Respiratory Distress Syndrome type I (RDS I) or Hyaline Membrane Disease, is the most common disease in the neonatal intensive care unit. This illness is observed in 10% of the preterm neonates, with greater frequency in the younger of 34 weeks with weight lower than 1500 grams. Clinical features include: respiratory difficulty, expiratory groaning, chest retraction, (smaller adaptability of the lung), nasal flaring cyanosis and tachypnoea, peripheral oedema. (changes in vascular permeability), chest radiographies can show reticulogranular densities (ground glass appearance) with air bronchogram, and in the blood gas the presence of respiratory acidosis plus hypoxia can be observed. The current therapy is focused on preventive measures as good prenatal control. In case of preterm delivery risk measures that prolong the pregnancy are recommended, such as being confined to bed, drugs to inhibit pregnancy labor, and maternal steroids to produce pulmonary growth. All these cares help to diminish the frequency of RDS. During hospitalization, these same measures improve the survival rate as well as to diminish their mortality.

Abstract

Respiratory Distress Syndrome type I (RDS I) or Hyaline Membrane Disease, is the most common disease in the neonatal intensive care unit. This illness is observed in 10% of the preterm neonates, with greater frequency in the younger of 34 weeks with weight lower than 1500 grams. Clinical features include: respiratory difficulty, expiratory groaning, chest retraction, (smaller adaptability of the lung), nasal flaring cyanosis and tachypnoea, peripheral oedema. (changes in vascular permeability), chest radiographies can show reticulogranular densities (ground glass appearance) with air bronchogram, and in the blood gas the presence of respiratory acidosis plus hypoxia can be observed. The current therapy is focused on preventive measures as good prenatal control. In case of preterm delivery risk measures that prolong the pregnancy are recommended, such as being confined to bed, drugs to inhibit pregnancy labor, and maternal steroids to produce pulmonary growth. All these cares help to diminish the frequency of RDS. During hospitalization, these same measures improve the survival rate as well as to diminish their mortality.

Keywords

Respiratory Distress Syndrome, Premature, Low Birth Weight.