## **European Respiratory Society Annual Congress 2012**

**Abstract Number: 3228** 

**Publication Number: P1084** 

**Abstract Group:** 7.1. Paediatric Respiratory Physiology

Keyword 1: Lung mechanics Keyword 2: Physiology Keyword 3: Lung function testing

**Title:** Within-breath changes in respiratory impedance in healthy neonates

Mr. Bence 13553 Radics radics.bence@gmail.com ¹, Dr. Zita 13558 Gyurkovits gyurkovits2000@yahoo.com MD ², Dr. Hajnalka 13554 Szabó szabo65@yahoo.com MD ³, Mr. Balázs 13556 Maár maarbala@yahoo.com ¹, Prof. Hajnalka 13555 Orvos orvosh@gmail.com MD ², Prof. Peter 13557 Sly p.sly@uq.edu.au MD ⁴ and Prof. Zoltán 13559 Hantos hantos.zoltan@med.u-szeged.hu ¹. ¹ Medical Physics and Informatcs, University of Szeged, Hungary ; ² Gynaecology and Obstetrics, University of Szeged, Hungary and ⁴ Queensland Children's Medical Research Institute, University of Queensland, Brisbane, Australia .

**Body:** There are limited data on respiratory impedance (Zrs) in healthy newborns and infants and the within-breath changes of Zrs are not known. We aimed to measure Zrs and the cyclic changes of resistance (R) and reactance (X) as functions of lung volume (V) and respiratory flow (V') in healthy term newborns. Neonates (n=37) were measured during natural sleep. Forced oscillations at 16 Hz were superimposed on breathing via the face mask. Zrs was estimated with the wave tube technique and V' was measured with a pneumotachograph. Steady-state breathing cycles were selected for the analysis of R and X which were compared at minimum (Vmin) and maximum volume (Vmax), peak inspiratory (V'in) and expiratory (V'ex) flow. The V' dependence of R was much more marked than the influence of V (see Figure). The difference between R at Vmin (29.0±10.9 cmH<sub>2</sub>O.s/l) and Vmax (28.9±10.7) was negligible, whereas R at V'ex (53.3±22.4) and V'in (45.1±26.2) were far higher than the zero-flow values in the corresponding breathing phase (P<0.001). Interestingly, X at Vmax (-6.9±3.0 cmH<sub>2</sub>O.s/l) was significantly more negative (P<0.001) than at Vmin (-5.1±5.0 cmH<sub>2</sub>O.s/l). We conclude that the marked changes in Zrs during tidal breathing in healthy newborns are due to flow nonlinearities in the narrow nasal and glottal pathways. The absence of the V dependence of R may be a result of opposing changes in tissue resistance and airway resistance at Vmax.