Såg i RSS-feeden från ADC - Fetal and Neonatal edition detta abstract:

Intressanta resultat, jag har sett en del artiklar om p.o. ibuprofen tidigare - har någon i Sverige erfarenhet?

Arch Dis Child Fetal Neonatal Ed doi:10.1136/archdischild-2011-300532
- Original articles

Oral versus intravenous ibuprofen for patent ductus arteriosus closure: a randomised controlled trial in extremely low birthweight infants

1. Omer Erdeve
2. Sadık Yurtutan
3. Nahide Altug
4. Ramazan Ozdemir
5. Tulin Gokmen
6. Ugur Dilmen
7. Serife Suna Oguz
8. Nurdan Uras

Objective To compare the efficacy and safety of oral versus intravenous ibuprofen for the pharmacological closure of patent ductus arteriosus (PDA) in less mature preterm infants.

Design Prospective, randomised controlled study.

Setting Tertiary neonatal intensive care unit.
Patients and interventions The study enrolled 80 preterm infants with gestational age ≤28 weeks, birth weight.

Main outcome measures The success rate and the safety of the drugs in ELBW preterm infants were the major outcomes.

Results PDA closure rate was significantly higher with oral ibuprofen (83.3% vs 61.7%) after the first course of the treatment (p=0.04). Although the primary closure rate was marginally higher in the oral ibuprofen group, the need for a second course of ibuprofen during the whole hospitalisation was similar between groups: 11 of 36 in oral versus 15 of 34 in intravenous groups (p=0.24) because of a higher reopening rate in the oral group. In addition to no increase in side effects with oral ibuprofen use, the need for postnatal steroid use for chronic lung disease was significantly lower in oral ibuprofen group (p=0.001).

Conclusions Oral ibuprofen is as effective as intravenous ibuprofen for PDA closure even in ELBW infants.