

# Hyperechogenicity of the thalamus and basal ganglia in very preterm infants

|  |  |  |
|--|--|--|
| <b>Submission date</b><br>29/06/2006   | <b>Recruitment status</b><br>No longer recruiting    | <input type="checkbox"/> Prospectively registered    |
|  |  | <input type="checkbox"/> Protocol                    |
| <b>Registration date</b><br>29/06/2006 | <b>Overall study status</b><br>Completed             | <input type="checkbox"/> Statistical analysis plan   |
|  |  | <input checked="" type="checkbox"/> Results          |
| <b>Last Edited</b><br>08/01/2021       | <b>Condition category</b><br>Nervous System Diseases | <input type="checkbox"/> Individual participant data |

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Ms Lara Leijser

**Contact details**  
Leiden University Medical Center (LUMC)  
Willem-Alexander Kinder- en Jeugdcentrum  
Postzone J6-S  
P.O. Box 9600  
Leiden  
Netherlands  
2300 RC  
+31 (0)71 5262909  
L.M.Leijser@lumc.nl

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
NL617, NTR676

# Study information

## Scientific Title

Hyperechogenicity of the thalamus and basal ganglia in very preterm infants

## Study objectives

The principal aim of this research project is to establish the origin of increased echogenicity in the thalamus and basal ganglia (TBG), an ultrasonographic finding frequently encountered in very preterm infants. It is not known whether echodensities (ED) of TBG is a normal maturational phenomenon or a pathological process with consequences for neurological development. ED /TBG may, like transient ED in the frontal white matter, represent normal maturational changes occurring in the thalamus, basal ganglia, and/or the surrounding brain tissue. However, it may also represent damage to the developing brain, like more inhomogeneous ED in TBG in (near) term infants, unilateral or localized ED in TBG in preterm infants, linear and/or punctate ED in TBG in preterm and full term infants, and long-lasting ED in the periventricular white matter in preterm infants do. If so, ED/TBG is an important finding and may be associated with an unfavourable or even poor neurological prognosis. We want to explore whether ED/TBG is a pathological phenomenon or a normal (maturational) phenomenon occurring in the immature brain, and to establish the possible consequences of ED/TBG for short and long term neurological outcome of very preterm infants.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Non-randomized, single centre, parallel group study

## Primary study design

Observational

## Secondary study design

Cohort study

## Study setting(s)

Hospital

## Study type(s)

Other

## Participant information sheet

## Health condition(s) or problem(s) studied

Preterm infants with hyperechogenicity of TBG

## Interventions

In all very preterm infants born after a gestational age of less than 32 weeks, serial cerebral ultrasonography (CUS) examinations will be performed according to the standard protocol. All

CUS examinations will be evaluated for the presence of diffuse ED/TBG. This will result in a division of all preterm infants into two groups, i.e. a group of preterm infants with ED/TBG and a group of preterm infants without ED/TBG. All infants (infants with and without ED/TBG) will undergo a single cerebral magnetic resonance imaging (MRI) examination around term date. In addition, they will visit our follow-up clinic around term date and at corrected ages of 12 and 24 months, when their neurodevelopment will be assessed. The results obtained from CUS, MRI and follow-up will be compared between the infants with ED/TBG and the infants without ED/TBG.

The only difference between the two groups of infants is that in one group ED/TBG is detected on CUS, whereas in the other group ED/TBG is not detected. There is no difference between groups in the number of examinations.

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome measure**

The origin and clinical significance of ED/TBG in very preterm infants

**Secondary outcome measures**

Improvement in the prediction of neurological prognosis of individual preterm infants and the understanding of maturational and pathological processes in the preterm brain

**Overall study start date**

03/04/2006

**Completion date**

31/03/2010

**Eligibility****Key inclusion criteria**

Infants born after a gestational age of less than 32 weeks in the Leiden University Medical Center between May 2006 - August 2007.

**Participant type(s)**

Patient

**Age group**

Child

**Sex**

Both

**Target number of participants**

140

**Total final enrolment**

**Key exclusion criteria**

Congenital anomalies or serious acquired abnormalities of the central nervous system, chromosomal disorders, metabolic disorders, neonatal meningitis or sepsis.

**Date of first enrolment**

03/04/2006

**Date of final enrolment**

31/03/2010

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

Leiden University Medical Center (LUMC)

Leiden

Netherlands

2300 RC

**Sponsor information****Organisation**

Leiden University Medical Center (LUMC) (The Netherlands)

**Sponsor details**

P.O. Box 9600

Leiden

Netherlands

2300 RC

**Sponsor type**

University/education

**ROR**

<https://ror.org/05xvt9f17>

**Funder(s)****Funder type**

University/education

**Funder Name**

Leiden University Medical Center (LUMC)

**Funder Name**

ZonMw (The Netherlands Organization for Health Research and Development)

**Alternative Name(s)**

Netherlands Organisation for Health Research and Development

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

Netherlands

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

| Output type                     | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---------------------------------|---------|--------------|------------|----------------|-----------------|
| <a href="#">Results article</a> | results | 01/03/2011   | 08/01/2021 | Yes            | No              |