

# A multicentre randomised controlled trial of low versus high threshold treatment in preterm infants with progressive posthaemorrhagic ventricular dilatation

<b>Submission date</b>	<b>Recruitment status</b>	<input type="checkbox"/> Prospectively registered
27/01/2006	No longer recruiting	<input type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
27/01/2006	Completed	<input checked="" type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
25/05/2018	Pregnancy and Childbirth	

## Plain English summary of protocol

### Background and study aims

Babies that are born early (premature) are at increased risk of bleeding into the fluid-filled areas inside the brain (ventricles), called intraventricular haemorrhage, which can lead to enlargement of the ventricles, called posthaemorrhagic ventricular dilatation (PHVD). If the ventricles become larger than a threshold size, about 50 – 60 % of the infants will require surgery to place a tube (shunt) in the brain to drain fluid, about 20 % will not survive, and more than 60 % will be disabled. The aim of this study is to find out whether earlier treatment of PHVD at a lower threshold size decreases the need for shunting and improves patient outcome.

### Who can participate?

Premature infants with a gestational age under 34 weeks with intraventricular haemorrhage and PHVD

### What does the study involve?

The infants are randomly allocated to the low threshold group or the high threshold group. Those in the low threshold group are treated when the ventricles reach a lower size threshold compared with the high threshold group. Treatment consists of lumbar punctures, where a needle is inserted into the lower part of the spine to drain fluid. If lumbar punctures are still needed over 28 days after the first one, a shunt is inserted into the brain to drain fluid. The two groups are compared with regard to how many infants need a shunt and their brain development at two years of age.

### What are the possible benefits and risks of participating?

The low threshold group may benefit from avoiding the need for shunting, but may be at risk of having unnecessary surgery when they may have otherwise stabilized spontaneously.

### Where is the study run from?

Wilhelmina Children's Hospital Utrecht and University Medical Centre Utrecht (Netherlands)

When is the study starting and how long is it expected to run for?

January 2006 to January 2014

Who is funding the study?

Sophia Kindergeneeskunde B.V. (Netherlands)

Who is the main contact?

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## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### ClinicalTrials.gov (NCT)

NCT00875758

### Protocol serial number

MEC-2005-007; NTR413

## Study information

### Scientific Title

A multicentre randomised controlled trial of low versus high threshold treatment in preterm infants with progressive posthaemorrhagic ventricular dilatation

### Acronym

PHVD

### Study objectives

We hypothesise that in preterm infants with a gestational age below 34 weeks a low threshold intervention (progressive posthaemorrhagic ventricular dilatation [PHVD] with a ventricular enlargement above the 97th centile for gestational age according to Levene and a diagonal

width enlargement of the frontal horn above 6 mm according to Davies) will decrease the need for a ventriculoperitoneal shunt as compared to high threshold intervention (PHVD exceeding 4 mm over the 97th centile according to Levene and an increase in diagonal width of the frontal horn above 10 mm according to Davies) and will improve neurodevelopmental outcome at two years of age.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Not provided at time of registration

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Posthaemorrhagic ventricular dilatation

### **Interventions**

Comparison: low threshold versus high threshold intervention.

Low threshold: intervention when an increase in ventricular width according to Levene above the 97th centile towards the P97 + 4 but without crossing the >P97 + 4 and an increase in diagonal width according to Davies above 6 mm towards 10 mm, but not above 10 mm.

High threshold: intervention after an increase in ventricular width according to Levene above the P97 + 4 and an increase in diagonal width according to Davies above 10 mm.

Intervention:

Lumbar punctures (LP; 10 ml/kg) on 2 days. Cranial ultrasound is repeated daily. If on the third day a LP is still required, a subcutaneous reservoir will be inserted. Daily 10 cc/kg will be drained in 2 taps a day. Punctures from the reservoir will be continued over the next days or weeks. The amount of CSF drained will be increased or decreased in order to reach and keep the ventricular index according to Levene <P97 and diagonal anterior horn width <6 mm. If punctures are still necessary exceeding 28 days after the first LP, a ventriculoperitoneal shunt is inserted. If the bodyweight of the infant is less than 2.5 kg, the insertion of the shunt will be postponed until the bodyweight is over 2.5 kg, if CSF drainage is still needed then.

### **Intervention Type**

Procedure/Surgery

### **Primary outcome(s)**

Need for ventriculoperitoneal shunt

### **Key secondary outcome(s)**

1. Neurodevelopmental outcome on the Bayley Scales of Infant Development at 24 months corrected age, assessed by a blinded developmental psychologist
2. Number of (lumbar) punctures, reservoirs, reservoir dysfunctions, reservoir infections and reservoir revisions, drains, drain dysfunctions, drain infections and drain revisions

**Completion date**

01/01/2014

## Eligibility

**Key inclusion criteria**

Current inclusion criteria as of 03/01/2012

Premature infants with:

1. A gestational age equal to or below 34 weeks
2. An intraventricular haemorrhage grade III according to Volpe (>50% of the ventricle) and grade IV haemorrhage
3. A progressive posthaemorrhagic ventricular enlargement above the 97th centile for gestational age according to Levene and a diagonal width enlargement of the frontal horn above 6 mm according to Davies

Previous inclusion criteria

Premature infants with:

1. A gestational age equal to or below 34 weeks
2. An intraventricular haemorrhage grade III according to Volpe (>50% of the ventricle)
3. A progressive posthaemorrhagic ventricular enlargement above the 97th centile for gestational age according to Levene and a diagonal width enlargement of the frontal horn above 6 mm according to Davies

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Neonate

**Sex**

All

**Key exclusion criteria**

Current exclusion criteria as of 03/01/2012

1. Congenital cerebral malformation
2. Periventricular leucomalacia > grade II according to de Vries
3. Posthaemorrhagic ventricular dilatation already present at birth
4. Central nervous system infection
5. Metabolic disease

Previous exclusion criteria

1. Congenital cerebral malformation
2. Cerebral parenchymal haemorrhage

3. Periventricular leucomalacia > grade II according to de Vries
4. Posthaemorrhagic ventricular dilatation already present at birth
5. Central nervous system infection
6. Metabolic disease

**Date of first enrolment**

01/01/2006

**Date of final enrolment**

01/01/2014

## Locations

**Countries of recruitment**

United Kingdom

Netherlands

Sweden

United States of America

**Study participating centre**

University Medical Centre Utrecht  
Utrecht  
Netherlands  
85090

## Sponsor information

**Organisation**

Erasmus Medical Centre (Netherlands)

**ROR**

<https://ror.org/018906e22>

## Funder(s)

**Funder type**

Hospital/treatment centre

**Funder Name**

## Results and Publications

### 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	01/01/2019		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes