

Efficacy of Inhaled RhDNase in Mechanically Ventilated Pediatric Patients with an Atelectasis.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON21415

Source

NTR

Brief title

N/A

Health condition

Atelectasis during mechanical ventilation.

Sponsors and support

Primary sponsor: Erasmus Medical Center, Sophia Children's Hospital. Dr. Molewaterplein 60,
3015 GJ Rotterdam

Source(s) of monetary or material Support: Roche BV, the Netherlands

Intervention

Outcome measures

Primary outcome

Change in a Chest radiograph-score (CXR-score) at 48 hours.

Secondary outcome

Change in a Chest radiograph-score at 24 hours, and change in: ventilatory settings; saturation; blood-gas values; DNA content and cytokines in tracheal aspirates; duration of mechanical ventilation; length of stay.

Study description

Background summary

Atelectasis in children during mechanical ventilation often results from and/or is associated with airway inflammation and airways infection, with an increased influx of inflammatory cells in the airways. Inflammatory cells and damaged epithelial cells degrade, and release DNA in airway mucus resulting in an increased mucus viscosity. Viscous mucus impairs mucociliary clearance, resulting in airways obstruction and impaired resolution of atelectasis.

We therefore designed a study to evaluate the efficacy of the mucolytic medicine rhDNase in addition to conventional treatment in children with an atelectasis during mechanical ventilation.

Study objective

RhDNase can liquefy mucus in children with an atelectasis during mechanical ventilation, resulting in improved mucociliary clearance, less mucus retention and less airways obstruction, thereby enhancing the rate of resolution of an atelectasis. Moreover we expect the ventilator settings, pulmonary ventilation and ventilation-perfusion mismatch to improve faster, possibly resulting in a shorter time spent on a ventilator and on the ICU.

Study design

N/A

Intervention

Intervention group: Twice daily: inhaled rhDNase, 2.5 ml and twice daily 4 ml isotonic saline (NaCl 0.9%), for two days.

Control group: Twice daily: inhaled isotonic saline 2.5 ml and twice daily 4 ml isotonic saline, for two days.

Contacts

Public

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Eligibility criteria

Inclusion criteria

1. Age 0-18 years;
2. Mechanical ventilation;
3. Presence of an atelectasis on a chest radiograph;
4. First dose of study medication can be administered preferably within 6 hours (max 12 hours) after an atelectasis has been diagnosed.

Exclusion criteria

1. Children with neuromuscular disorders and impaired ability to cough; cardiomyopathy; or cystic fibrosis;
2. Post-gestational age < 32 weeks;
3. Mechanical ventilation during muscle paralysis;

4. Atelectasis due to a bronchoscopically diagnosed:
 - foreign body aspiration;
 - tracheal or bronchial compression by lymph nodes or vessels;
5. Recurrent atelectasis due to an anatomical airway-abnormality;
6. RhDNase treatment in the previous 48 hours;
7. Clinical condition or ventilator settings that are not compatible with nebulizing medication (according to the responsible physician);
8. Presence of a pneumothorax;
9. Previous participation in the study.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-09-2006
Enrollment:	80
Type:	Actual

Ethics review

Positive opinion	
Date:	03-07-2006

Application type:

First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL715
NTR-old	NTR725
Other	: N/A
ISRCTN	ISRCTN07263575

Study results

Summary results

N/A