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Diagnosis and Management of Newborn Respiratory Distress Syndrome

Guest Editor:

Dr. Luca Pierri

AORN Santobono-Pausilipon,
Neonatal Intensive Care Unit,
Naples, Italy

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Message from the Guest Editor

Dear Colleagues,

The neonatal survival of preterm babies is still improving thanks to modern technologies and newly targeted therapy approaches to pulmonary immaturity and surfactant deficiency. Respiratory Distress Syndrome (RDS) prevention starts during pregnancy, considering all the possible interventions aiming to prolong the gestation of preterm fetuses, and continues after birth. The evidence-based lung-protective strategies include the initiation of non-invasive respiratory support from birth, the judicious use of oxygen, early surfactant administration, caffeine therapy, cardiovascular assessment, and the avoidance of mechanical ventilation where possible. Lung ultrasound has replaced conventional radiology in the diagnosis of RDS, allowing neonatologists to act quickly and avoid unnecessary radiation exposure to the baby. The modern approach to RDS should be personalized, taking a physiopathology and critical care perspective, which can only be built by developing cross-disciplinary awareness in order to avoid chronic lung disease.



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Special Issue



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Editor-in-Chief

Prof. Dr. Paul R. Carney

Departments of Child Health and Neurology, University of Missouri, 400 Keene Street, Columbia, MI 65201, USA

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Contact Us

Children Editorial Office
MDPI, Grosspeteranlage 5
4052 Basel, Switzerland

Tel: +41 61 683 77 34
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