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Prognostic Value of Direct Bilirubin In Neonatal Hyperbilirubinemia

Sir,

We read the article by Dr Mamtani and colleagues on the prognostic value of direct bilirubin determinations in predicting death in hyperbilirubinemic neonates with great interest.¹ Direct bilirubin measurements have, indeed, fallen out of favor as part of the routine evaluation of otherwise healthy, term and near-term neonates. In fact, the Subcommittee on Hyperbilirubinemia of the American Academy of Pediatrics recommends performing a direct or conjugated bilirubin determination only if jaundice persists greater than 3 weeks, or if the infant in question is sick.² Kernicterus has, however, been reported in association with a direct component to hyperbilirubinemia.^{3,4}

In contrast to many other studies of neonatal hyperbilirubinemia, the hyperbilirubinemic newborns currently reported do not appear, in the main, to be otherwise healthy, term and near term infants. For example, the authors report 38% as being small for gestational age, 23% having bacterial or other infections and 3% having idiopathic hepatitis, to mention only some of the conditions enumerated. As much as 18.5% of the cohort died.

In our opinion, the babies reported had many conditions which are usually excluded, or analyzed separately as a subgroup, when evaluating term and near-term newborns with severe hyperbilirubinemia. The increased direct bilirubin found in many of the babies was most probably a marker of hepatic disease, or of systemic conditions with hepatic manifestations. These disease processes, rather than the hyperbilirubinemia *per se*, were in all likelihood responsible for the high mortality encountered.

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