

Periventricular-intraventricular hemorrhage clinical features

Asymptomatic PIVH

Most PIVHs will be clinically unsuspected, usually with smaller hemorrhages. Retrospectively, these PIVHs may have been suggested by a fall in [hematocrit](#) or delays in neurologic development. These have a 78% 6-month survival, vs. 20% for PIVH showing signs.

Subacute presentation

Usually smaller or more slowly developing hemorrhages. Clinically may present as irritability, reduced motor activity, or abnormal eye movements.

Acute presentation

1. changes in muscle tone or activity: usually decerebrate or decorticate posturing, sometimes flaccid paralysis
2. seizures: often subclinical
3. tense fontanelle
4. hypotension
5. respiratory and cardiac irregularities: [apnea](#) & [bradycardia](#) ("A's and B's")
6. unreactive pupils and/or loss of extraocular muscle movements
7. Hematocrit drop > 10%

Awareness of [risk factors](#) for the development of [hydrocephalus](#) in newborn infants with [germinal matrix hemorrhage](#) should be emphasized in order to enable an early [diagnosis](#) of [ventriculomegaly](#) and symptomatic hydrocephalus and thus make a correct therapeutic decision ¹⁾.

[Seizure](#): often subclinical. There is high risk when the seizure is the clonic type. When the seizure is subtle type the risk is low to this etiology ²⁾.

Hypoxic-ischemic encephalopathy is the most common cause of neonatal seizures. Multiple etiologies often co-exist in neonates and hence it is essential to rule out conditions such as hypoglycemia, [hypocalcemia](#), and meningitis before initiating specific therapy ³⁾.

Tense fontanelle

Hypotension

As and Bs

1)

Romero L, Ros B, Arráez M, Ríus F, González L, Martín A, Carrasco A, Segura M. Analysis of risk factors for hydrocephalus development in newborn infants with germinal matrix hemorrhage. *Minerva Pediatr.* 2015 Oct;67(5):401-6. PubMed PMID: 26377778.

2)

de Holanda MR, de Melo AN. [Prediction of etiology based on the clinical type of convulsion in the neonatal period]. *Acta Cir Bras.* 2005;20 Suppl 1:227-31. Portuguese. PubMed PMID: 17768811.

3)

Sankar MJ, Agarwal R, Aggarwal R, Deorari AK, Paul VK. Seizures in the newborn. *Indian J Pediatr.* 2008 Feb;75(2):149-55. PubMed PMID: 18334796.

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