Relations of birth chest circumference to blood serum Insulin-like Growth Factor Binding Protein-3 in the newborn free of life-threatening disease: possible role of birth body weight beyond blood serum Insulin-like Growth Factor-I and respiratory supportive treatment.

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Background/Objective and hypotheses. Chest circumference(CC) is related to intrauterine growth rate as well as to development-function of respiratory system. We evaluated the relevance of birth body weight (BW) and blood serum Insulinlike Growth Factor (IGF)-I(IG1) in birth CC(BCC) relations to blood serum IGF-Binding-Protein-3(IB3) after control for preterm birth(PTB), O2 supplementation as %O2 in respiratory gases(O2R) and assisted ventilation of any kind(AV) in the newborn(NWB) without life-threateng disease. Method. Data available in each NWB:1)gender(SEX), gestational age(GA,unit:complete week), BW(unit:gr), BCC(unit:cm), BW<10th centile for GA(SGA), PTB defined as GA≤36 and, 2)same-day records of postnatal age(PNA;unit:day), AV, O2R and IG1-IB3 RIA measurements(unit:uM/dL) at one of the first 5 postnatal days(x), 5 days after x(y) and 10 days after x(z). NWBs with any among total parenteral nutrition, lifethreatening disease, diabetes mellitus(DM), endocrine disease diagnosis out DM, or DM in mother were excluded. 78 NWBs were included(male SEX,n=43;SGA,n,20;GA range=28-42;BW range=1200-4150;BCC range=22.0-39.0; PTB, n=46; presence of O2R, n, x=22, y=11, z=1; presence of AV,n,x=8,y=4,z=1). Natural log-transformed IB3(IB3-LN) resulted near-normally distributed. Multiple Linear Regression(MLR) was used(computations; male SEX, PTB, AV, condition present=1,condition absent=0). Results. MLRs with IB3-LNxy-z as outcome showed a significant partial correlation(PC) coefficient(r) of BCC PCs with IB3-LN when including as predictors 1)PNA, O2R, and AV chronologically corresponding to outcome and SEX,PTB and CC(BCC vs. IB3-LNx,r=.35,p=.0022;BCC vs. IB3-LNy,r=.47;p=.0000;BCC vs. IB3-LNz,r=.53,p=.0000), or 2)PNA, O2R,AV and IG1 chronologically corresponding to outcome, as well as SEX, PTB and BCC(BCC vs. IB3-LNx,r=.30;p=.0101;BCC vs. IB3-LNy,r=.30;p=.0104;BCC vs. IB3-LNz,r=.51;p=.0000), while they showed no significant r of BCC PCs with IB3-LNx-y-z when including as predictors PNA, O2R and AV chronologically corresponding to outcome, as well as SEX,PTB,BCC and BW(R2 of MLR models, .38-.66, significant in all cases). Conclusion. BW appeared more able than IG1 corresponding to IB3 in explaining BCC-IB3 relationships after control for SEX, PTB, PNA, AV and O2R in not-life-threatened NWBs.







