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EC PAEDIATRICS
Case Report

Dysplasia Broncho –Pulmonaary at the Newborn: Difficulties of Management

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Abstract

Objectives: To make known this pathology through our observation and its difficulty of management.

Observation: This is a newborn male, born vaginely in eutrophic term hospital, APGAR 8/10, from a pregnancy followed, admitted to the neonatal unit to 10 minutes of life for distress respiratory, after conditioning, the evolution was marked by the persistence of respiratory distress. Para-clinical exploration found a cardiac malformation (interauricular communication) and bronchopulmonary dysplasia (major pneumothorax, emphysema bubbles and opaque contralateral lung).

Results: Since this newborn did not receive any curative treatment either in our unit or in the infant surgery department or pediatric resuscitation, due to lack of resources, the child died at 48 hours of age. Conclusion: The diagnosis of congenital malformations is possible by simple obstetrical ultrasound, which has not been diagnosed in antenatal, the question that arises: when we will have a structure adapted to the care of these newborns, to improve the prognosis and reduce neonatal mortality in this third world country?

Keywords: *Newborn; Dysplasia Broncho Pulmonary*

Introduction

Broncho-pulmonary dysplasia is a rare malformation in the newborn, its diagnosis is radiological, prenatal diagnosis is possible, its management is multidisciplinary.

Objectives

To make known this pathology through our observation and its difficulty of management.

Observation

It's a new born.

Family history

No particularities.

Personal history

Pregnancy well followed without maternal or fetal pathologies (obstetric ultrasound) hospital vaginal delivery of a newborn male term, eutrophic, APGAR 8/10 admitted to the neonatology unit at 10 minutes of life for respiratory distress.

Exploration

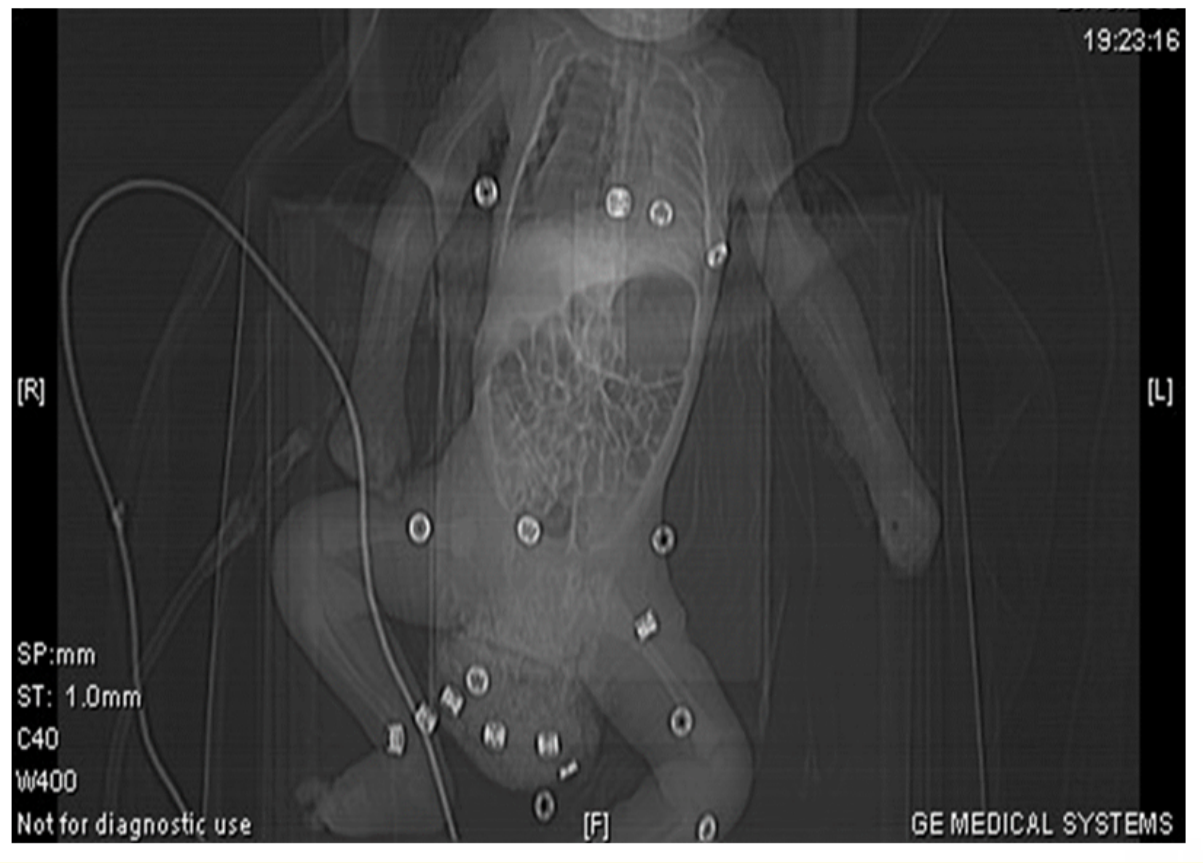
CRP

Negative.

NFS

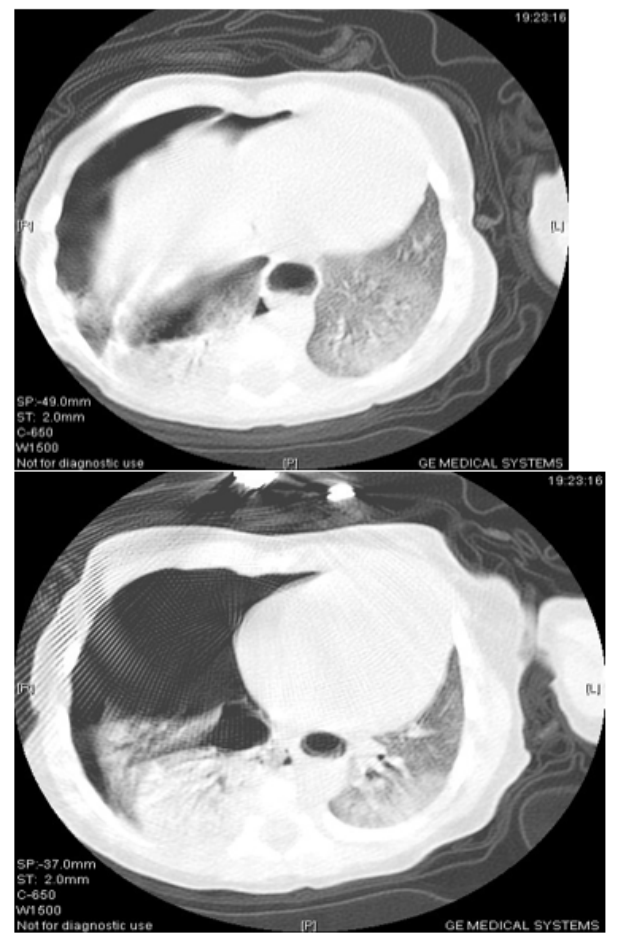
Normal.

Cardiac ultrasound



Fiugre 1

Found cardiac malformation (slightly dilated right cavities, small ostium secondo interarticular communication, moderate pulmonary arterial hypertension, prominent right pneumothorax on emphysematous lung, upper and lower lobes of the left lung are opaque) The radio of the abdomen without preparation (Figure1): large right pneumothorax pushing back the mediastinum towards contralateral side, opaque left lung, distended stomach, aerosolize.



Fiugre 2

CT scan (Figure 2): large gas effusion, emphysema broken bubbles in the underlying lung, lung contralateral opaque (pneumonia diffuse image sparing lingula) mediastinum is normal.

Therapeutic management

Immediate before the radiological assessment

conditioning, oxygen therapy, antibiotic therapy, respiratory and hemodynamic monitoring.

As soon as the diagnosis has been made

Due to a lack of means for our equipment unit for thoracic drainage and artificial ventilation, the new-born was evacuated urgently by a medical transport at the service of infant surgery then in paediatric resuscitation, which did not have the means for a new-born also , so he was hospitalized in a neonatology unit type 2.

Results

The evolution marked by the persistence of respiratory distress Since this new-born did not receive any curative treatment in our facility, or in infant surgery or paediatric resuscitation, due to lack of resources, the child died at 48 hours later.

Conclusion

The diagnosis of congenital malformations is possible by simple obstetrical ultrasound, which has not been diagnosed in antenatal, the question that arises: when we will have a structure adapted to the care of these new-borns, to improve the prognosis and reduce neonatal mortality in this third world country?.

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