

# Evolving Practices in Congenital CMV Management *: A Comprehensive Update*

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# Problem during practices

- **Diagnosis**

- : methods – serology, PCR

- : timing – 3 weeks, beyond 3 weeks

- **Management:** symptomatic, non-symptomatic

- newborn – IUGR, microcephaly, hepatosplenomegaly, jaundice, chronic diarrhea

- ophthalmologist – cataract, retinitis

- ENT – hearing loss (SNHL)

- **Treatment:** positive, negative result

# Overview

- Pathophysiology
- Diagnosis
- Management Practices

# Congenital CMV infection (cCMV)

## Definition:

- cCMV occurs when a baby is born with the virus, typically transmitted during pregnancy

## Prevalence:

- Most common congenital viral infection
- 0.6%-6.1% live birth
- Higher in developing countries

# Congenital CMV infection (cCMV)

- Single most important infectious cause of permanent disability  
: sensorineural hearing loss (SNHL) in children
- **Available** - prevent acquisition during pregnancy
  - treatment options for cCMV
- **Level of knowledge and awareness** about risks of CMV to pregnant persons, infants
  - lagged far behind other congenital and perinatal infections