

Neurodevelopmental outcomes in children with congenital CMV: Results of a systematic review

Megan H. Pesch, Clare S. Lauer, Jason B. Weinberg
University of Michigan

Disclosures

Pesch: Consultant for Moderna,
MedScape/WebMD, National CMV
Foundation, Funding from NICHD
and Gerber Foundation



Learning Objectives

1. To recognize the importance of understanding and predicting neurodevelopmental outcomes in children with cCMV
2. To summarize the literature to date on neurodevelopmental outcomes in children with cCMV
3. To examine limitations in the present literature and biases

Background

- Congenital CMV is common
- Wide spectrum of outcomes
- Hard to predict with certainty



Symptomatic vs. Asymptomatic



Study objectives

To summarize the literature to date on neurodevelopmental outcomes in children with cCMV with attention to study-specific definitions of disease severity (symptomatic vs. asymptomatic).



Methods

Definitions

- **Symptomatic cCMV disease** - clinically apparent sequelae by physical exam, fundoscopic exam, imaging and/or laboratory studies.
- **Asymptomatic cCMV infection** - No clinically apparent sequelae by physical exam, fundoscopic exam, imaging and/or laboratory studies. Infants with isolated SNHL and no other findings are included.

Definitions

- **Neurodevelopmental outcome** - Level of skill development in infants or children as compared to typical development for age
- **Neurodevelopmental delay** - Level of skill development which is greater than two standard deviations lower than typical development for age.
- **Neurodevelopmental domain** - Developmental areas underlying functional or observable performance and abilities of a child.

Neurodevelopmental domains

- Global development
- Fine motor
- Gross motor
- Speech/language
- Intellectual/cognitive

Systematic scoping review

- **PRIMSA guidelines were followed**
- **PubMed, PsychInfo and Embase**

Search terms

- Neurodevelopmental outcomes
- Developmental delay
- Gross motor
- Fine motor
- Congenital cytomegalovirus
- Cytomegalovirus infections

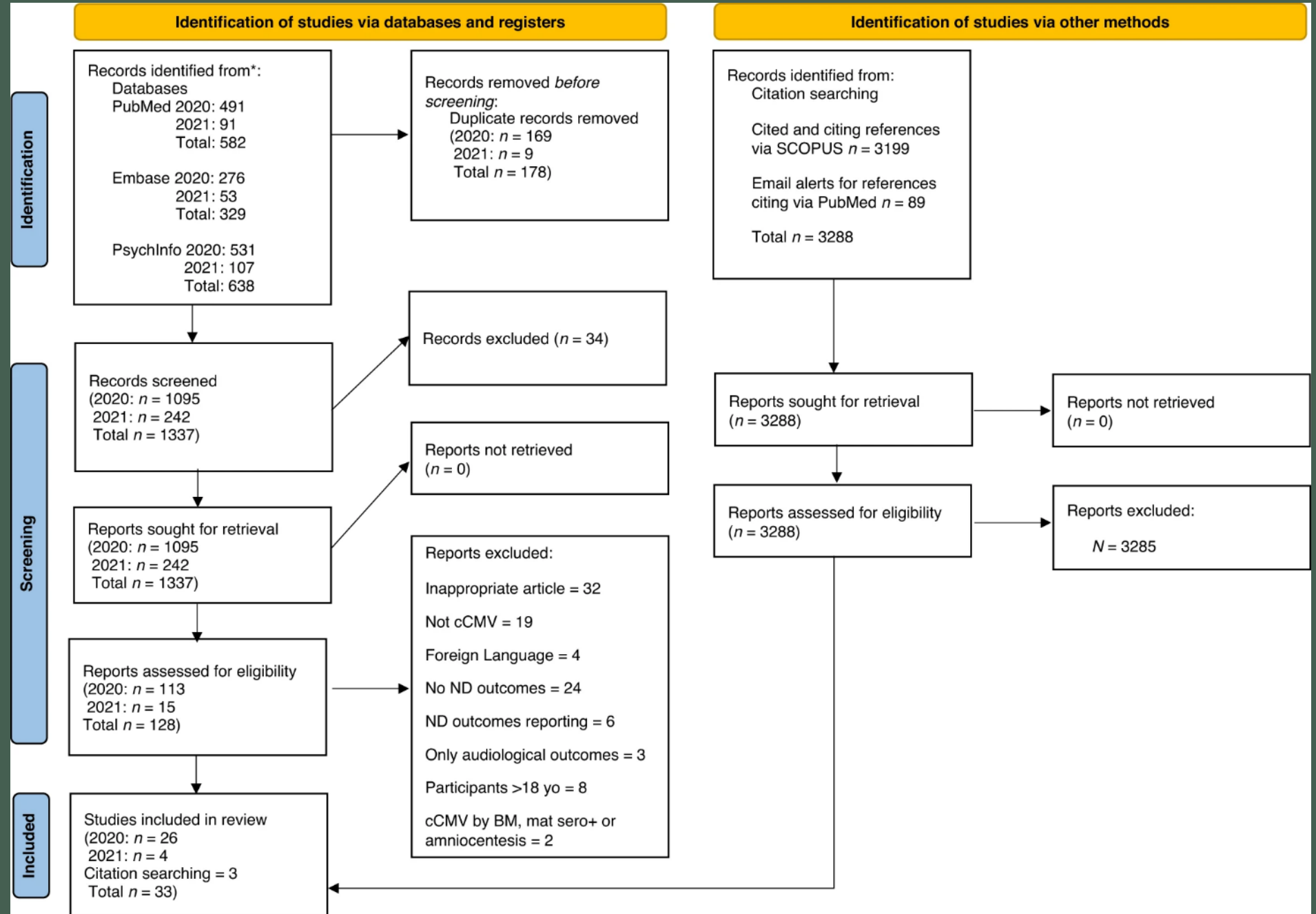
Inclusion

- Peer reviewed
- Children <18 yo
- Confirmed cCMV
- Measured neurodevelopmental outcomes

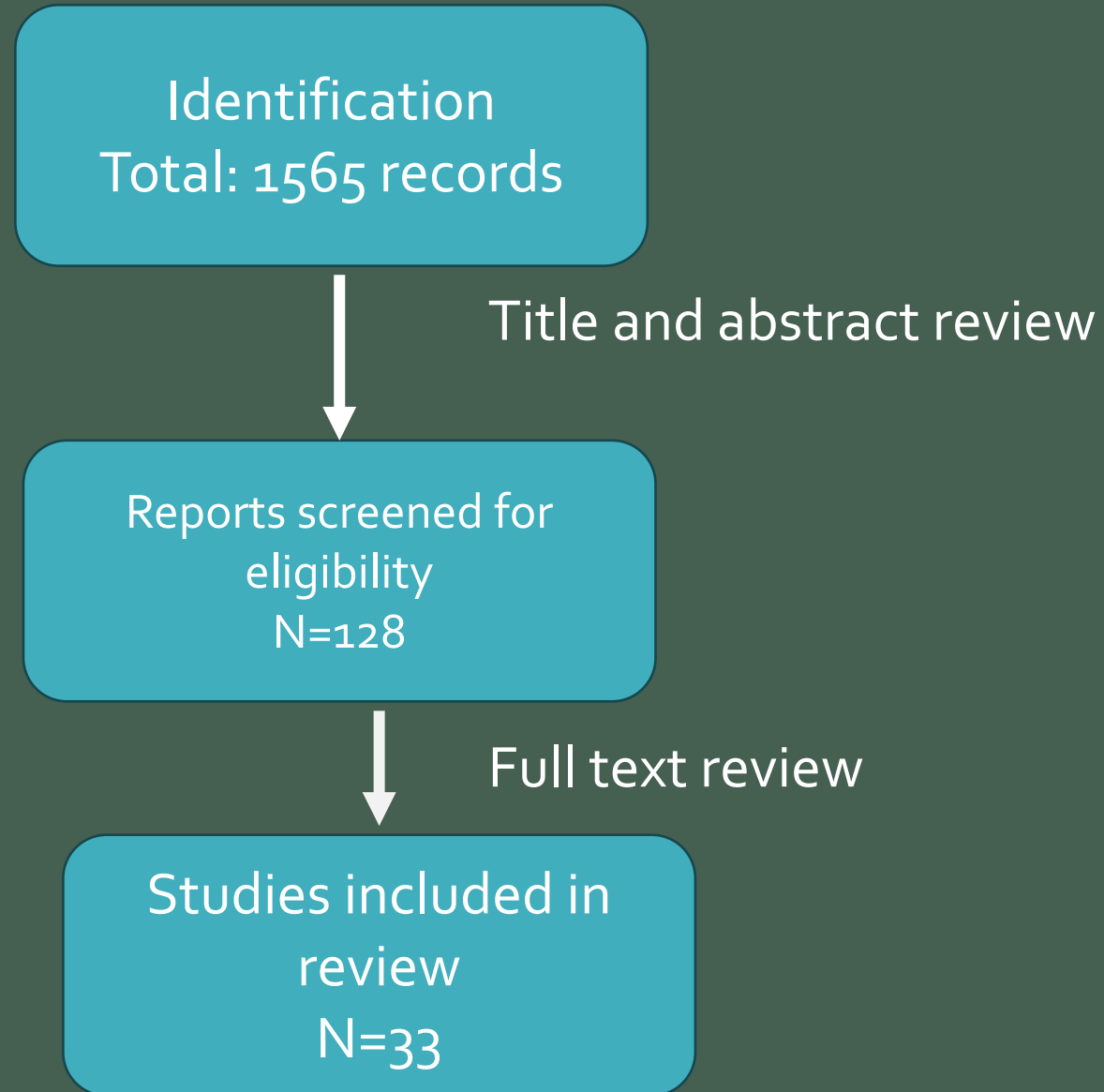
Exclusion

- Non-English language
- Reviews, conference abstracts
- Focus on audiologic outcomes

PRISMA



PRISMA



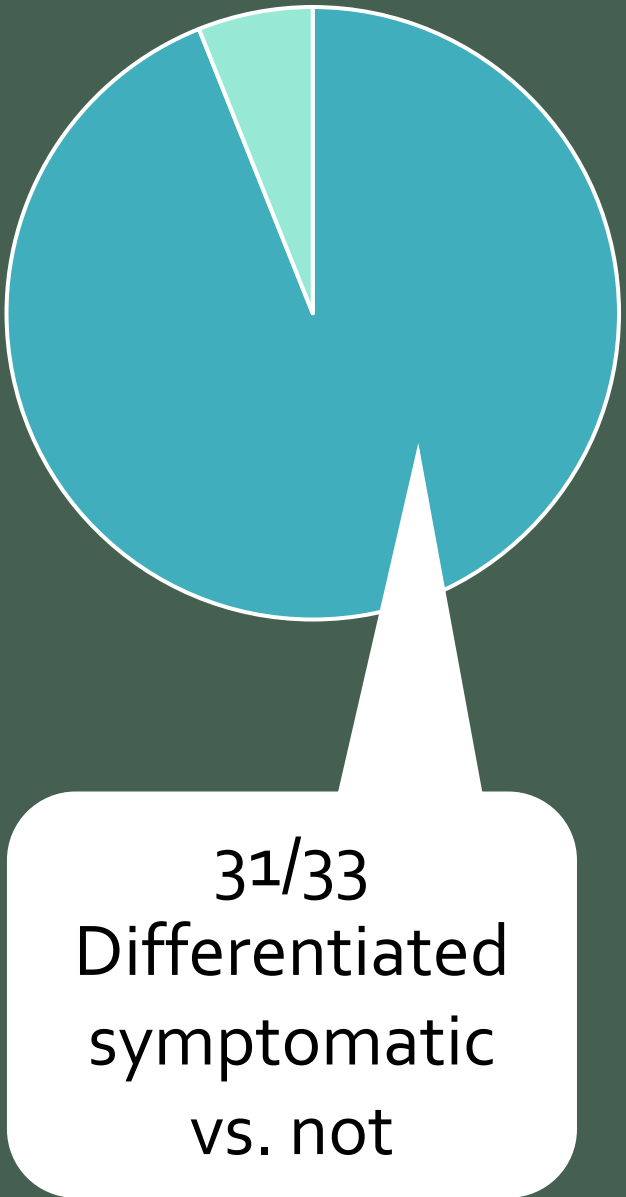
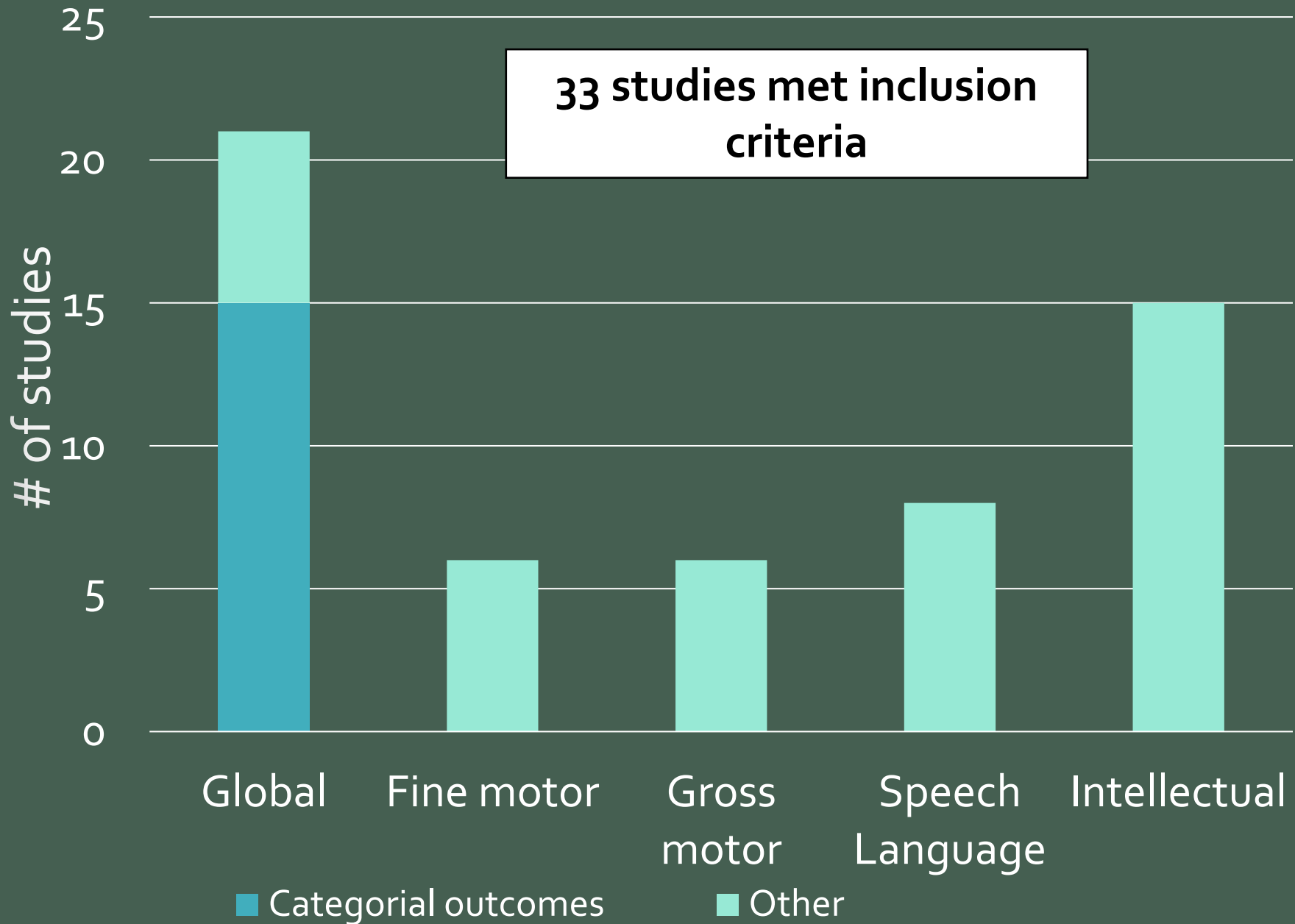
Disease severity

Examined each study's definition of symptomatic vs. asymptomatic vs. other categorization



Results

33 studies met inclusion criteria



Disease severity

- Variation in definitions of disease severity






Symptomatic

- Isolated SNHL
- Preterm birth
- Small for gestational age
- Isolated LSV

Not symptomatic

- Isolated SNHL
- Preterm birth
- Small for gestational age
- Isolated LSV






	IUGR or SGA <10thile	Microcephaly	Petechiae	Isolated jaundice	Hepatomegaly	Splenomegaly	Neurological findings	Isolated SNHL	Chorioretinitis/ocular	Intracranial findings	Direct hyperbilirubinemia	Elevated transaminases	Thrombocytopenia	Other hematologic findings	
Rawlinson, 2017 ⁶															
Luck, 2017 ⁷							+/-								Majority SNHL criteria
Alarcon et al, 2013 ³⁴															
Amir et al, 2016 ⁴⁰															Isolated
Ancora et al., 2007 ⁵³															
Boppana et al, 1997 ^{55*}															
Turriziani Colonna et al, 2020 ⁵¹															
Coscia et al., 2020 ⁵⁷															Seizures
Farkas et al, 2011 ⁴⁷															SNHL criteria
Fowler et al, 1992 ²⁶															
Fukushima et al, 2019 ²¹															
Giannattasio et al, 2018 ³⁷															Lethargy
Giannattasio et al, 2017 ³¹															
Ivarsson et al, 1997 ²⁸															Additional development considerations
Kobas et al, 2018 ²³															
Kumar et al, 1984 ⁴⁴															Asymptomatic
Leyder et al, 2016 ^{61*}															
Lopez et al, 2017 ⁴⁶															*Bilirubin weight adjusted
Lucignani et al, 2019 ⁹²															*Signs of anemia
Maes et al, 2017 ³⁸															Apparent criteria
Nishida et al, 2020 ³⁵															Neurological symptoms abnormal
Noyola et al, 2001 ⁴²															
Numazaki et al, 2004 ⁴¹															*Severe
Oosterom et al, 2015 ³⁴															Tone abnormal
Pathirana et al, 2020 ²⁵															Seizures
Pearl et al, 1986 ³⁹															*Neurological cerebral criteria
Puhakka et al, 2019 ²⁰															*Clinical microcephaly criteria
Reynolds et al, 1974 ⁴⁴															Did not include infants.
Saigal et al, 1982 ⁶⁵															
Shan et al, 2009 ³⁰															All asymptomatic between
Suzuki et al, 2008 ^{66*}															
Tanimura et al, 2021 ⁶³															
Townsend et al, 2013 ³⁶															Tachypnea specific
Yamada et al, 2020 ²²															*Hepatic

Legend of criterion for symptomatic cCMV	
	Expert recommendations or consensus group definition
	Criterion specifically defined and included in definition
	Criterion not clearly defined
	Criterion not mentioned as included in definition
	Criterion for symptomatic cCMV not defined at all

	ILUGR or SGA <10ml	Microcephaly	Petechiae	Isolated jaundice	Hepatomegaly	Splenomegaly	Neurological finding	Isolated SNHL	Chorioretinitis/ocular	Intracranial finding	Direct hyperbilirubin	Elevated transamin	Thrombocytopenia	Other hematologic f
--	--------------------	--------------	-----------	-------------------	--------------	--------------	----------------------	---------------	------------------------	----------------------	-----------------------	--------------------	------------------	---------------------

Rawlinson, 2017 ⁶														
Luck, 2017 ⁷							+/-							Majorit SNHL c

Alarcon et al, 2013 ³⁴														
Amir et al, 2016 ⁴⁰														
Ancora et al., 2007 ³³														
Boppana et al, 1997 ^{45*}														
Turriziani Colonna et al, 2020 ⁵¹														
Coscia et al., 2020 ⁵⁷														

Legend of criterion for symptomatic cCMV	
	Expert recommendations or consensus group definition
	Criterion specifically defined and included in definition
	Criterion not clearly defined
	Criterion not mentioned as included in definition
	Criterion for symptomatic cCMV not defined at all

Farkas et al, 2011 ⁴⁷														SNHL c intra cran
Fowler et al, 1992 ²⁶														
Fukushima et a, 2019 ²¹														
Giannattasio et al, 2018 ³⁷														Lethargy
Giannattasio et al, 2017 ²¹														
Ivarsson et al, 1997 ²⁸														Addition develop consider
Kobas et al, 2018 ²³														
Kumar et al, 1984 ⁴⁴														Asympt symptom

Global development, n = 21

- Outcomes reported categorically
- Symptomatic cohort rates of global developmental delay ranged from 43% to 64%.
- Most studies that focused on children with asymptomatic cCMV found no or minimal differences in global developmental outcomes compared to controls or “typical range” scores on standardized normed measures

Fine motor, n=6

- 5 /6 studies found no difference between children with cCMV and uninfected controls.
- Predominantly comprised of children with asymptomatic cCMV, definitions of which varied by study.

Gross motor, n=8

- 7 studies comparison group of uninfected controls.[20](#),[25](#),[27](#),[28](#),[29](#),[37](#),[38](#)
- Studies reporting gross motor outcomes as “delayed milestones” or “mild motor delay” but no standardized measurement, not included
- Gross motor developmental delay in children with symptomatic cCMV (as defined by each study) ranged from 30-43%

Speech/language, n=8

- 6/8 studies found no differences in speech and language outcomes between children with cCMV and control groups
- Mostly asymptomatic cohorts
- Several of these studies excluded children with SNHL from asymptomatic categorization or did not explicitly describe the hearing status of their cohorts in relation to results.

Intellectual/cognitive, n=16

- Many measured IQ
- Studies that did not differentiate between symptomatic and asymptomatic cCMV largely reported average or typical range cognitive scores on standardized instruments, or scores that did not differ between children with cCMV and controls.

Intellectual/cognitive

- Symptomatic cCMV generally lower IQ than controls
- Several studies have found children with asymptomatic cCMV to have IQ scores no different than uninfected controls.

Other observations

- No study controlled for therapies/interventions
- Few controlled for other risk factors for DD
- Unclear if accommodations provided
- Hearing status not always reported
- Few studies followed children into adolescence



Discussion

Key findings

- Neurodevelopmental abnormalities were identified in a substantial number of children with cCMV, particularly in children with symptomatic cCMV
- Limited ability to draw more specific conclusions
- Definitions of disease severity varied widely prior 2017

Biasing results example

Asymptomatic

Symptomatic

No clinical signs at
birth

Isolated hearing loss

CNS involvement

Measuring speech outcomes

No clinical signs

“Asymptomatic”

Biases asymptomatic
scores upwards

Isolated hearing loss

CNS involvement

“Symptomatic”

Measuring speech outcomes

No clinical signs

“Asymptomatic”

Biases asymptomatic
scores upwards

Isolated hearing loss

CNS involvement

“Symptomatic”

Measuring gross motor outcomes

Isolated hearing loss

CNS involvement

No clinical signs

Biases asymptomatic scores downwards

CNS involvement

“Asymptomatic”

“Symptomatic”

Key findings continued

- Validated instruments → categorical outcomes
- “Impairment” = huge category
- Significant differences but still in average range

Future studies

- Examining nuanced predictors of neurodevelopmental outcomes, outside of signs and symptoms at birth, may lead to a better understanding of facilitators and barriers to optimized developmental outcomes.
- Nuanced measurements of outcomes