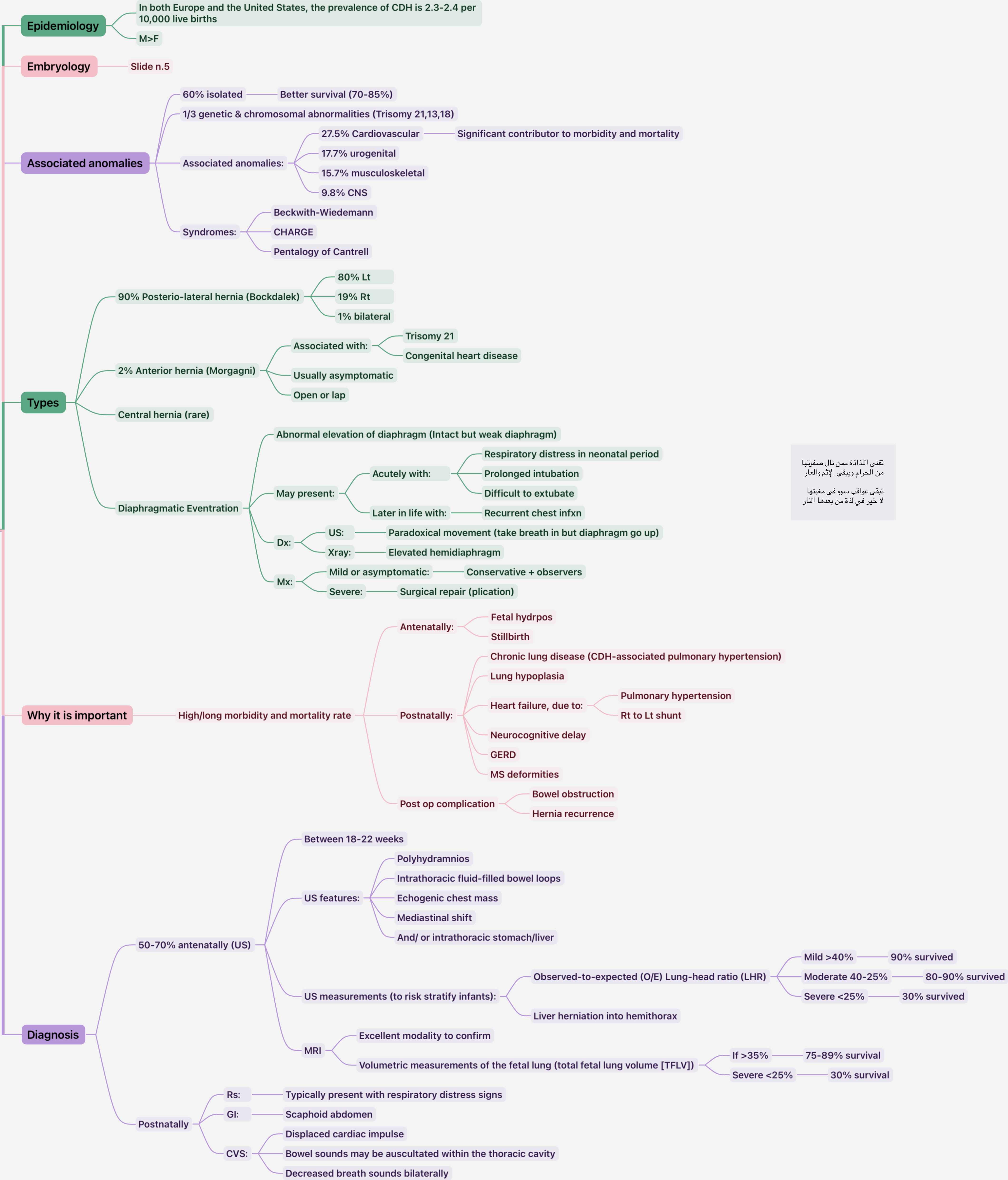


# Congenital Diaphragmatic Hernia

٩٧% شامل سلايدات د . عيبر

ارجعوا للصور



تفنى اللذائة ممن نال صفوتها  
من الحرام ويبقى الإثم والعار  
  
تبقى عواقب سوء في مغبتها  
لا خير في لذة من بعدها النار

# Congenital Diaphragmatic Hernia

## Management

### Prenatal care:

- Family counseling
- Chromosomal screening via amniocentesis for karyotyping
- Look for associated cardiac anomaly/ fetal echo
- Observing lung development, hydrops fetalis
- Delivery planning (site + time)
- In severe cases: Antenatal intervention
  - Fetoscopic endoluminal tracheal occlusion (FETO)

### Postnatal care:

Goal is to resuscitate and stabilize baby

- Reduce lung compression
  - Immediate intubation post-delivery
  - NGT
- Ventilatory support
  - Mechanical ventilation/ gentle hypercapnic ventilation
  - HFOV
  - ECMO if no improvement
- Cardiovascular support
  - Proper venous access
  - IV fluids
  - Inotropic agents
- Correction of acid-base status
- Correction of pulmonary hypertension
  - Reverse Rt to Lt shunt
  - Inhaled NO
  - Sildenafil
- No evidence to support surfactant and steroid

### Aim:

- Preductal SaO2 > 80-85%
- PH > 7.2
- PaCO2 = 50-70 mmHg
- Peak inspiratory pressure < 25 cmH2O

### Surgery

Not urgent.. should be done after stabiliztion

### Either:

- Open
  - 90% subcostal incision
- MIS
  - Laposcopic/ thoracoscopic

### Outcome

Depends on:

- Defect size
- Associated anolmalies
- Congenital heart disease
  - Major defect = 36%
  - Minor = 67%
  - No defect = 73%
- Prematurity
  - <28wks = 32% survival
  - 37wks = 73% survival

Have the greatest influence on pt survival

القلوب المتعلقة بالشبهوات محجوبة عن الله  
بقدر تعلقها بها  
[ابن القيم]

### Follow up

Slide n.17 (table)