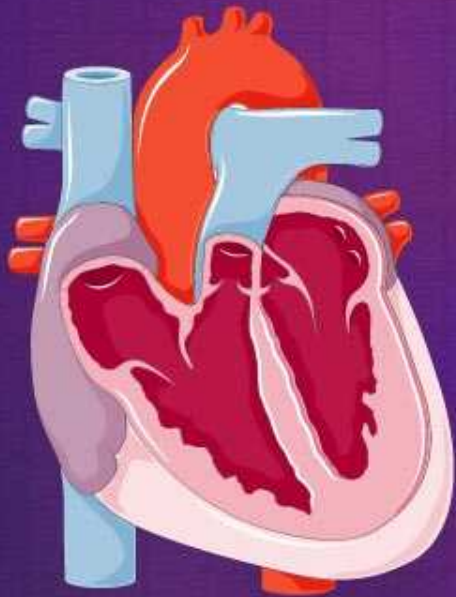
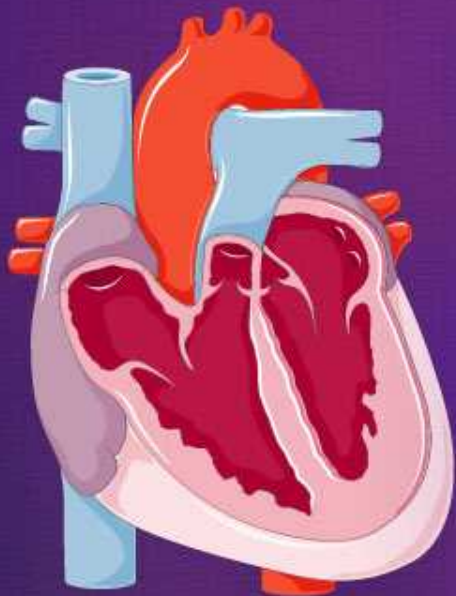


SOMETIMES **DOUBLE**
DOES **TROUBLE**



DR AMRUTA KANJANI
DR BALA RAMACHANDRAN
DR K G RAVIKUMAR
PICU TEAM
KKCTH

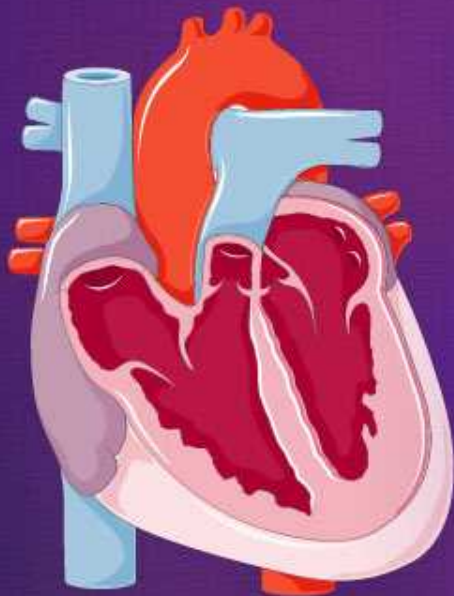
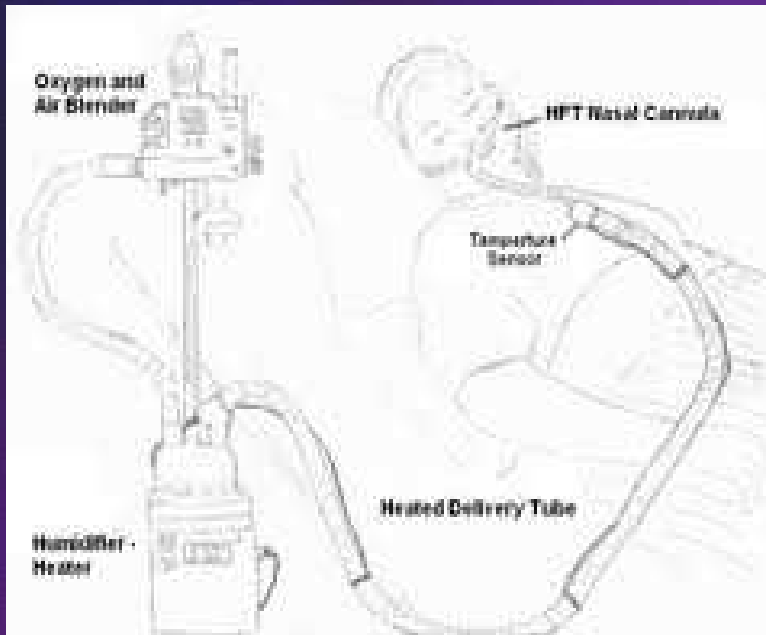


Pediatric Intensive Care Unit

Consultant :

Dr. B. Ramachandran

Dr.K.G. RAVIKUMAR



TOTAL COUNT 15,400

DIFF COUNT

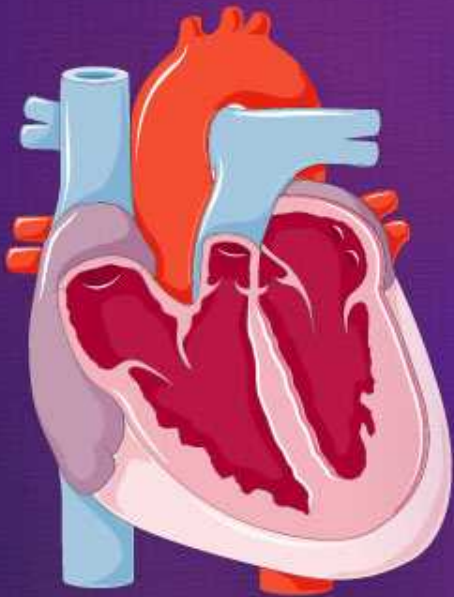
• P40 , L48 , M2

RFT NORMAL

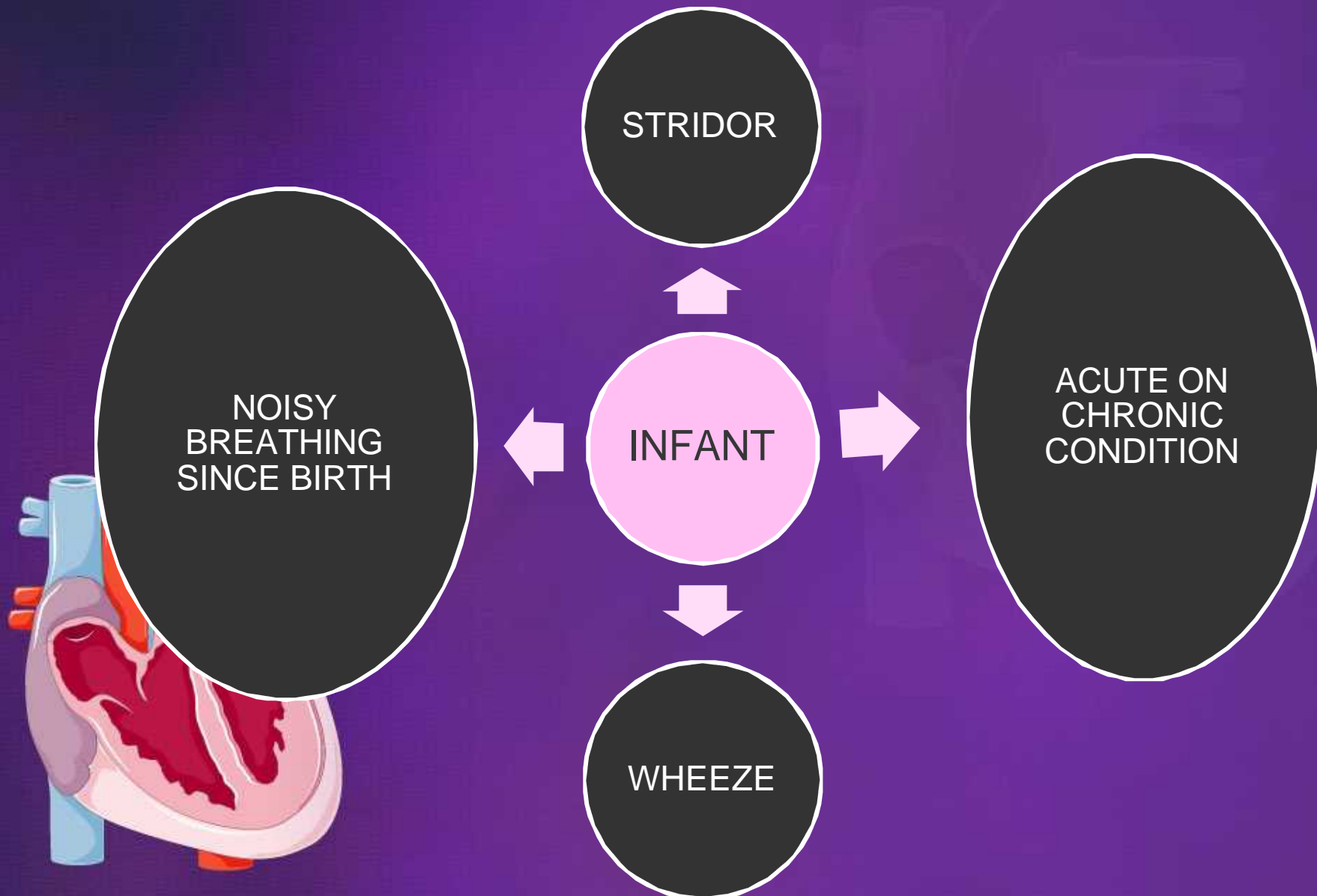
RSV NEGATIVE

A doctor who cannot take a good history and a patient who cannot give one are in danger of giving and receiving bad treatment.

— Anonymous



SUMMARY



DIFFERENTIAL DIAGNOSIS

ANATOMY
OF THE LESION

- LARYNX / TRACHEA

FURTHER
PROBABILITY

- SUBGLOTTIC

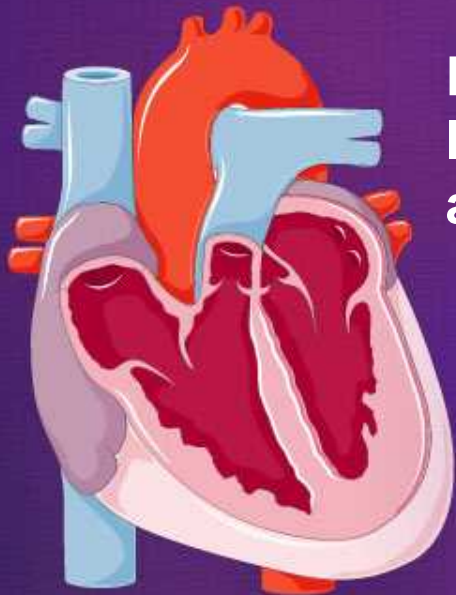
PATHOLOGY

- ACUTE INFECTION (CROUP) ON
UNDERLYING EXTRINSIC / INTRINSIC UPPER
AIRWAY ANOMALY

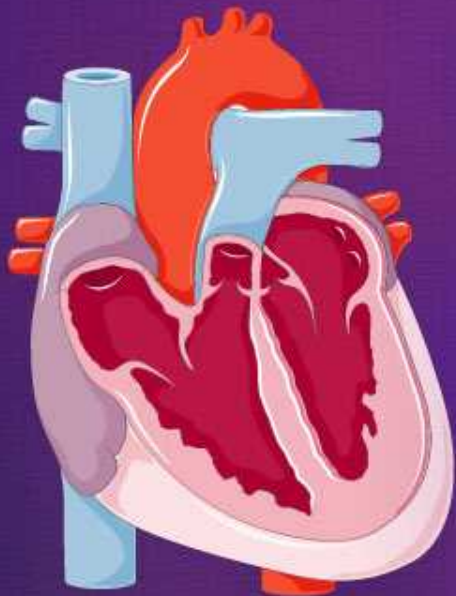
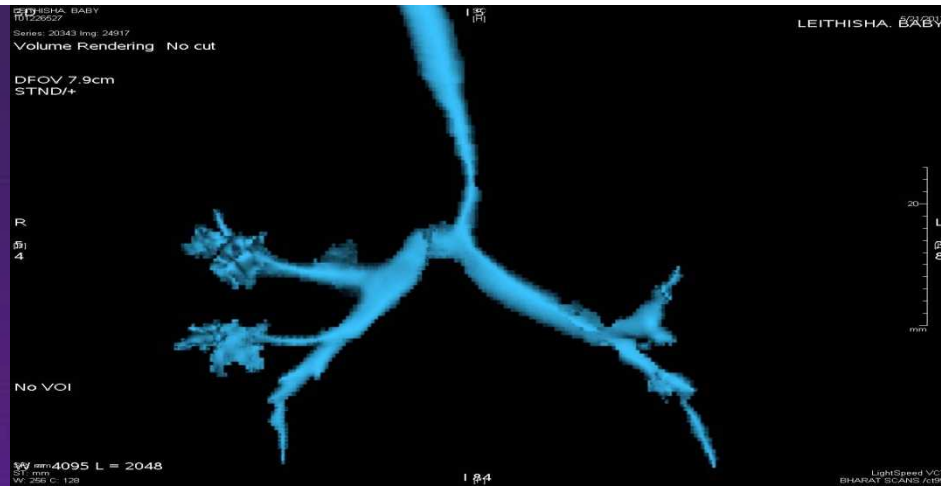


CONDITION	PRESENTATION
Laryngomalacia	Most common cause of chronic stridor in infants. Almost all patients present by 6 weeks of age. Symptoms are more pronounced after upper respiratory infections
Laryngeal webs	75 percent located in the glottic area. Complete webs cause respiratory distress at birth, partial webs produce stridor, weak cry and different degrees of respiratory distress
Laryngeal cysts	Located in supraglottic area may cause respiratory distress and stridor
Subglottic hemangioma	Presents as progressive loud stridor with increased respiratory distress. Associated with hemangiomas in other parts of the body.

CONDITION	PRESENTATION
Subglottic stenosis	May be congenital but more often acquired secondary to intubation. Usually located 2- 3 mm below the glottis
Tracheal stenosis	Usually present with stridor or both stridor and wheezing. If stenosis is significant, respiratory distress occurs.
Vascular rings or slings	74 percent of vascular rings are symptomatic.
Tracheomalacia	Associated with other congenital anomalies May be secondary to a vascular ring or cysts. Worsens with upper respiratory infections, crying, coughing or feeding. May cause severe spells with cyanosis.

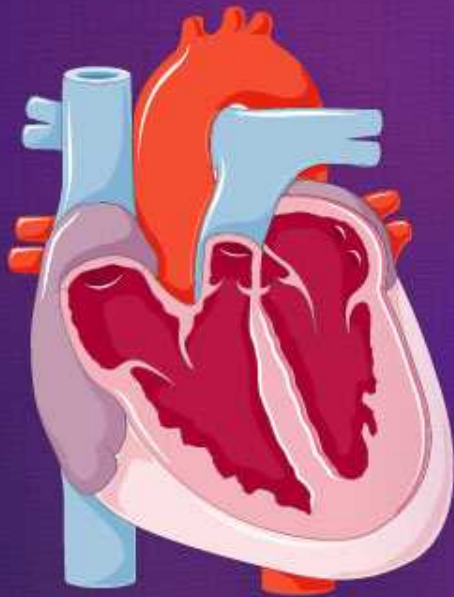


Extrabronchial compression over the anterior and lateral wall at the lower one third of trachea to rule out arch anomaly



CT ANGIO REPORT

COMPLETE VASCULAR RING AT THE LEVEL OF D2 D3 VERTEBRA WITH EXTENSIVE COMPRESSION OF LOWER TRACHEA

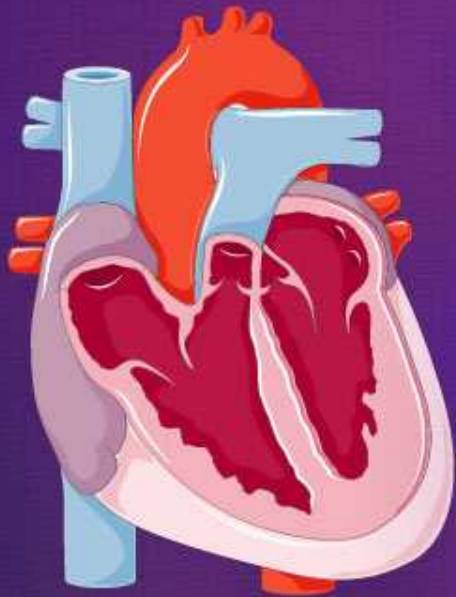


TWO SEPARATE ARCHES ARISING FROM ASCENDING AORTA ON THE RIGHT AND JOINING TO FORM DESCENDING AORTA ON THE LEFT ENCASING THE LOWER TRACHEA AND ESOPHAGUS

SUMMARY

WHAT

TYPES



SUMMARY

WHAT

TYPES

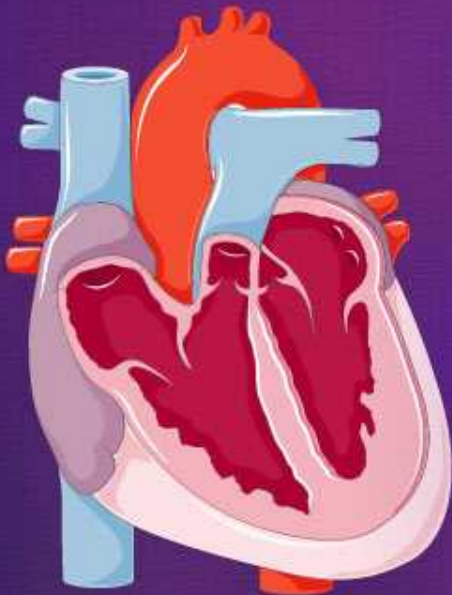
INCIDENCE

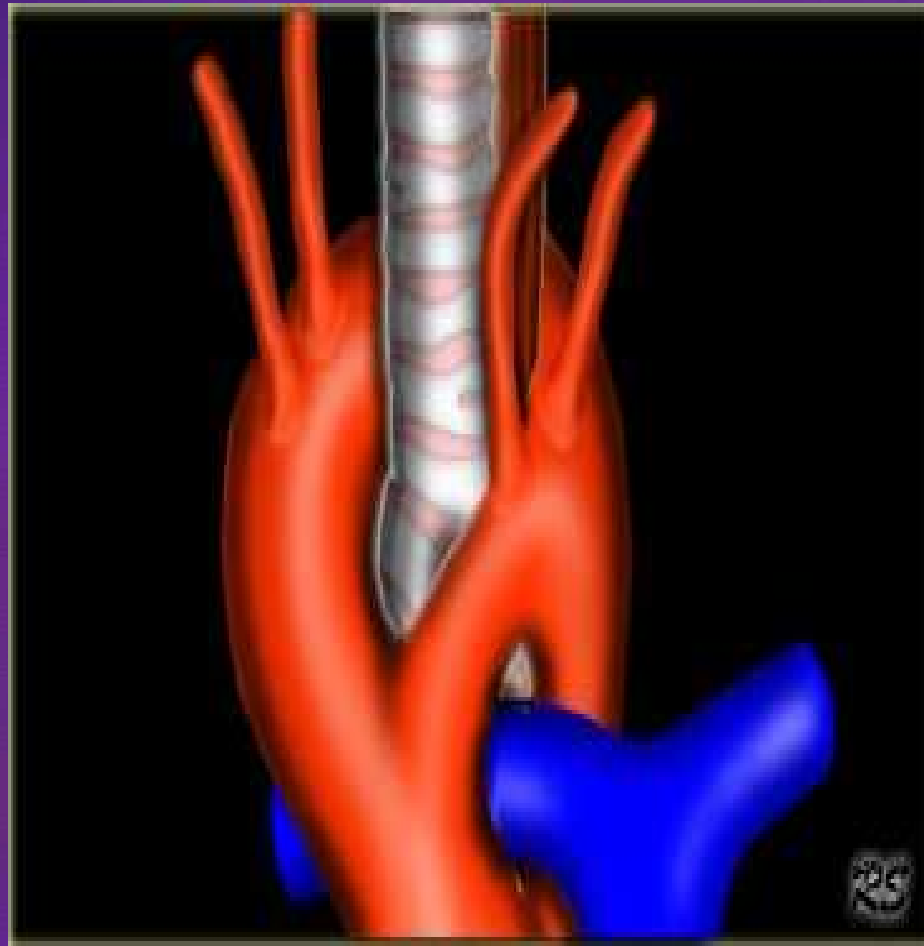
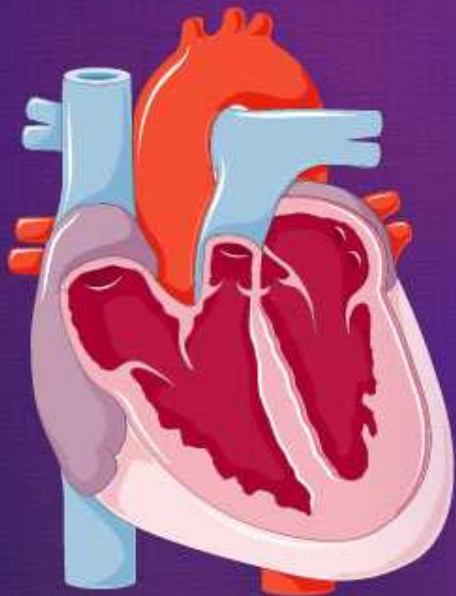
CLINICAL MANIFESTATIONS

DIAGNOSIS

TREATMENT

OUTCOME







**PEDIATRIC
INTENSIVE CARE UNIT**

