



## Role of Serum Procalcitonin as a marker of neonatal sepsis

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**Abstract:** Despite the advances in perinatal and neonatal care and use of newer potent antibiotics, the incidence of neonatal sepsis remains high and the outcome is still severe. Hospital Based prospective observational study. 50 neonates (preterm & term) with clinically suspected sepsis were studied during 1 year from Jan 2016 to Dec 2016 in Chaitanya Hospital Chandigarh. Conventional sepsis workup was done in all cases and the diagnosis of neonatal sepsis was proved based on the results of blood culture. The serum Procalcitonin was measured by quantitative Enzyme linked immunofluorescence assay and the results were compared to CRP levels between the neonates with or without proven sepsis. Of the total 220 babies admitted in NICU during that period 50 were eligible for study and analyzed. 24 % babies had Definite Sepsis, 60% had Probable Sepsis and 16% babies had No Sepsis. Of the neonates with suspected sepsis 24 % had culture positive and 76% were culture negative. Mean PCT level was 13.27+/- 33.2 ng/ml.

**Biography:** Dr. Pradeep Gupta born and brought up in Nepal, currently working as a Paediatrician and Neonatologist in Department of Paediatrics in a non government hospital in Nepal. I have completed my post-graduation (MD Pediatrics) from PGIMER, Chandigarh, India. I was awarded scholarship provided by Indian government to pursue my post-graduation in India. I did my undergraduate (MBBS) from BPKIHS, Nepal under full scholarship and I was university topper. [drpradeepgupta87@gmail.com](mailto:drpradeepgupta87@gmail.com)



### Publications:

1. Fernández de la Cruz, L., et al., Treatment of Children With Attention-Deficit/Hyperactivity Disorder (ADHD) and Irritability: Results From the Multimodal Treatment Study of Children With ADHD (MTA). *Journal of the American Academy of Child and Adolescent Psychiatry*, 2015. 54(1): p. 62-70. e3.
2. Gadow, K.D., et al., Risperidone added to parent training and stimulant medication: effects on attention-deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, and peer aggression. *Journal of the American Academy of Child & Adolescent Psychiatry*, 2014. 53(9): p. 948-959. e1.
3. Gallo, E.F. and J. Posner, Moving towards causality in attention-deficit hyperactivity disorder: overview of neural and genetic mechanisms. *Lancet Psychiatry*, 2016. 3(6): p. 555-67.

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