

CORRECTION: USING OF DEXMEDETOMIDINE IN TERM NEONATES WITH HYPOXIC-ISCHEMIC ENCEPHALOPATHY

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Related Article:

Correction of: <https://doi.org/10.26641/2307-0404.2019.2.170123>

In the article “Using of dexmedetomidine in term neonates with hypoxic-ischemic encephalopathy. Surkov D.” (Medicni perspektivi. 2019;24(2):24-33), a number of changes were made, which made it possible to more accurately substantiate the research results.

Changed:

- Instead of “The aim – to determine the impact of dexmedetomidine and other sedatives on the cerebral blood flow and outcomes of hypoxic-ischemic encephalopathy in term neonates” replaced by “The aim – to compare cerebral blood flow indexes and results of treatment for hypoxic-ischemic encephalopathy between groups of full-term infants who received dexmedetomidine (study group) and other sedatives (control group) during therapeutic hypothermia period” (Abstract, purpose);

- Instead of “The infants were divided using a simple open randomization by pharmacological sedative agents during mechanical ventilation into dexmedetomidine group (n=46) and the control group (n=159), which included morphine, sodium oxybutyrate, and diazepam in standard recommended doses” replaced by “Infants of the study group (n=46) received dexmedetomidine during mechanical ventilation for pharmacological sedation. Control group infants (n=159) received morphine, sodium oxybutiras, and diazepam in standard recommended doses” (Abstract);

- Instead of “Dexmedetomidine is a safe sedative agent with a stable hemodynamic profile, without adverse influence on cerebral perfusion and possible neuroprotective effects in term infants with HIE, as addition to standard therapeutic hypothermia” replaced by “The determined peculiarities give grounds to use dexmedetomidine in the daily practice of the neonatal intensive care, but additional data needs to be collected before any further conclusions can be drawn” (Abstract);

- Instead of “Single-center, prospective, randomized controlled study was performed in 205 full-term infants with HIE treated in neonatal intensive care unit (NICU)

level III of Dnipro Regional Children's Hospital (Ukraine) in the period of 2012-2017.” replaced by “205 full-term infants with HIE treated in neonatal intensive care unit (NICU) level III of Dnipro Regional Children's Hospital (Ukraine) in the period of 2012-2017 were collected in the single-center, prospective observational study” (Materials and methods of research);

- Instead of “Using simple open randomization all the babies were divided into group of dexmedetomidine (DEX group, n=46) and the control group of standard sedation (n=159). Infants of DEX group received dexmedetomidine in dose of 0.5 mcg/kg/hour via continuous infusion” replaced by “From all the babies, included in the study, 46 patients received only dexmedetomidine in dose of 0.5 mcg/kg/hour via continuous infusion (group of dexmedetomidine, DEX group). Other 159 infants formed the control group of standard sedation» (Materials and methods of research);

- Instead of “1. Dexmedetomidine is a safe sedative agent with a stable hemodynamic profile, without adverse cerebral influence and possible neuroprotective effects in term infants with HIE, additional to standard therapeutic hypothermia. 2. The determined peculiarities make it possible to use dexmedetomidine in the daily practice of the neonatal intensive care, but additional data needs to be collected before any further conclusions can be drawn.” replaced by “The determined peculiarities give grounds to use dexmedetomidine in the daily practice of the neonatal intensive care, but additional data needs to be collected before any further conclusions can be drawn” (Conclusions).

The correction will appear in the online version of the paper on the web site of the Journal "Medicni perspektivi" N 2, Vol. 24, 2019, together with the publication of this correction notice. Because this was made after submission to in databases, catalogs of scientific journals, and other full-text repositories, the revised article will also be posted on these resources.