



Baby Case Report

Professor Hany Amin Riad*

Corresponding Author: Professor Hany Amin Riad.

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Case History:

A 2-day male child born with severe respiratory distress was intubated and put on a ventilator. Breastfeeding could not be done and was substituted by parenteral feeding. He was put in an incubator and investigated.

On Examination

A middle-eastern baby 3.2 kg weight, on a ventilator. His vital signs are within normal limits of his age.

ENT examination revealed no apparent abnormality.

Endoscopic examination showed bilateral posterior choanae complete closure. Yet laryngeal examination detected no abnormality.



Figure 1

On Imaging C.T. showed bilateral complete bony closure of the posterior nasal choanae.

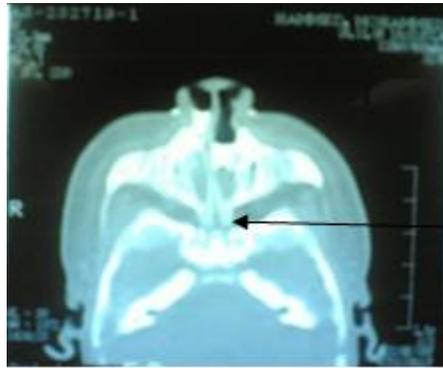


Figure 2

Diagnosis

Bilateral complete bony choanal atresia

Management

Urgent intervention to restore the normal airway through the surgical endoscopic opening of the posterior choanae and stenting.



Figure 3

With a large opening by cutting its end off, secured in the mouth with ties around the infant's Take home message is:

Newborn babies breathe through their noses almost exclusively unless **their** nasal passage is obstructed in some way. Young **babies** — until around age 3 to 4 months — haven't yet developed the reflex to **breathe through their mouths**. (That is unless they're crying.) Infants with bilateral choanal atresia cannot rapidly learn the technique of oropharyngeal breathing and immediately develop air hunger, cyanosis and chest retraction. Their normal feeding is too difficult if not impossible.

Immediate surgical intervention is the only effective treatment. If experience or tools are not available at your medical center, referral with intubation or when available may be utilized a McGovern nipple to maintain an adequate oral airway, consisting in an intraoral nipple occiput.