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Congenital diaphragmatic hernia & some complications

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Statement of the Problem: A 22-year-old nulliparous woman was announced at 22 weeks' gestation that her foetal had a left-sided congenital diaphragmatic hernia (CDH): stomach, loops of bowel and a major portion of the liver herniated into the chest, squashing the lung (lung hypoplasia) and pushing the heart over to right side of the chest.

Purpose: The purpose of this study is to describe in retrospection the case of successful surgical repair carried out at The Children's Memorial Health Institute (Warsaw, Poland).

Methodology & Theoretical Orientation: The probability of cardiovascular, digestive, neurologic or skeletal congenital malformation, and persistent pulmonary hypertension as serious consequences was not excluded. There was a possibility to have gastroesophageal reflux (GER), one of the major sequelae in infants who survive CDH repair. CDH might be a source of feeding problems, failure to thrive, esophagitis and respiratory problems. Foetal karyotype was normal. The mother decided to give birth to her son despite doctors advising her to terminate the pregnancy (there was no chance to survive in Ukraine). Mother made every effort to find a clinic abroad that would agree to do Caesarean and a successful newborn operation.

Findings: The main conditions for A Dubravsky's survival were: a great mother's love, prenatal diagnosis of CDH, formulation of management strategy based on the prognostic elements, skilful Caesarean section, postnatal care of the newborn, stabilization, prompt transportation, emergent surgery performed by great Polish specialists and compensatory growth of the lungs.

Conclusions & Significance: The outcome was favourable with a 14-year follow-up. Epigastric pain, chronic cough and recurrent bronchitis are reported. Thoracic deformities are observed. At the time of writing the child was growing satisfactory and there were no apparent digestive disorders. The chance of the next baby having CDH was very small, so his sister was born in 2012 without CDH.

Recent Publications:

1. Puligandla P and Skarsgard E D (2016) The Canadian pediatric surgery network congenital diaphragmatic hernia evidence review project: developing national guidelines for care. Paediatrics & Child Health. 21(4):183-186.
2. Lally K P and Engle W (2008) Postdischarge follow-up of infants with congenital diaphragmatic hernia. Pediatrics. 121(3):627-632.
3. Peetsold M G et al. (2009) The long-term follow-up of patients with a congenital diaphragmatic hernia: a broad spectrum of morbidity. Ped. Surg. Int. 25(1):1-17.
4. Jaillard S M et al. (2003) Outcome at 2 years of infants with congenital diaphragmatic hernia: a population based study. Ann. Thorac. Surg. 75(1):250-256
5. Clark R H et al. (1998) Current surgical management of congenital diaphragmatic hernia: a report from the congenital diaphragmatic hernia study group. J. Pediatr. Surg. 33(7):1004-1009.

Biography

Mykhailo Bilousov is currently a 4th year student of Danylo Halytsky Lviv National Medical University. He has given a retrospective analysis of the case of successful surgical repair of congenital diaphragmatic hernia. The abstract is aimed to attract attention of the scientists all over the world to the CDH problem in order to find new ways of its treatment. It showed the great interest of the author in improving the health and well-being of the population. He has focused on achieving positive results in medicine and gaining improvement in the methods of treatment of severe and rare pathologies.

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