CLINICAL SNAPSHOT

Neonatal Cerebellar Hemorrhage Due to Vitamin K Deficiency

A 17-day-old baby was presented to us because of agitation, vomiting, and an unarousable state. The routine neonatal examinations at the time of birth (U1) and 2-3 days later (U2) had been performed on an outpatient basis in two different facilities. Ultrasonography of the head revealed an echogenic lesion in the cerebellum associated with obstructive hydrocephalus. A head CT showed a large cerebellar hemorrhage with mass effect, associated cerebellar edema, and ventriculomegaly. Laboratory testing revealed vitamin K deficiency (Quick test unmeasurable, INR >10, PTT >180 seconds, factor VII <5%). The parents were from an immigrant background, spoke very little German, and were unable to tell us whether the child had received vitamins at the time of the U1 and U2 check-ups; vitamin administration at the U1 check-up was reported to us orally, but the compulsory documentation of this in the patient's yellow examination booklet was missing. Hemorrhage due to vitamin K deficiency has become very rare since the introduction of obligatory vitamin administration at the U1, U2, and U3 check-ups. Out-patient obstetrical care, barriers to verbal communication, and lack of care by pediatricians should not be underestimated as risk factors for this serious, avoidable complication. At the age of 2½ months, general movement analysis showed this patient to be developing favorably.

The names of the authors are known to the Editorial Board.

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