

**INTRODUCTION
AND
AIM OF THE WORK**

Introduction and Aim of the work

Neonatal septicemia remains an unsolved problem associated with a high mortality rate, in spite of careful hygiene and powerful broad spectrum antibiotic treatment.

Septicemia of the neonate is usually a life threatening disease, where early diagnosis and prompt Treatment are essential for the outcome. The early signs and symptoms of infection are often unspecific and vague. Therefore, routine laboratory aids which are simple, rapid and specific are badly needed (Placzek and whitelaw, 1983) .

Diagnosis of neonatal septicemia is one of the most difficult tasks in clinical medicine (Quie, 1976) .

The major problem in neonatal infections is the identification of the infected infant. Often overlooked is the equally important task of identifying the noninfected infant . It is desirable to administer appropriate therapy as early as possible to the infected infant, and to avoid such therapy in the others (Philip and Hewitt, 1980) .

The study of adrenocortical function in neonates has demonstrated that these infants can respond to ACTH stimulation (36 $\mu\text{g}/\text{Kg}$. intramuscularly) with a two to three folds increase in serum cortisol levels (Murphy et al., 1986) .

Previous reports have indicated that Aldosterone concentration was high after birth and rapidly increased during the first two hours after birth. There was further increase from . The 6 th hour until the 72 nd hour of life (Rokicki et al., 1989) .

The neonatal catecholamines responses to cooling, hypoxia, and hypoglycemia have been studied. These studies indicate that the newborn infant

does secrete epinephrine and norepinephrine in response to stressful stimuli (Eliot et al., 1980) .

The aim of this study is to clarify the adrenal functions of the newborns in cases of septicemia ; to assess the adrenal response to the stress of sepsis, and to evaluate the value of adrenal hormones as a prognostic factor for the outcome of neonatal septicaemia.