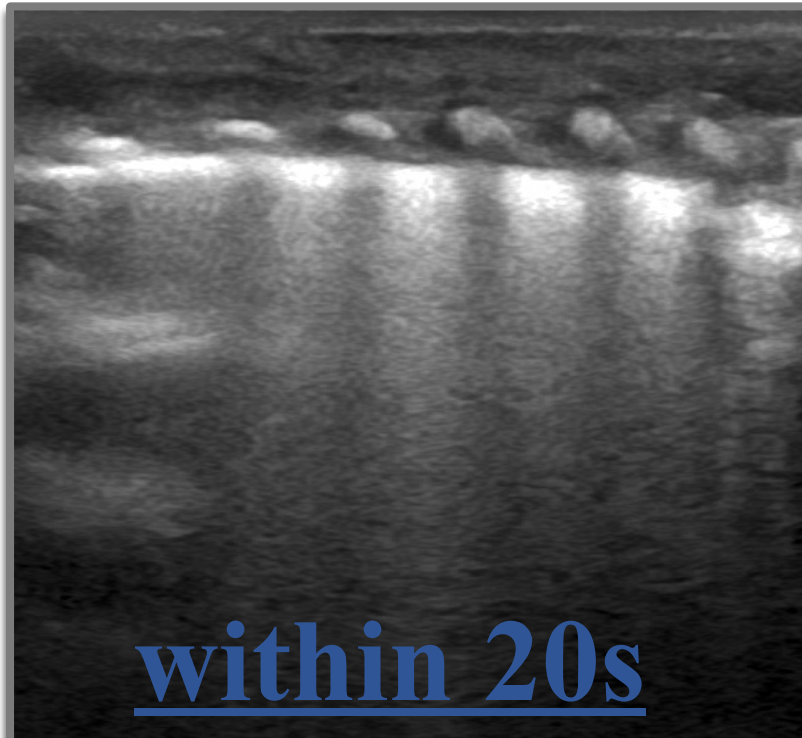
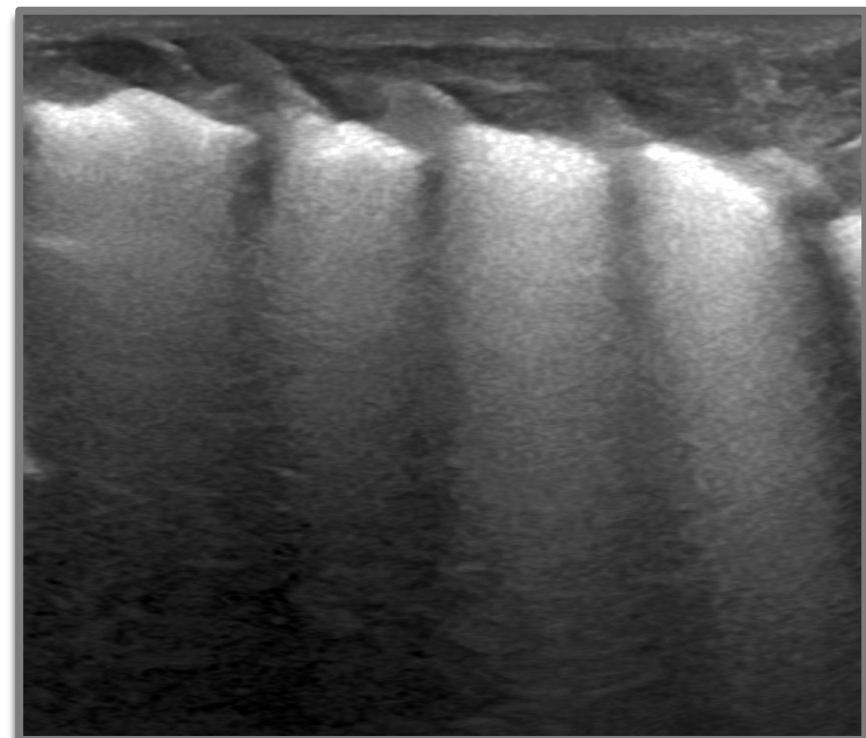




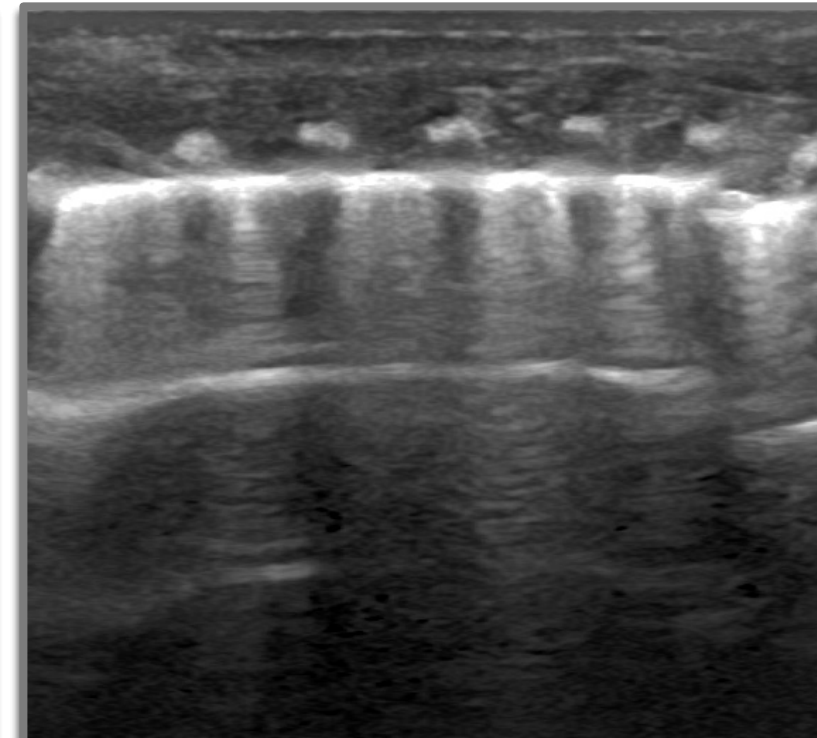
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# Mild RDS (day 2) – right posterior lung area

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within 20s







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**POTENTIAL FOR PULMONARY  
REHABILITATION BY POINTING TO THE  
POORLY VENTILATED AREAS AND  
GUIDING THE CHANGE OF THE  
PATIENT'S POSITION.**

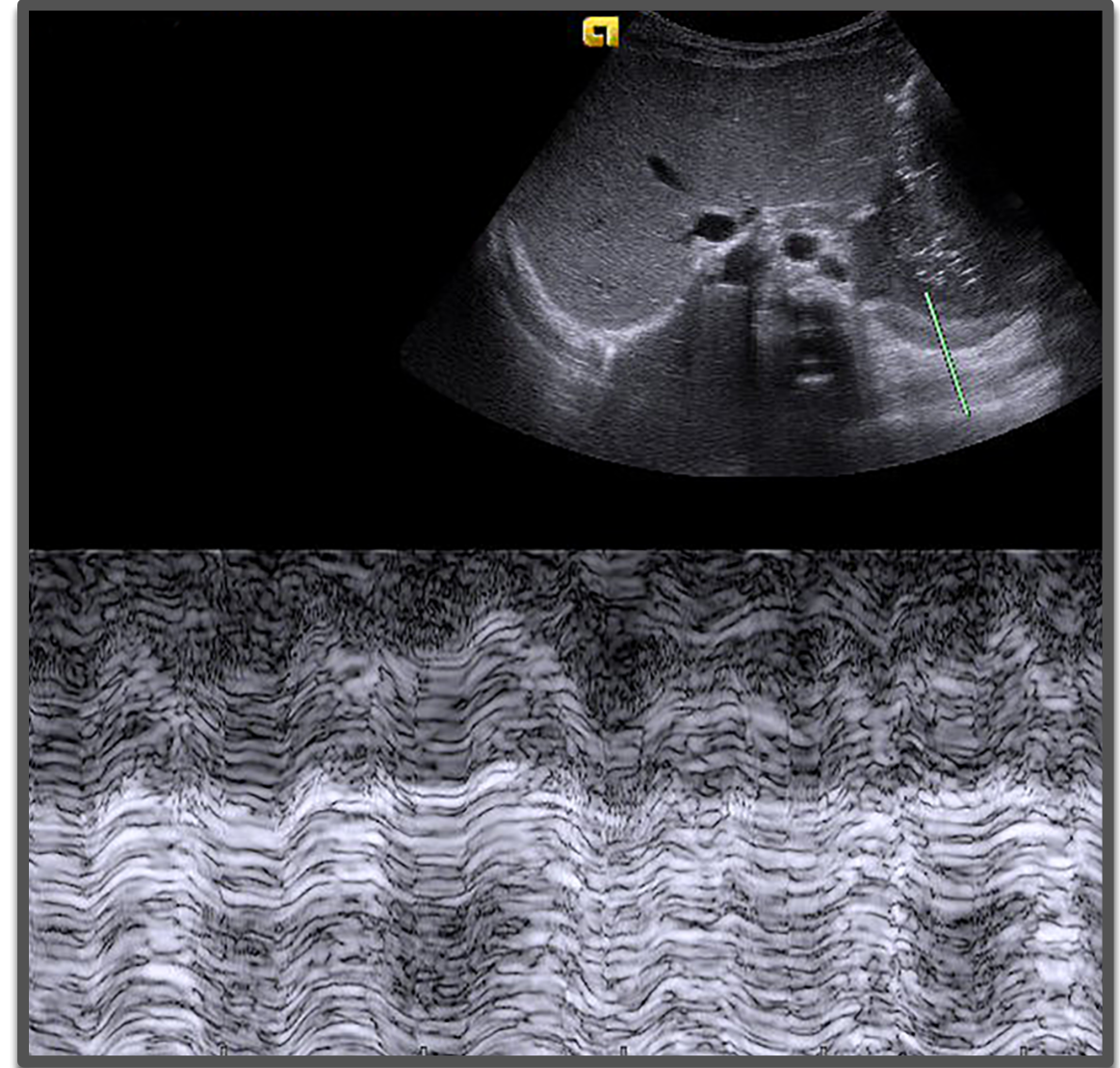
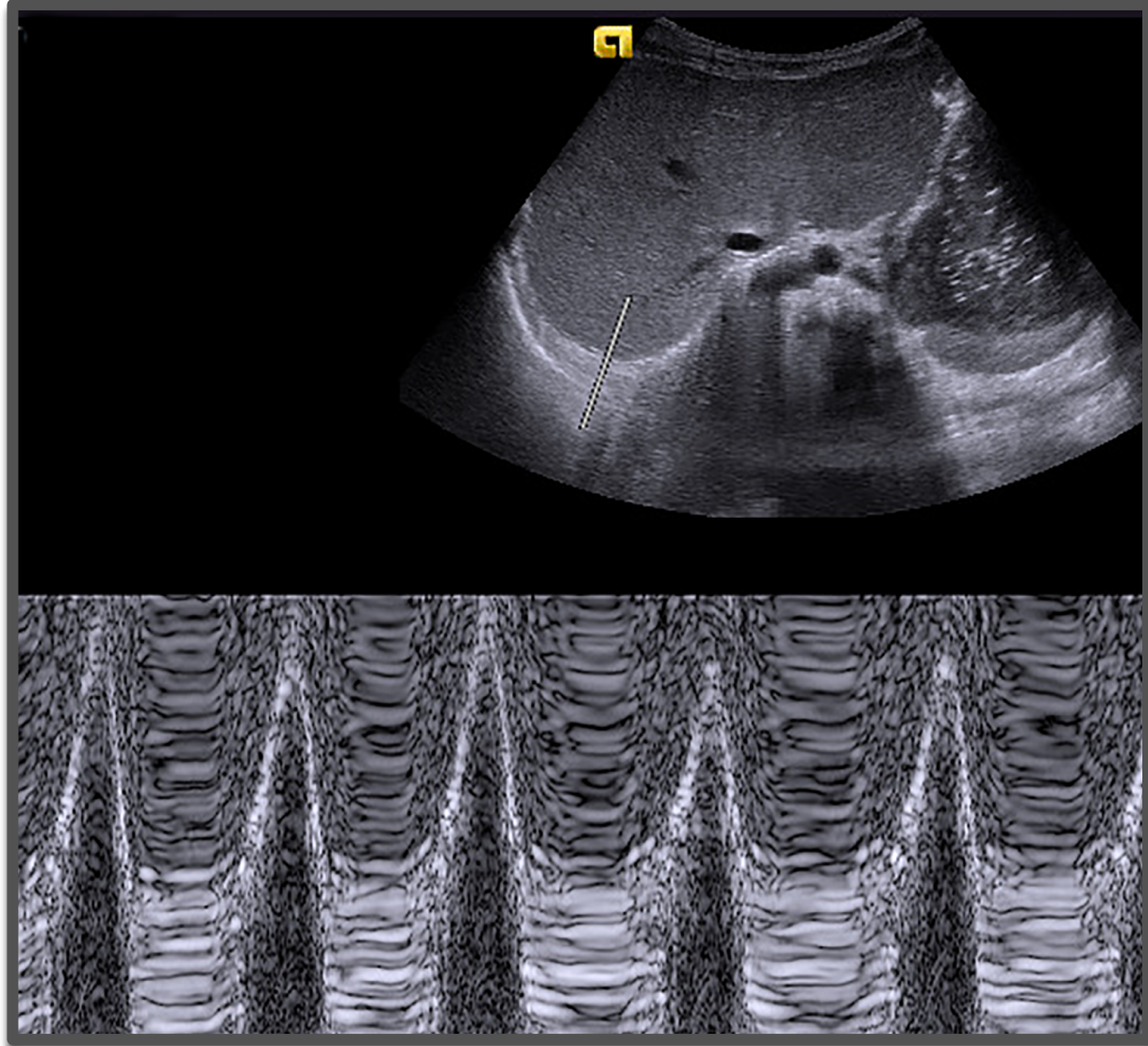




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# Infant after cardiac surgery

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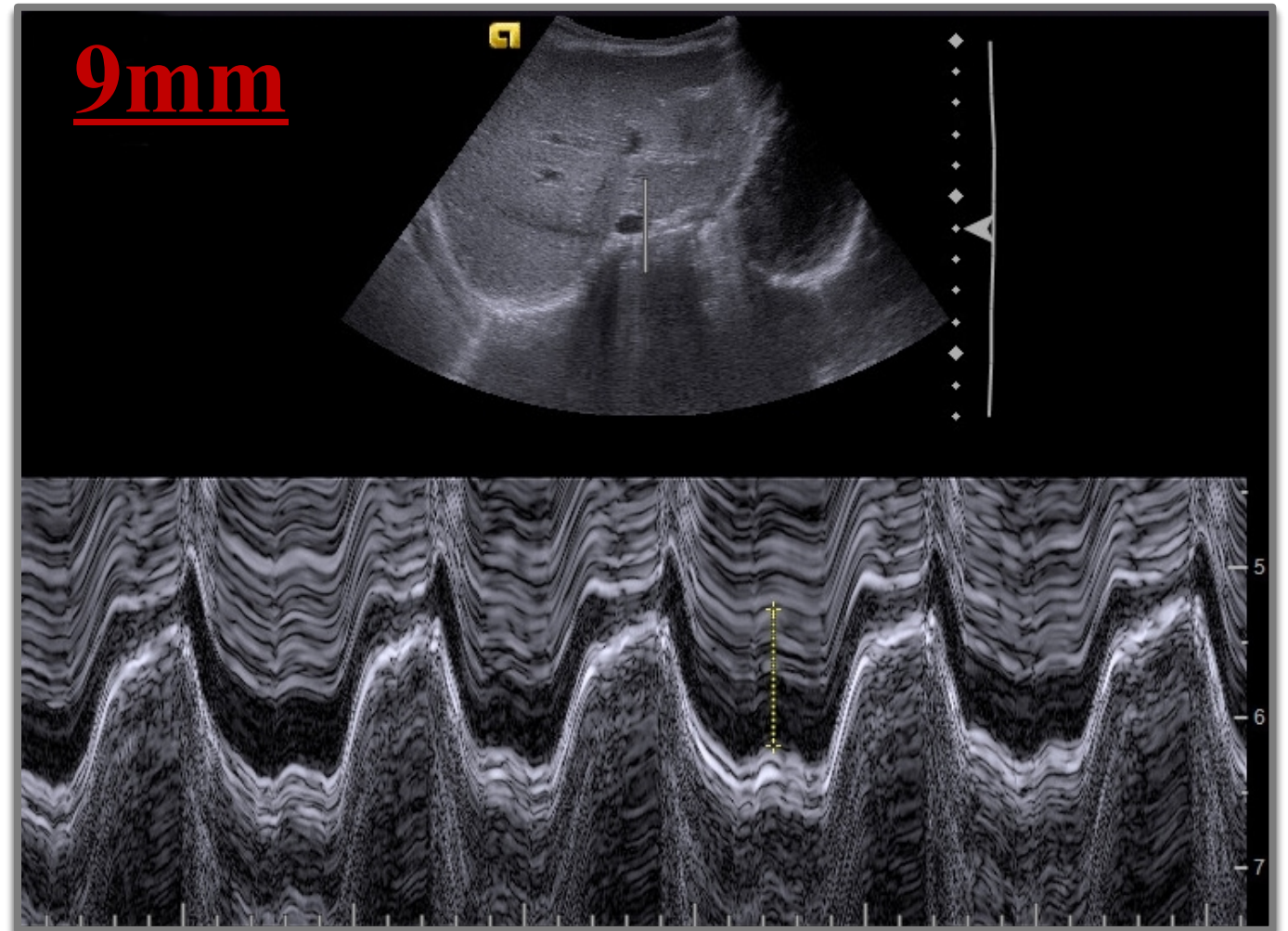
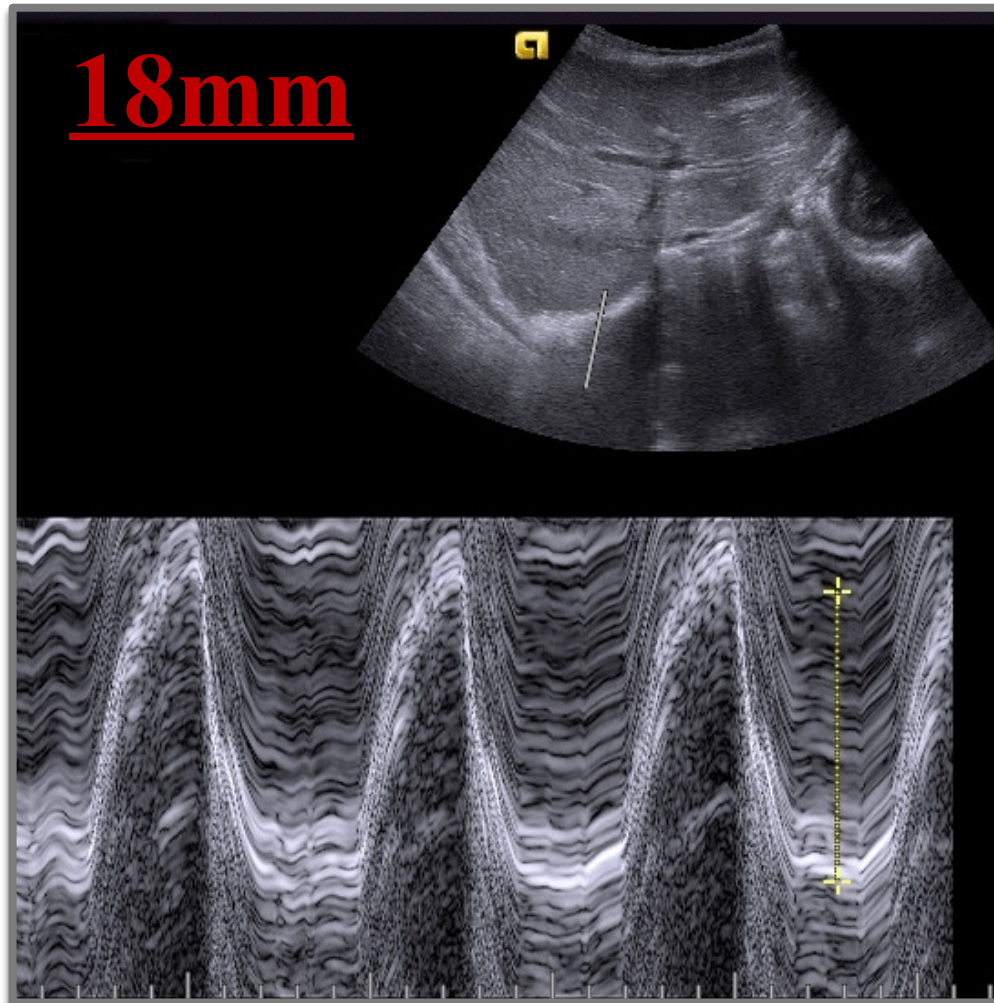




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# Infant after surgery (oesophageal atresia with TE fistula)

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**AIR LEAK SYNDROMES APART FROM  
PNEUMOTHORAX / AIR FILLED CAVITIES**

**DEEP AND CENTRAL PATHOLOGY NOT  
ABUTTING THE PLEURA / INACCESSIBLE  
PARTS OF LUNGS**

**POSITION OF LINES AND TUBES**



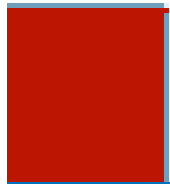


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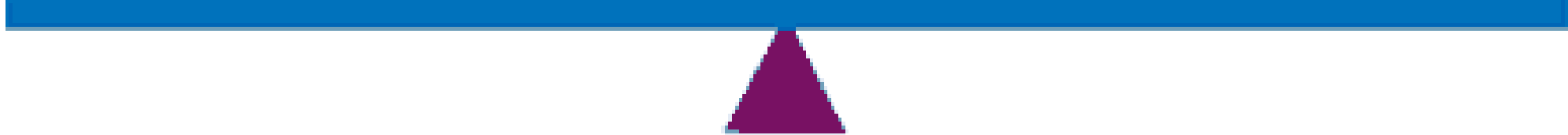
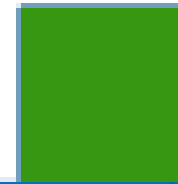
# The dilemma

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**NEONATOLOGISTS**



**PAEDIATRIC  
RADIOLOGISTS**







- *LUS in NICUs - an Italian national survey*
- *LUS has been adopted in 82% of Italian NICUs.*
- *It is the first-choice diagnostic test in 23% of the centers surveyed.*
- *66% of respondents learned LUS technique via a self-training process, while 34% visited an expert in the field.*





➤ J Matern Fetal Neonatal Med. 2020 Oct 9;1-8. doi: 10.1080/14767058.2020.1830369.

Online ahead of print.

## **Lung ultrasound completely replaced chest X-ray for diagnosing neonatal lung diseases: a 3-year clinical practice report from a neonatal intensive care unit in China**

Yue-Qiao Gao <sup>1 2</sup>, Ru-Xin Qiu <sup>1 2</sup>, Jing Liu <sup>1 2</sup>, Li Zhang <sup>1 2</sup>, Xiao-Ling Ren <sup>1 2</sup>,  
Sheng-Juan Qin <sup>1 2</sup>





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**Thank you for  
your attention!**



**ESPR 3-day paediatric MRI course (neuro, MSK, body)**  
**Novi Sad, Serbia (Sheraton hotel)**  
**7th to 9th September, 2022**  
**Organizers: Outreach Task Force**  
**Joanna Kasznia-Brown (UK), Jovan Lovrenski (Serbia)**  
**[esprcourse2022@gmail.com](mailto:esprcourse2022@gmail.com)**





**ESPR 2023**  
**Belgrade, Serbia (Crown Plaza hotel)**  
**5th to 9th June, 2023**

