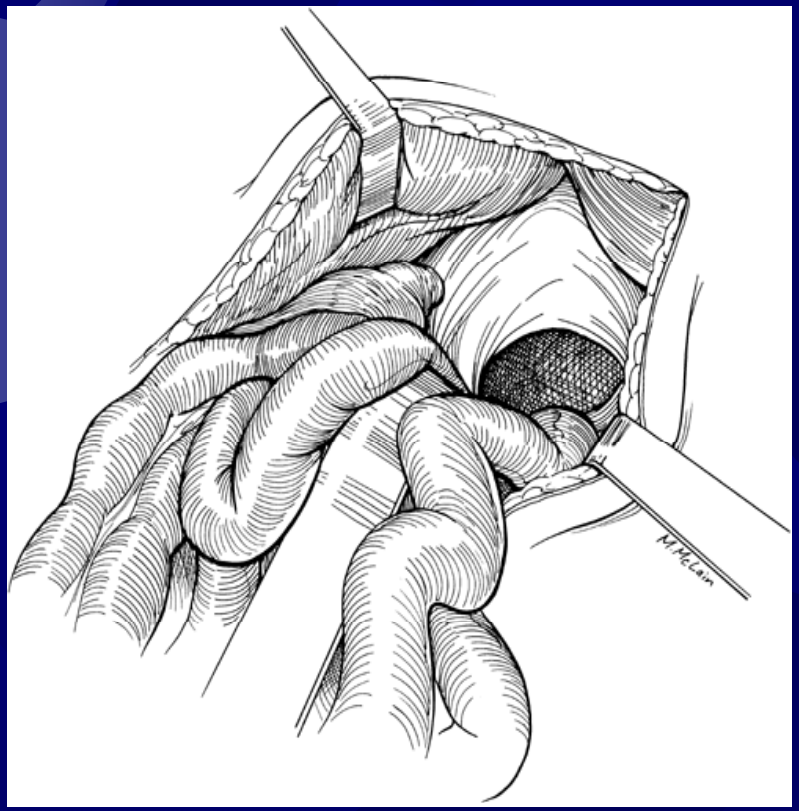
Traitement chirurgical :

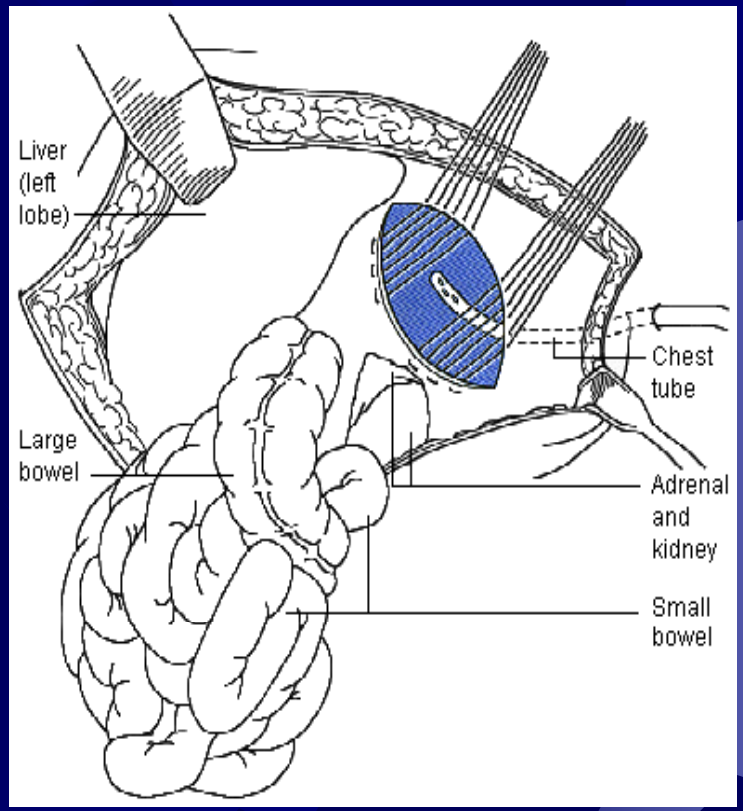
Suture per-primam

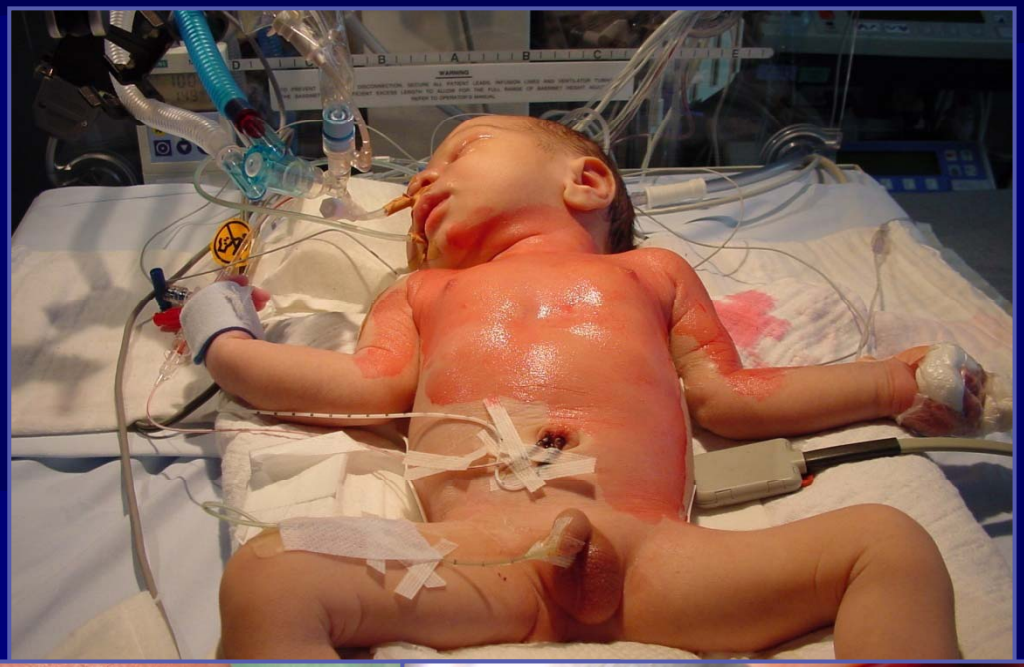
Cure de malrotation

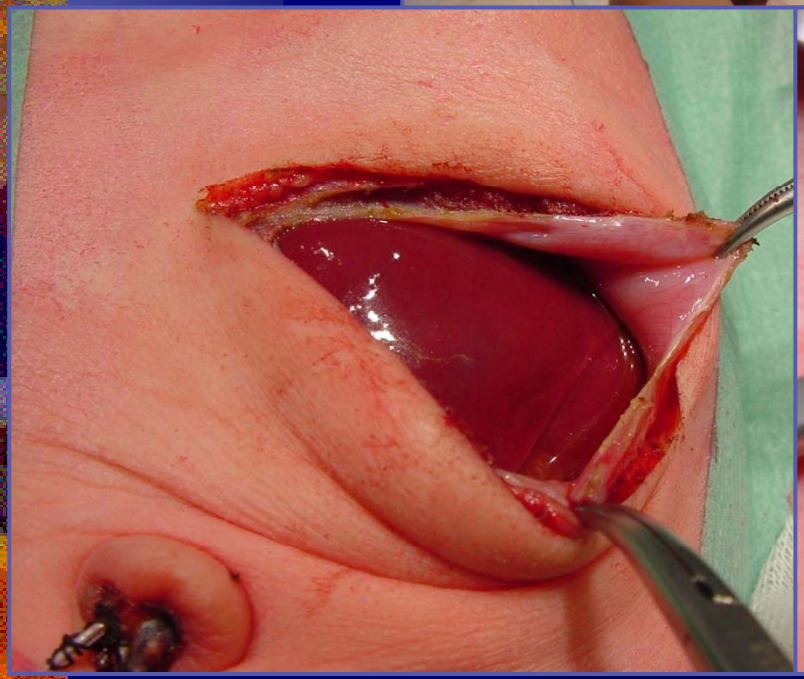
Non résorbable

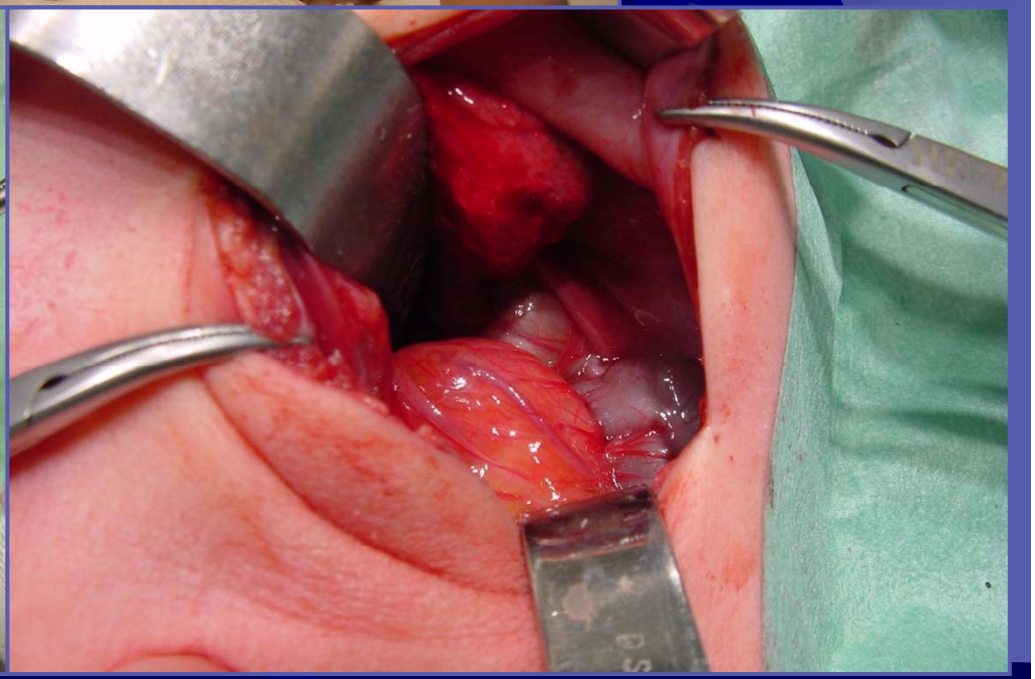
Drainage pleural

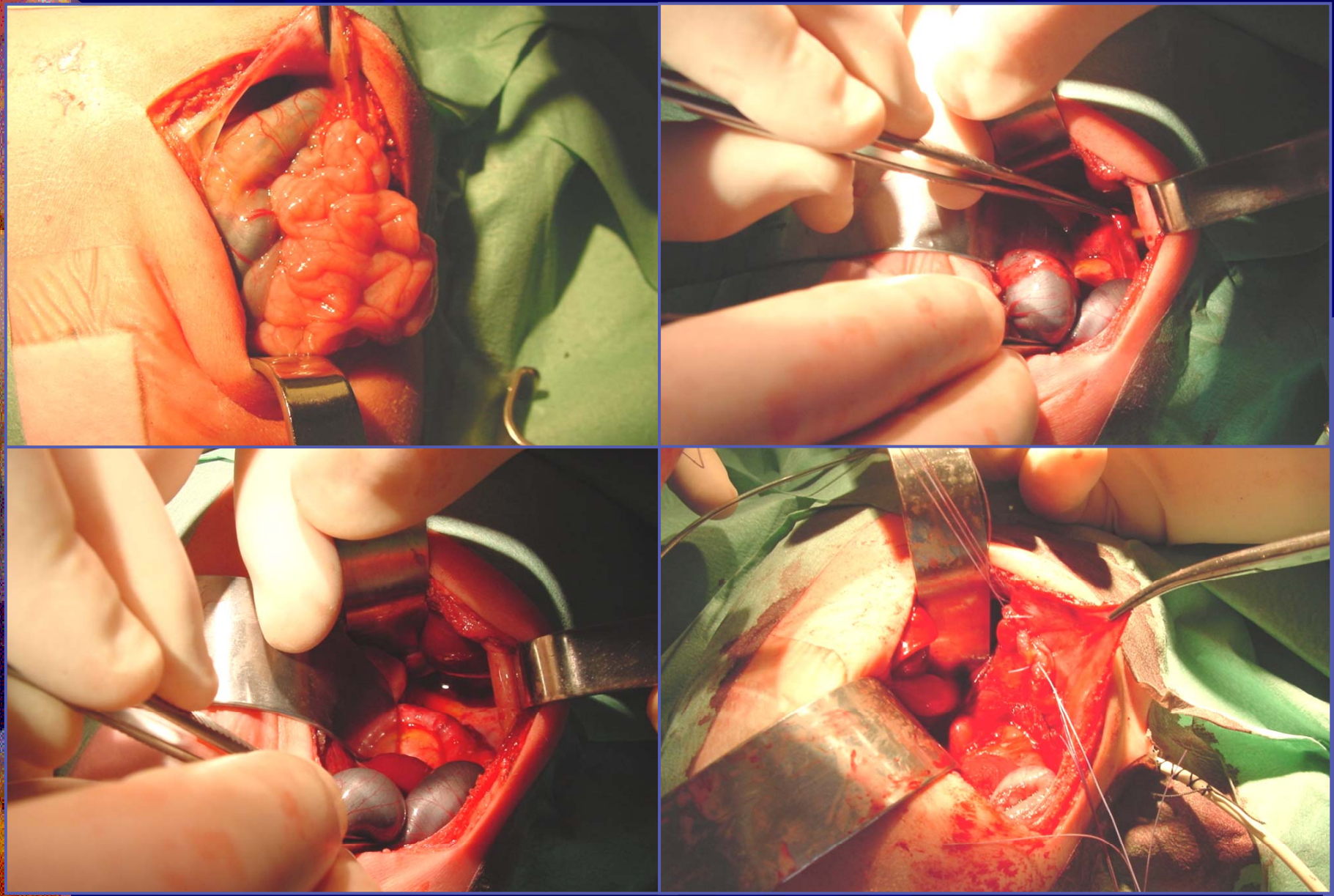


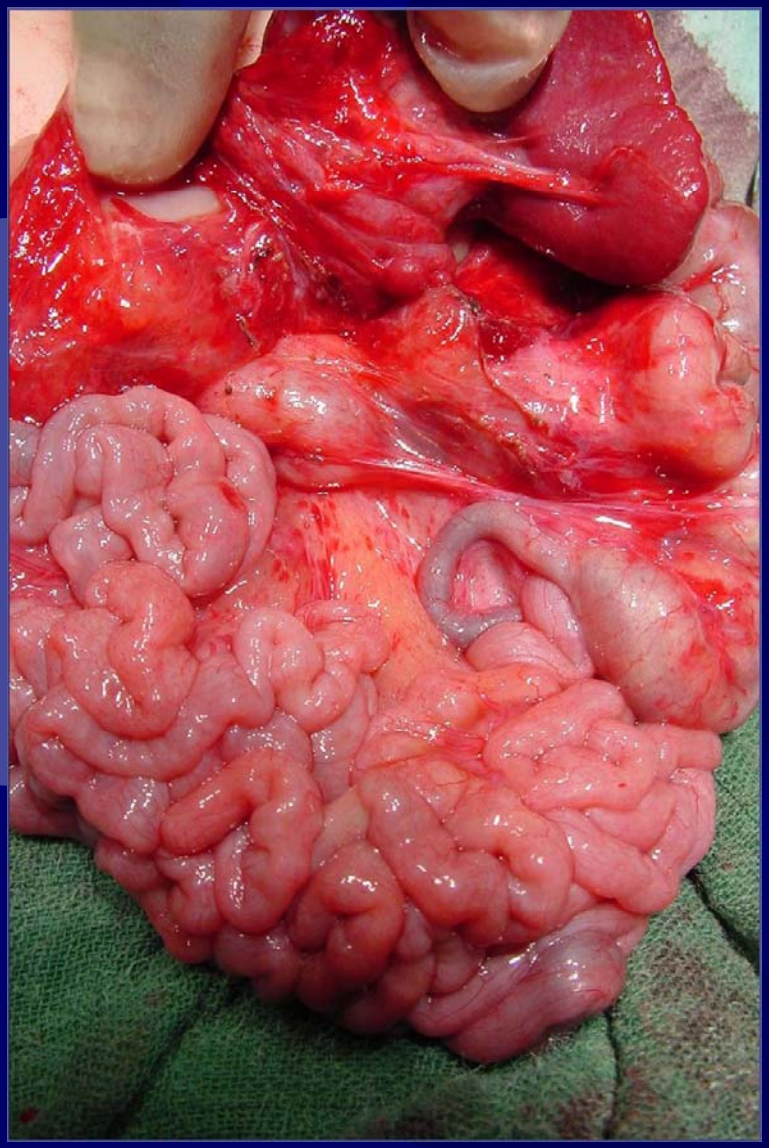








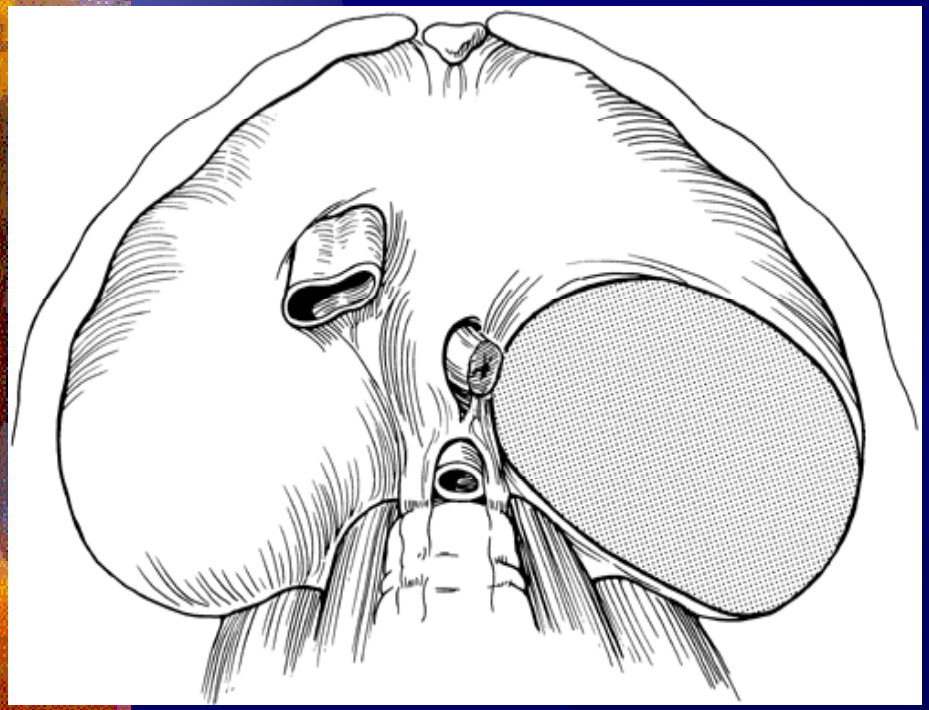


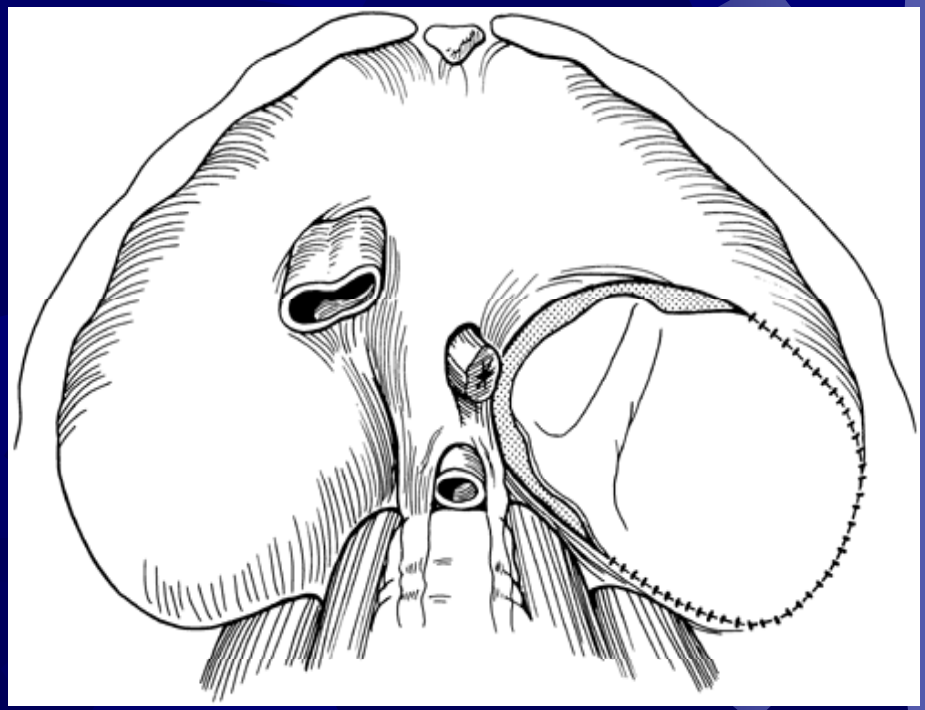


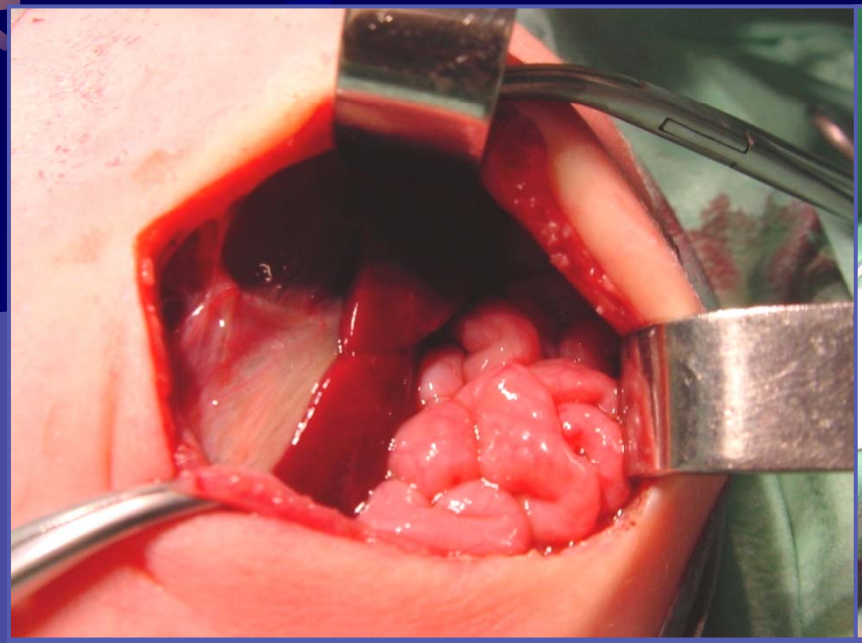
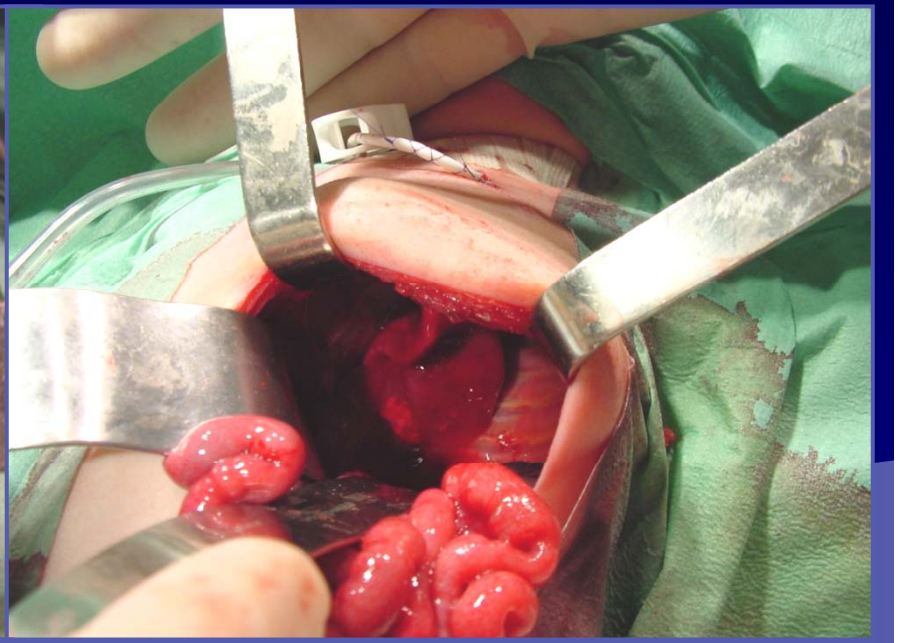
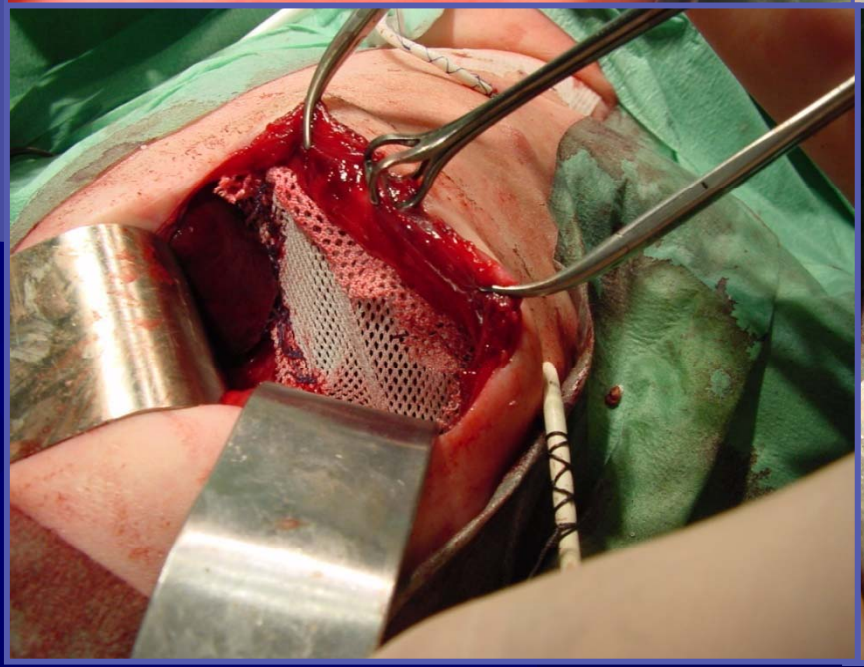
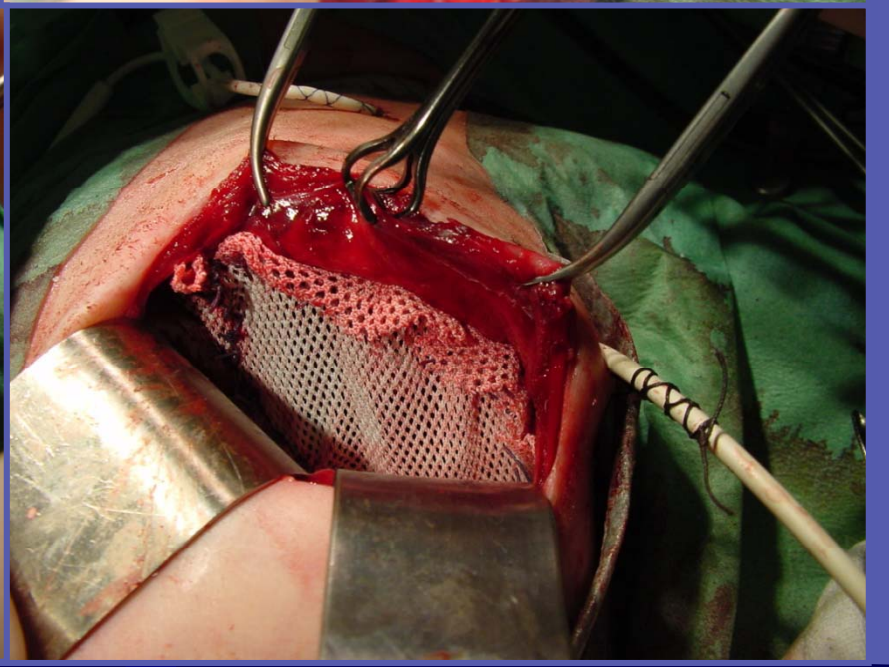

SIEMENS

Traitement chirurgical :

Défect large
Patch Goretex ® (PTFE)
Complications Infection / récidive + fréq.
Lambeaux musculaires





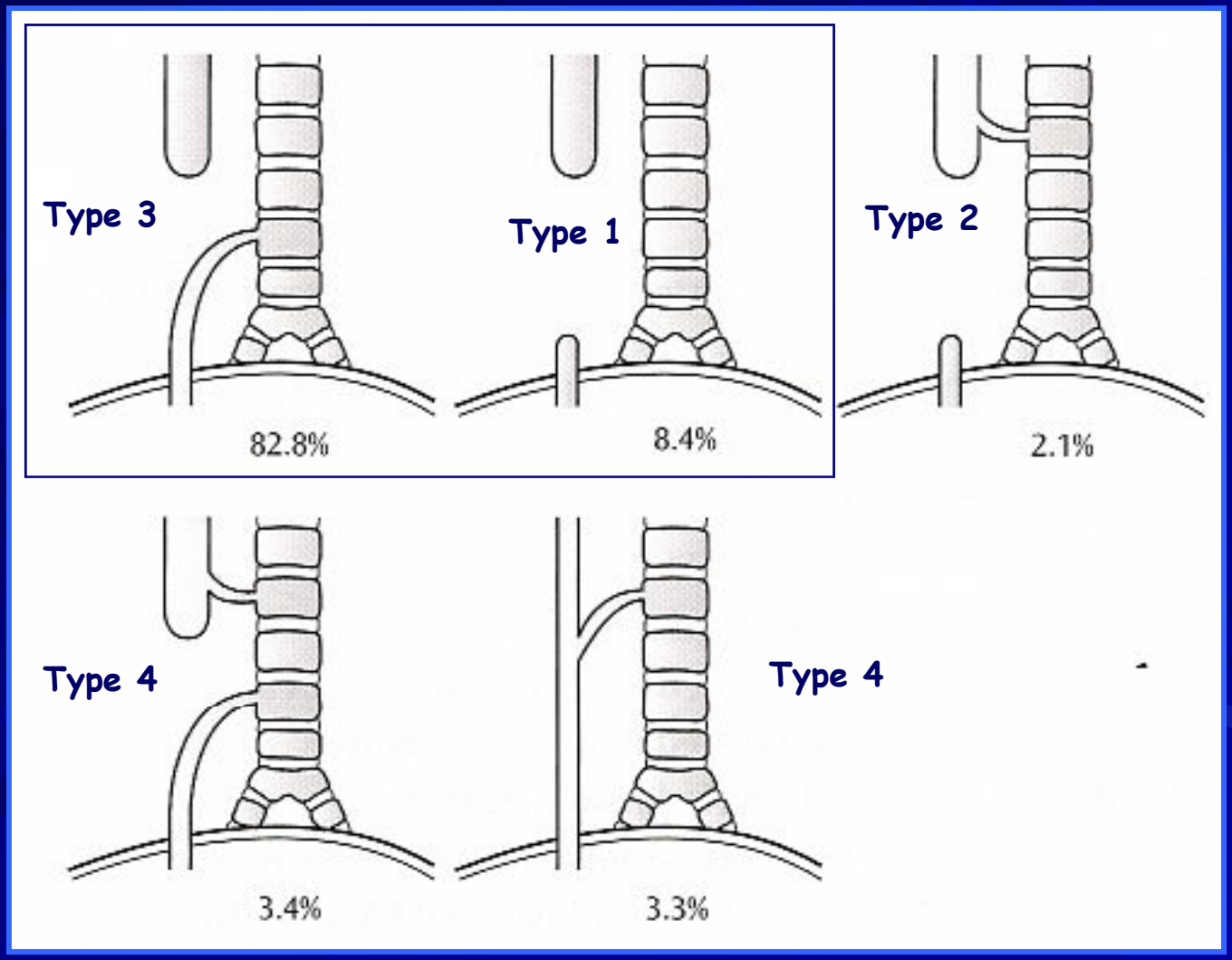
Atrésie Oesophage

Anomalie sporadique / sans risque récurrence

Fréquence:	**1/ 1500 – 1/ 4000 naissances**
Sexe ratio =	
Fistule Trachéo- oesophagienne	**90 % cas**
Défaut de séparation	**Trachée – Œsophage**
	19 - 26 èmes jours AG
Classification de Gross	**4 Formes**
Malformations associées / aneuploidies	**50 – 70 %**
	Bilan exhaustif
Syndrome polymalformatifs	**Holt Oram / Di George/ Polysplénie/ Pierre Robin**

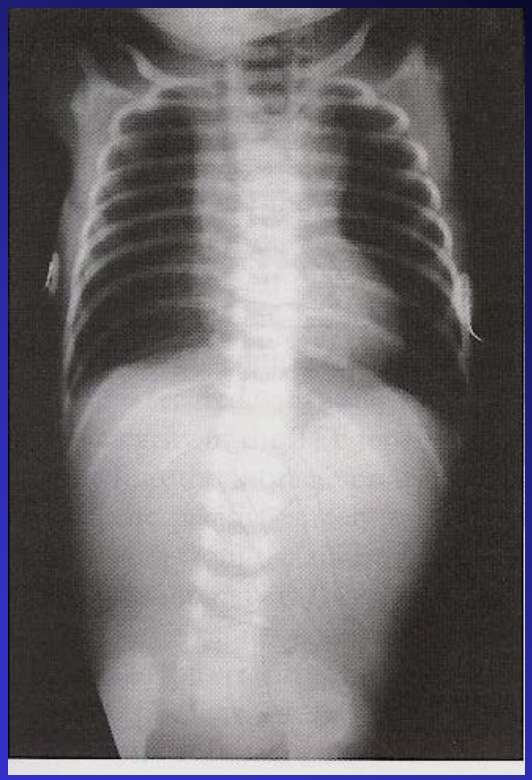
Atrésie Oesophage

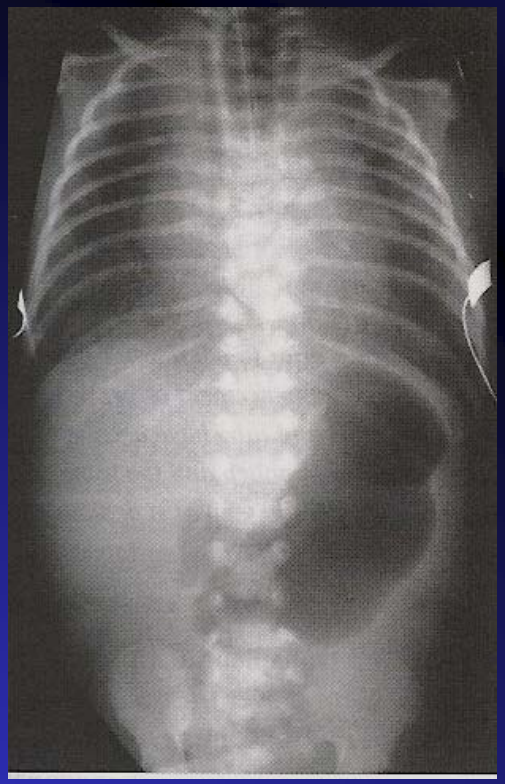
Classification de Gross 4 Formes

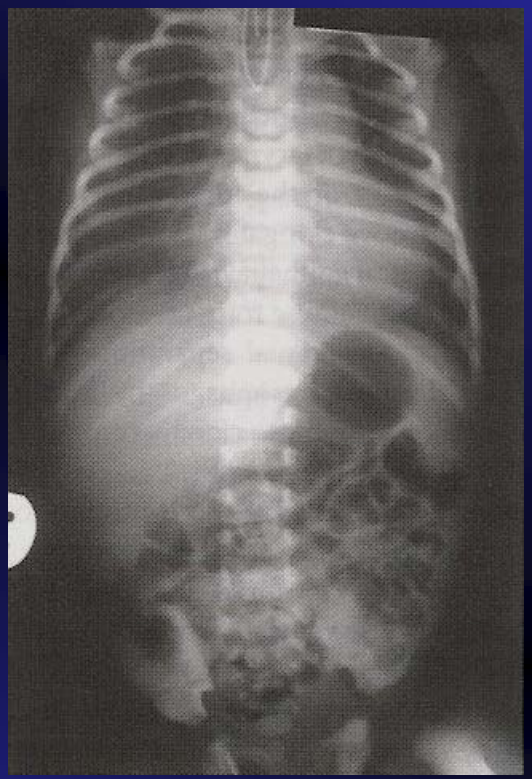


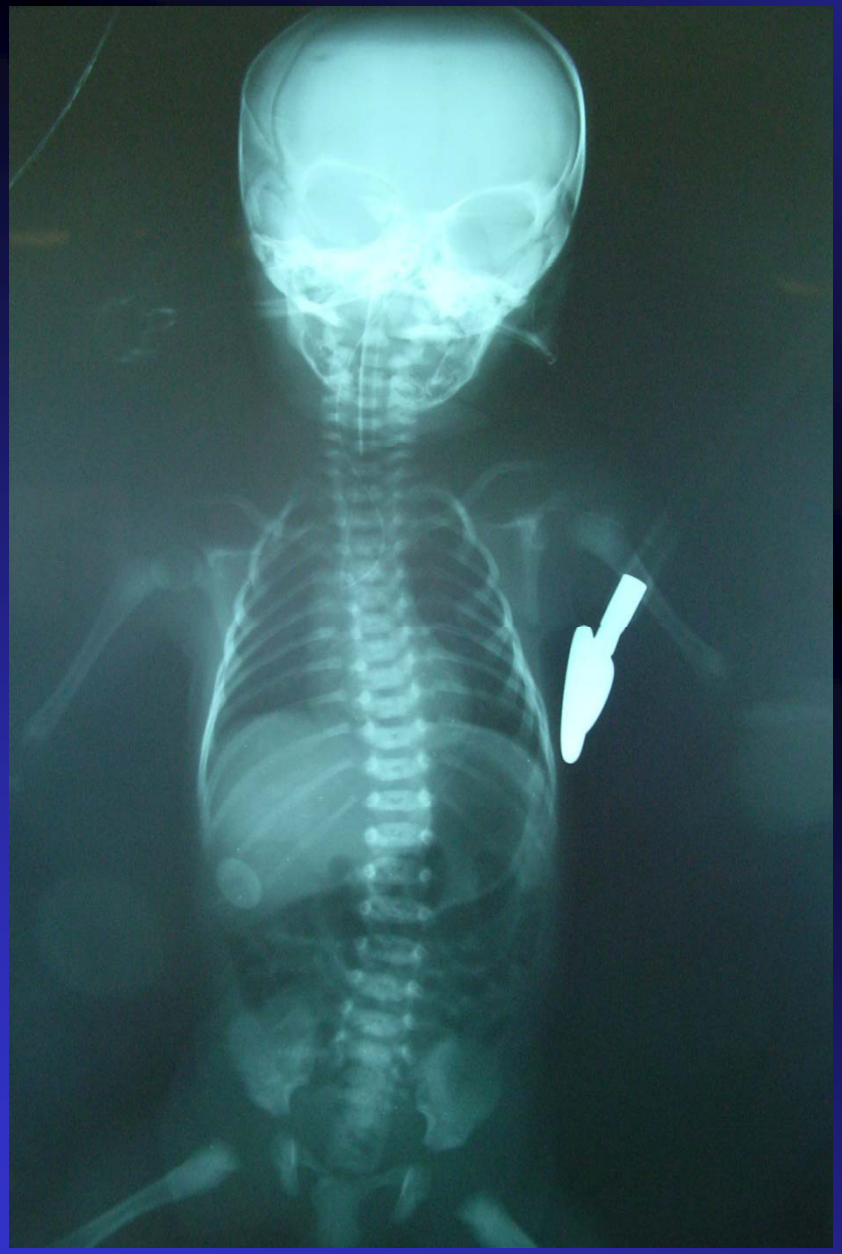
Diagnostic postnatal

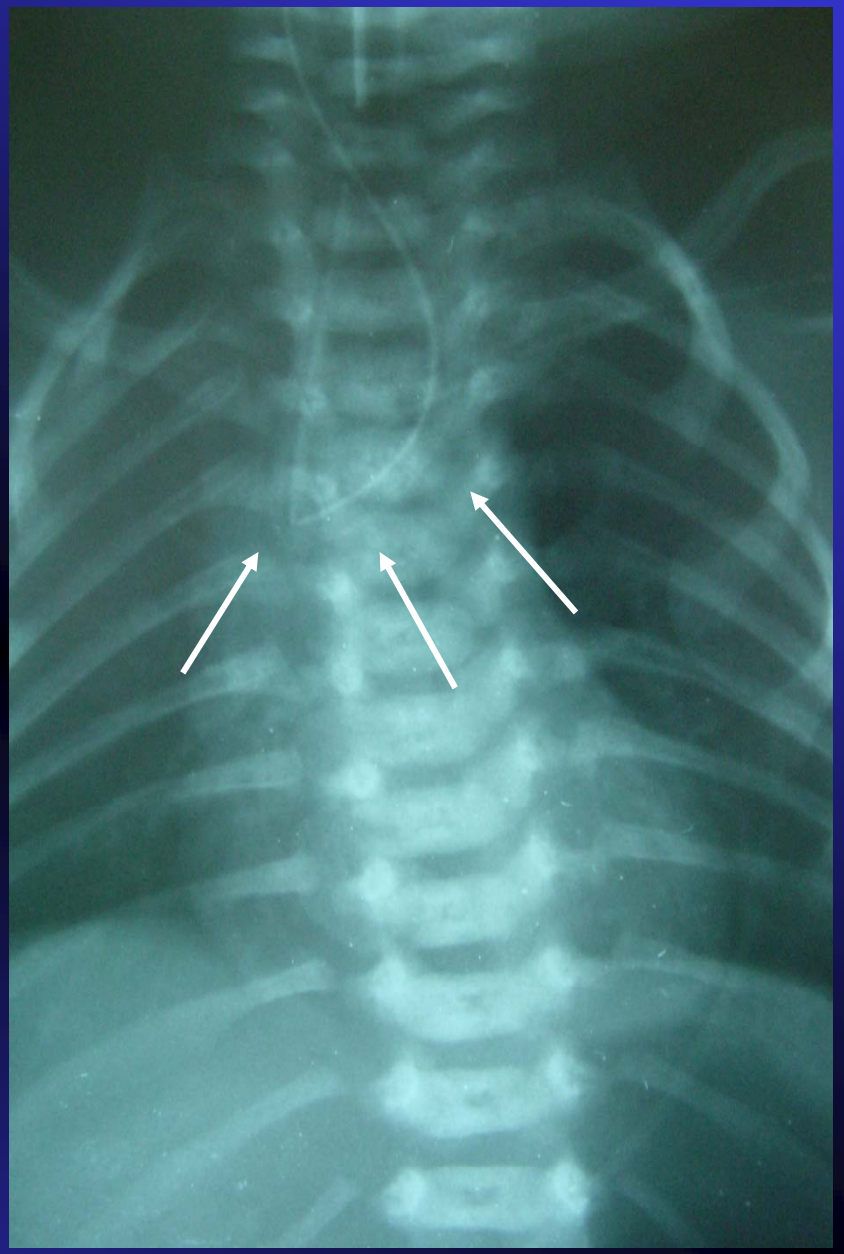
Clinique	Sonde gastrique		
	Hyper sialorrhée		« BB qui mousse »
Radiologique	Thorax/AAB	F+P	Injection air
Classification Gross	Type 1-2	Absence air	s/diaphragme
	Type 3-4	Météorisme abdominal	

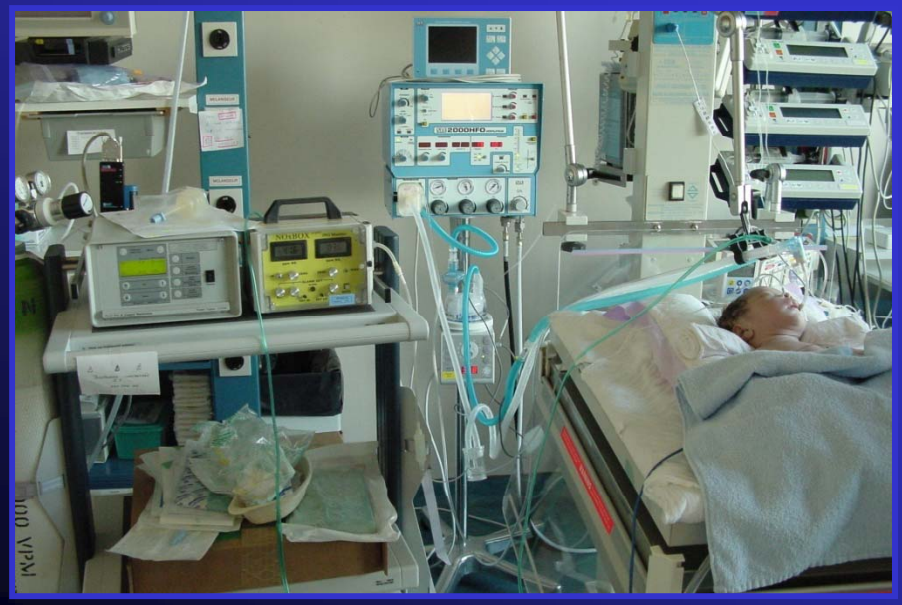












Conditionnement opératoire

Transfert Centre III NIC / Chirurgie- Anesthésie Pédiatrique

Pas d'alimentation orale

Sonde oesophagienne (moignon) Aspiration continue

Pas ventilation au masque

Si possible pas d'intubation Sélective / # /s fistule

Risque rupture gastrique

Position proclive # RGO

Conduite à tenir

Traitement chirurgical

Atrésie Type 3-4

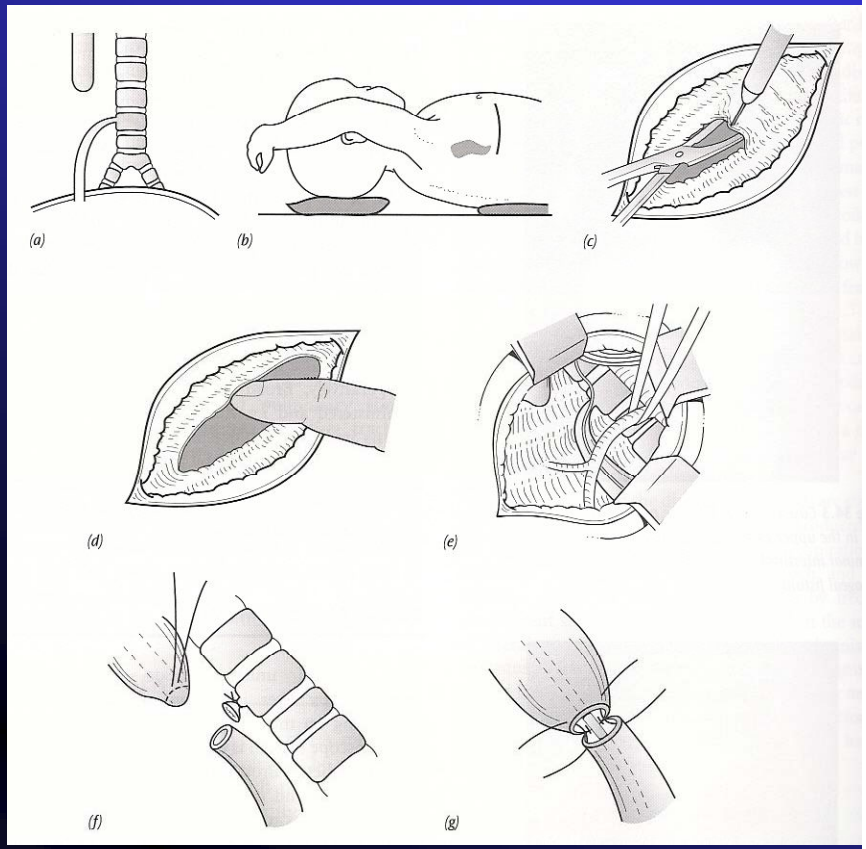
Thoracotomie Droite Postéro-Latérale 4 EIC

Abord extra pleural Liga crosse Azygos

Ligature fistule > Pronostic vital

Anastomose TT + SG trans-anastomotique

Difficile si > Th 3 Gastrostomie exceptionnelle



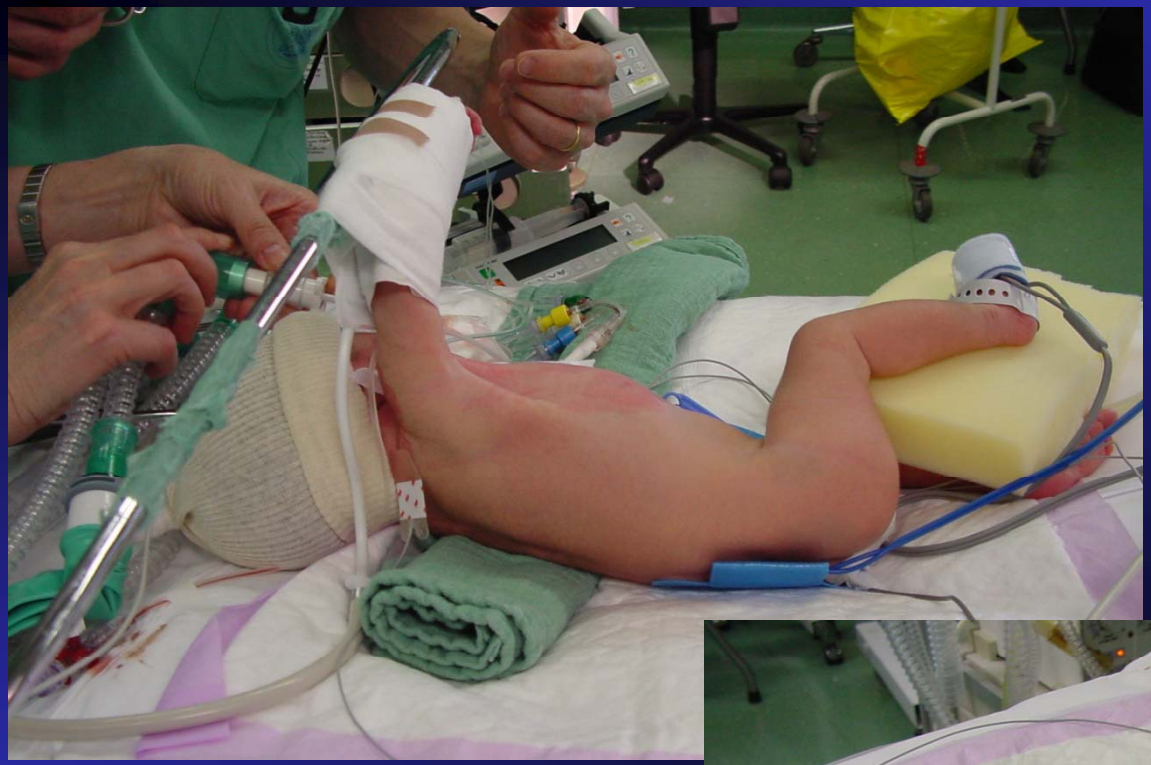
Atrésie Type 1-2 Gap # pas anastomose TT

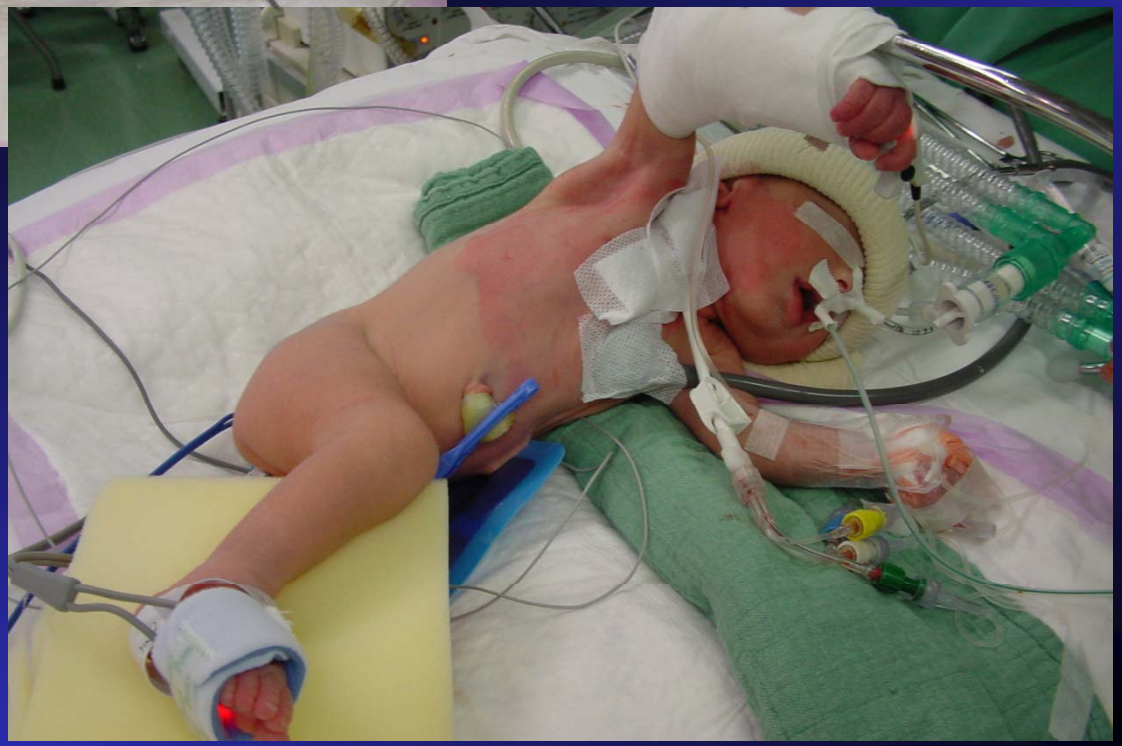
Gastrostomie + Sonde oesophagienne Aspiration Douce

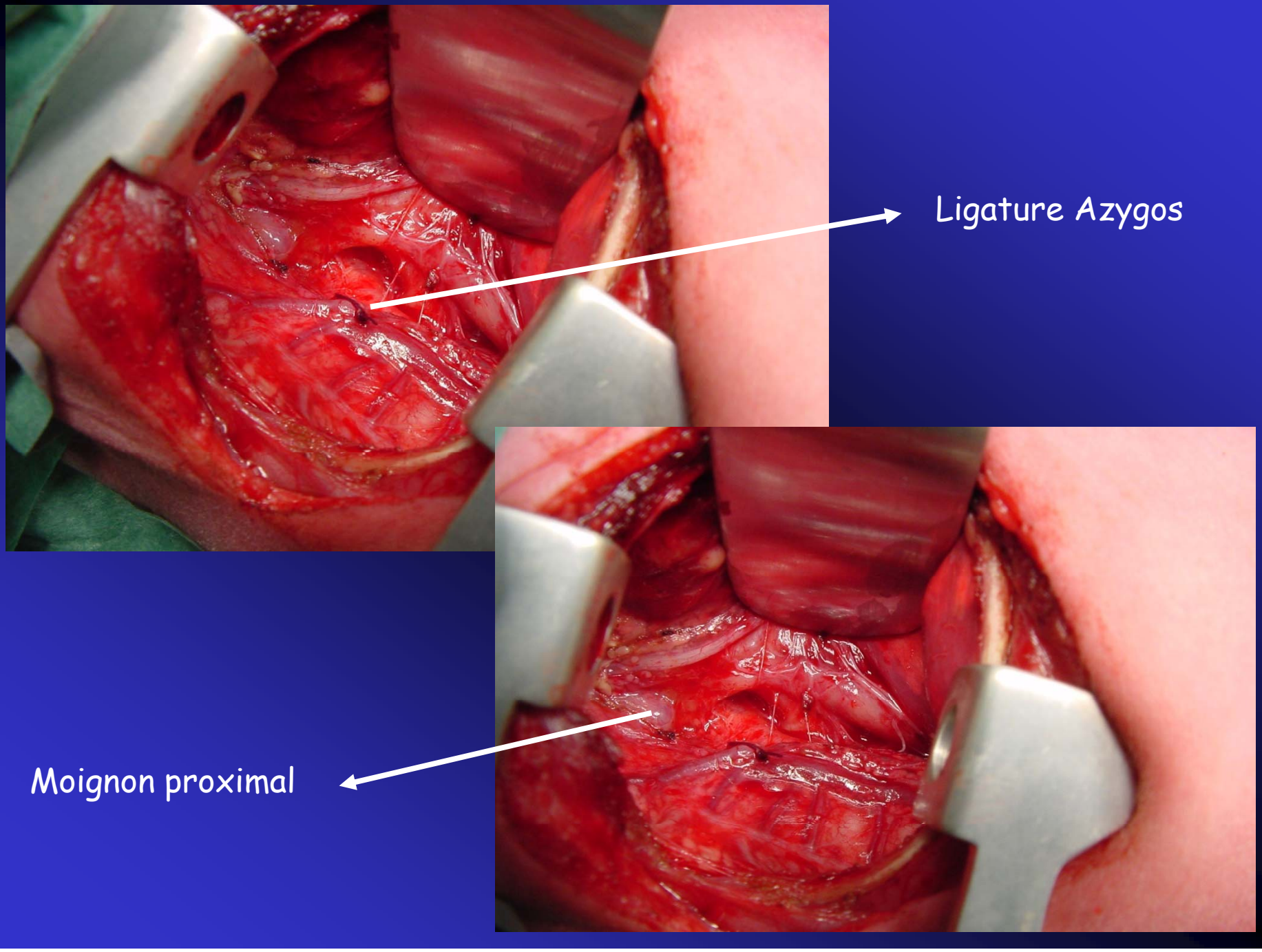
Anastomose oesophagienne différée

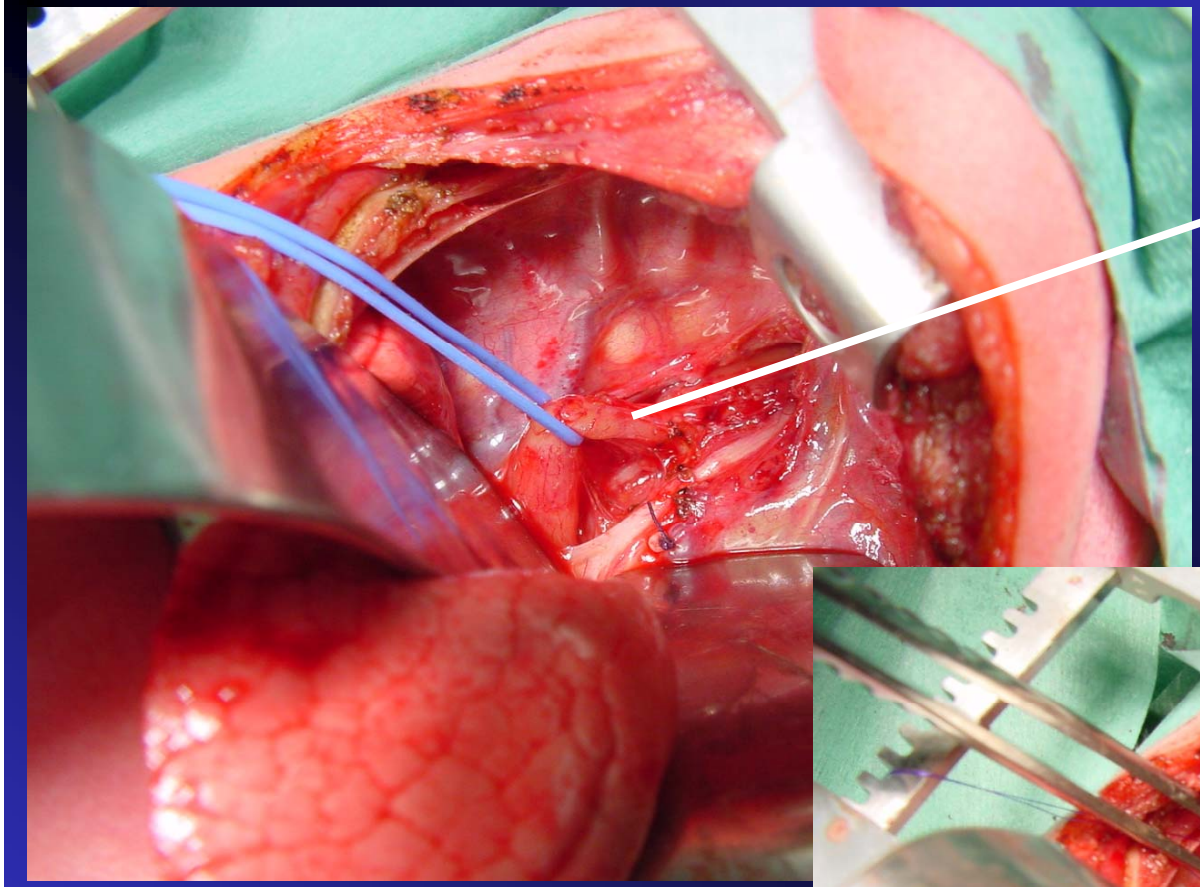
Oeso-coloplastie / Tubulisation gastrique

Rééducation orthophonique Déglutition - Gôut

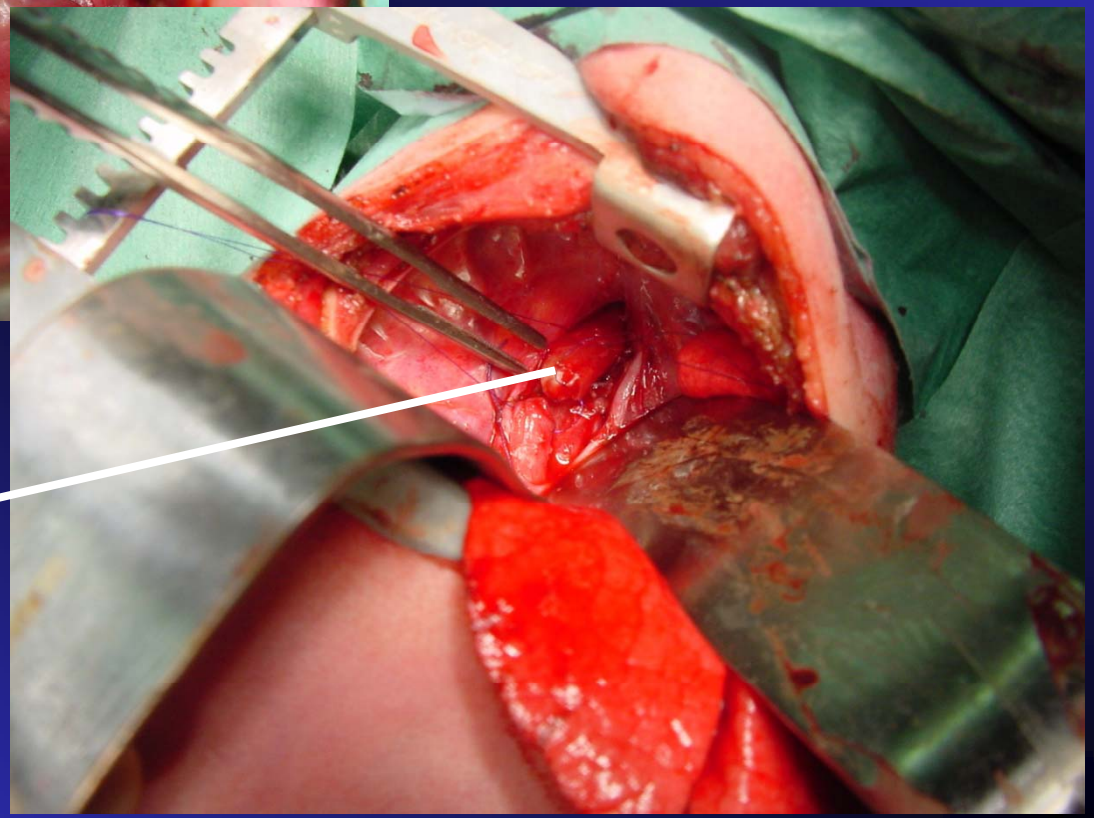




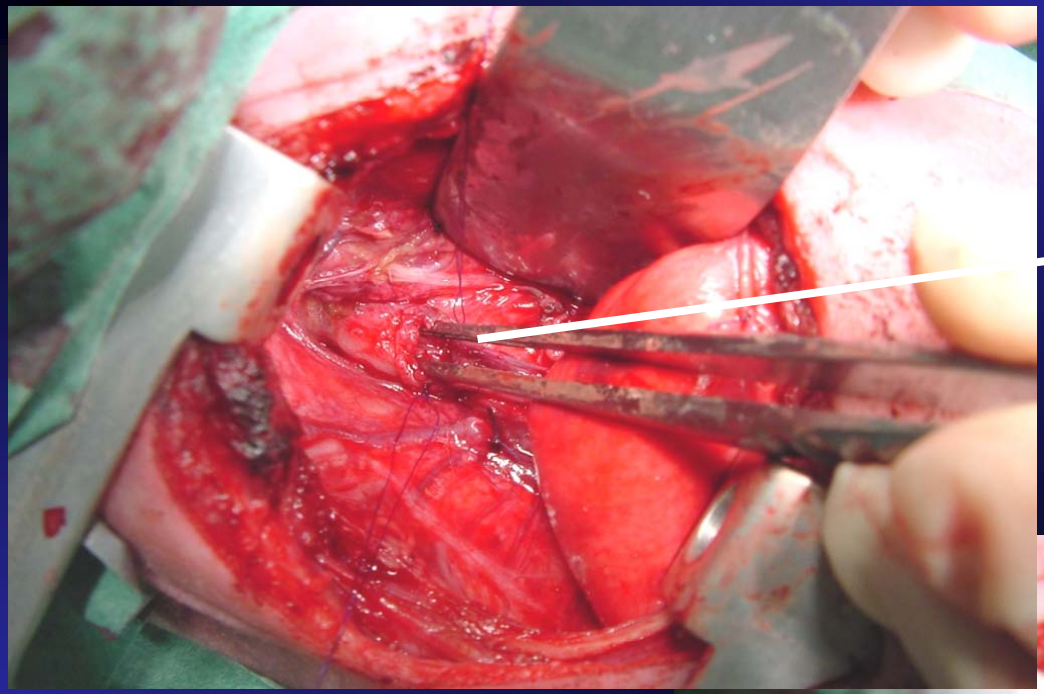

Ligature Azygos
Moignon proximal



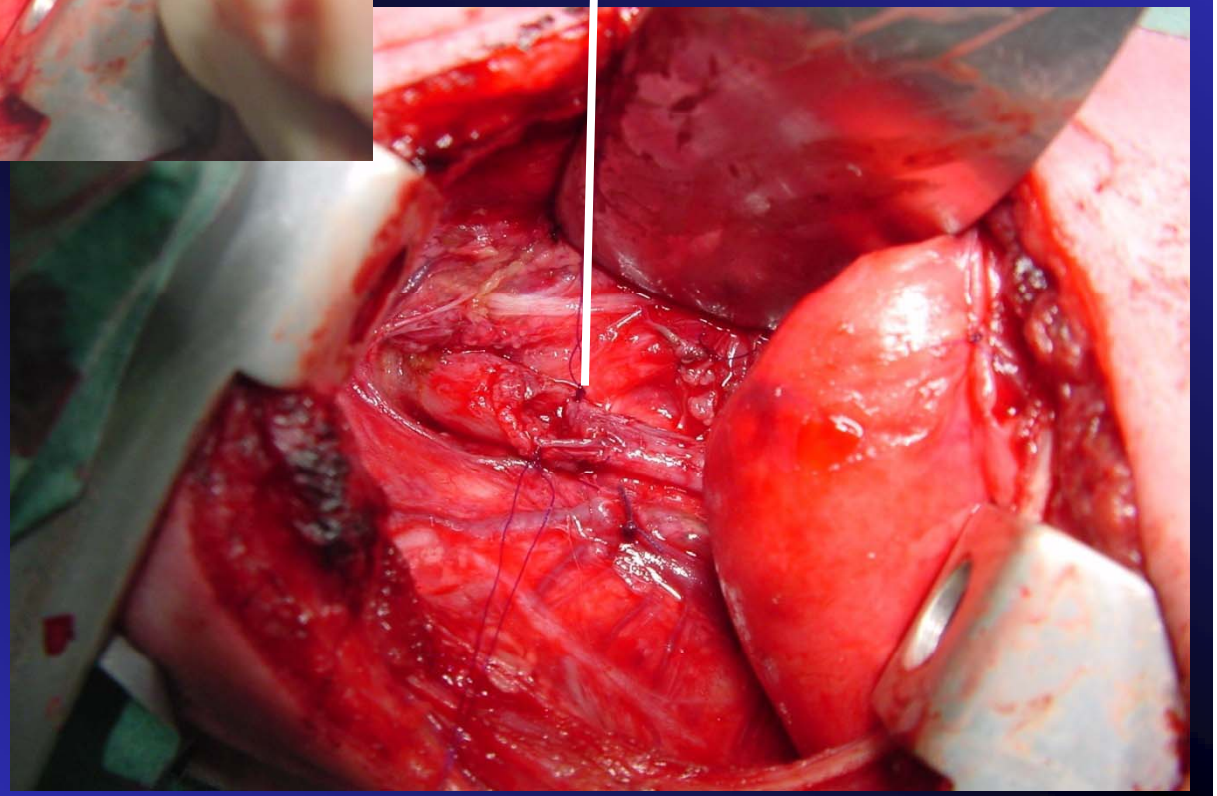
Fistule TE

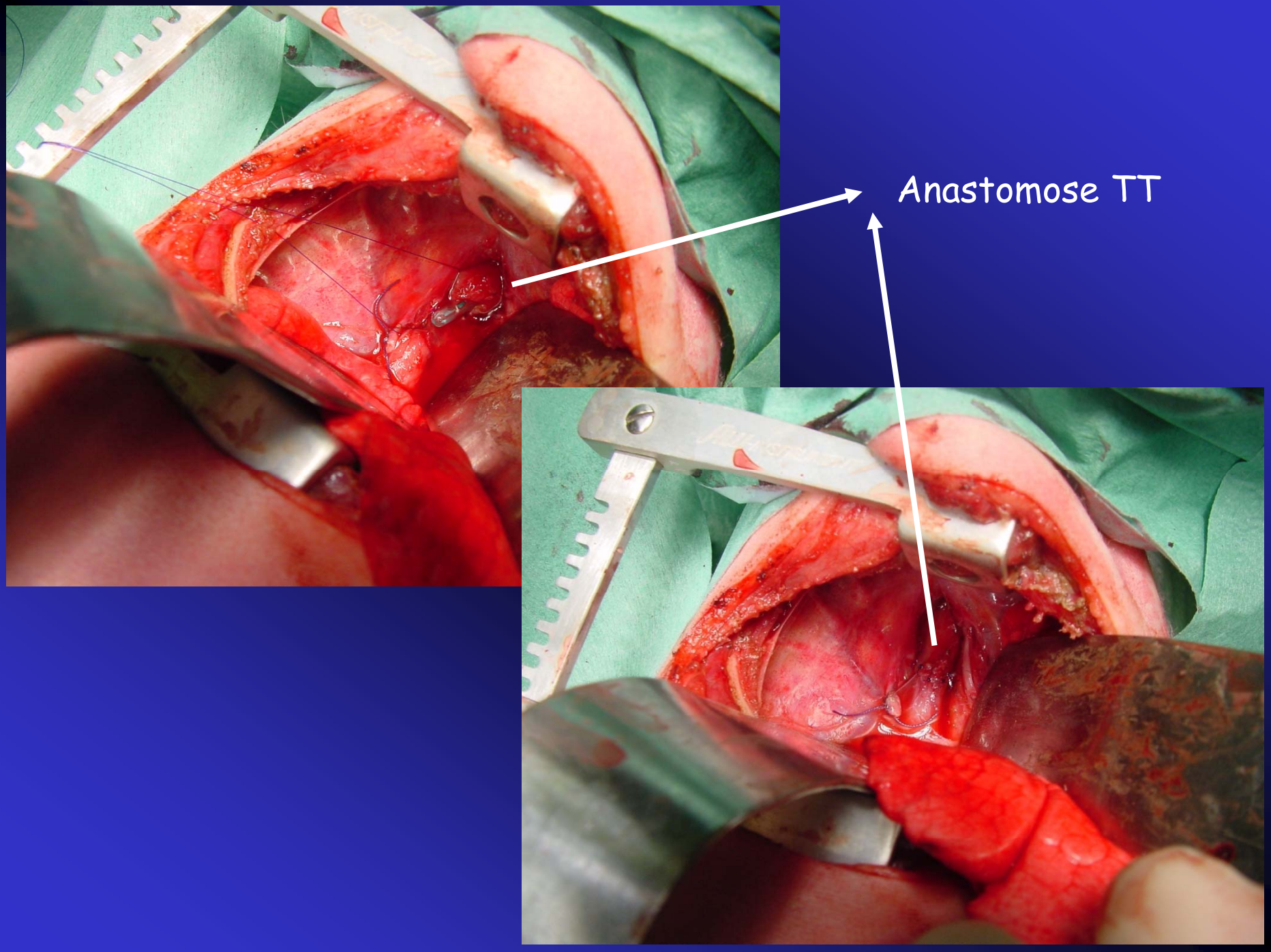


Moignon proximal

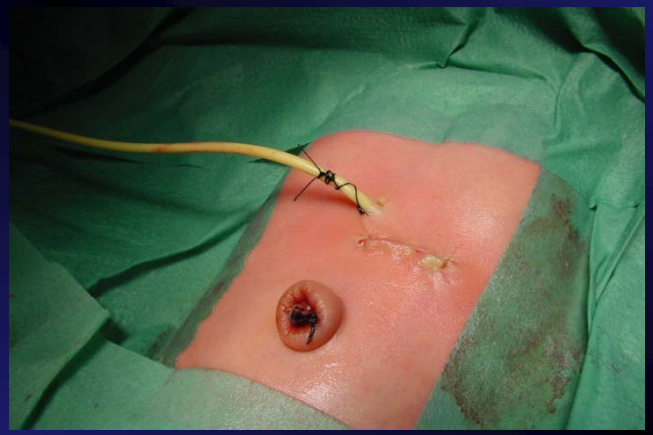


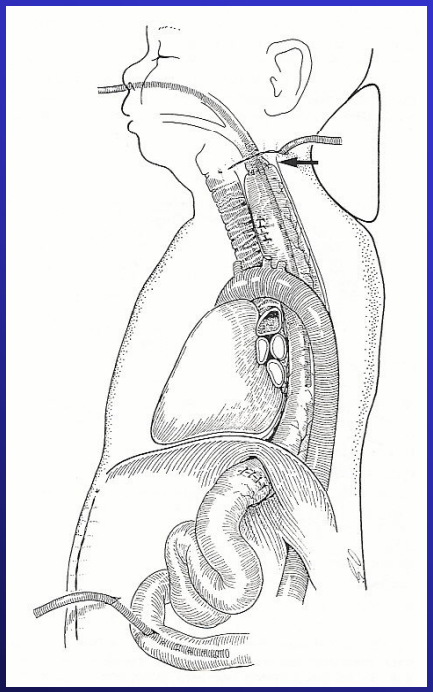
Anastomose TT

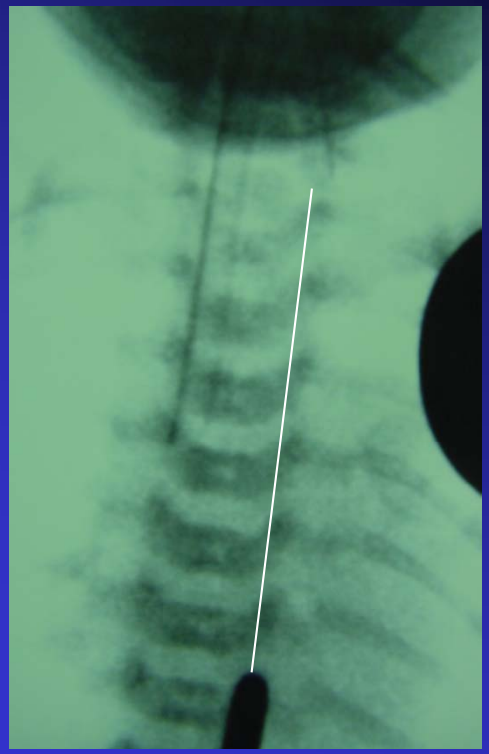


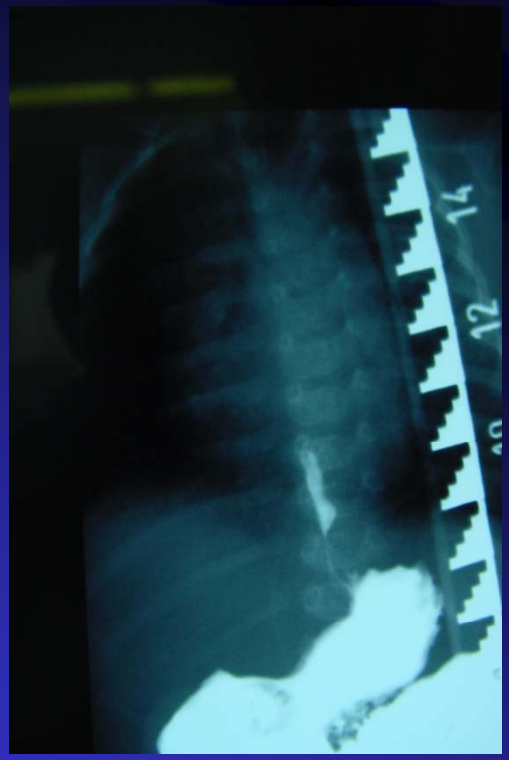

Anastomose TT

Atrésie Type 1









Voie Médiastinale postérieure + courte

Timing Poids > 5 Kg

Substitut

Fonctions importantes

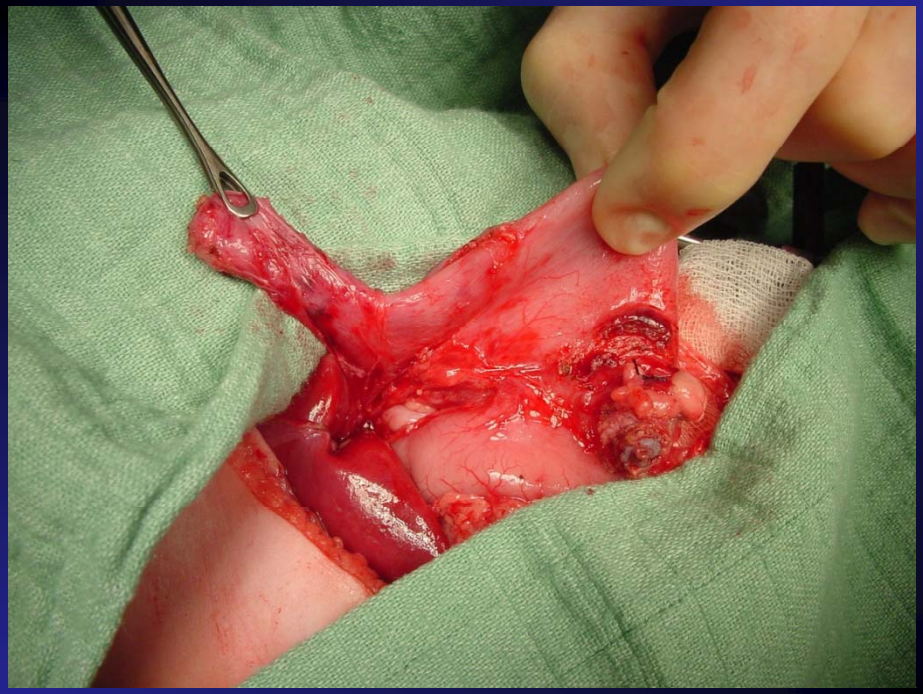
Assurer alimentation Entérale

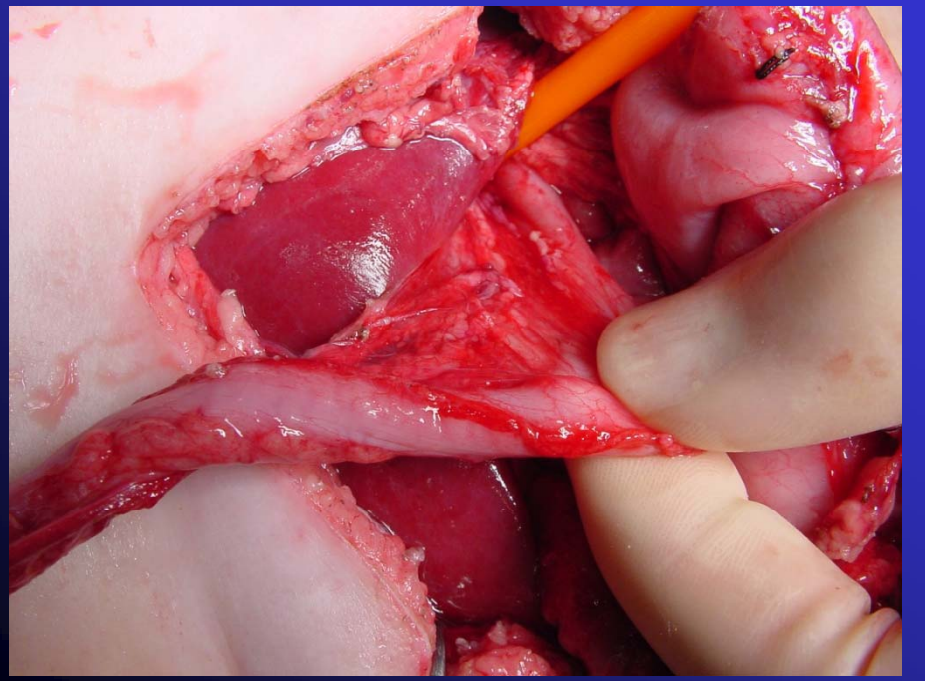
RGO Minimal / Résistant

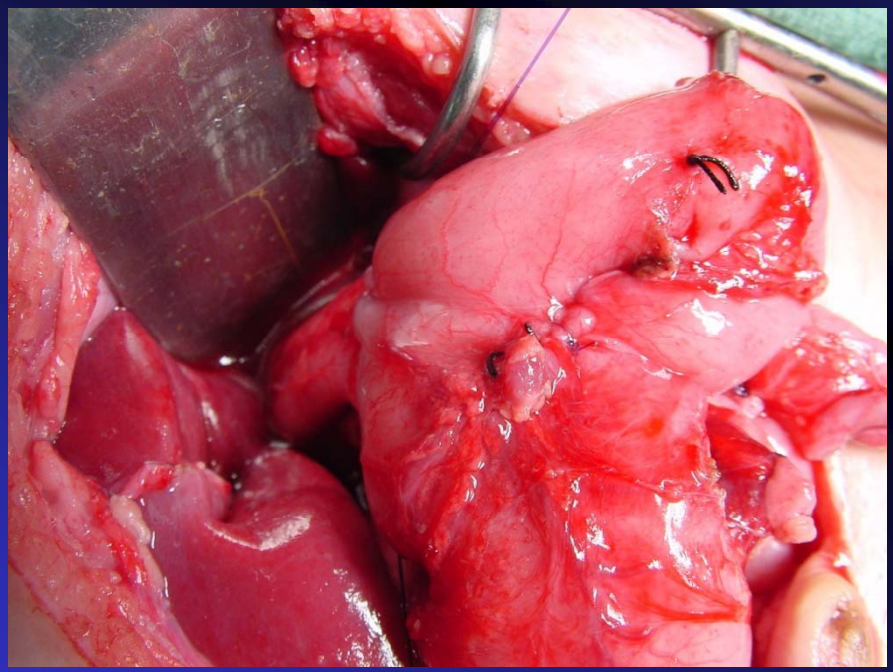
Pas d'altération cardio respiratoire

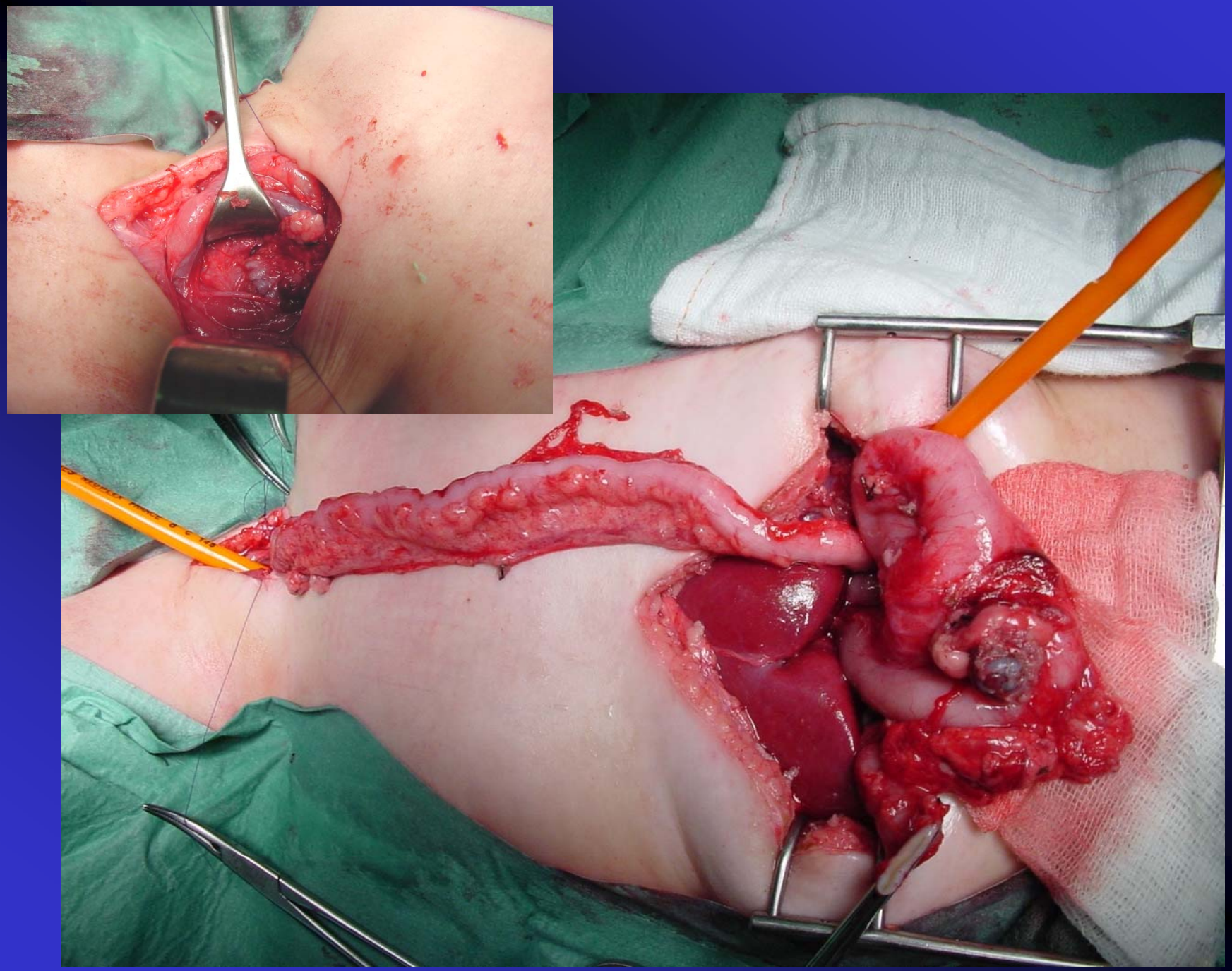
Grandir et assurer sa fonction

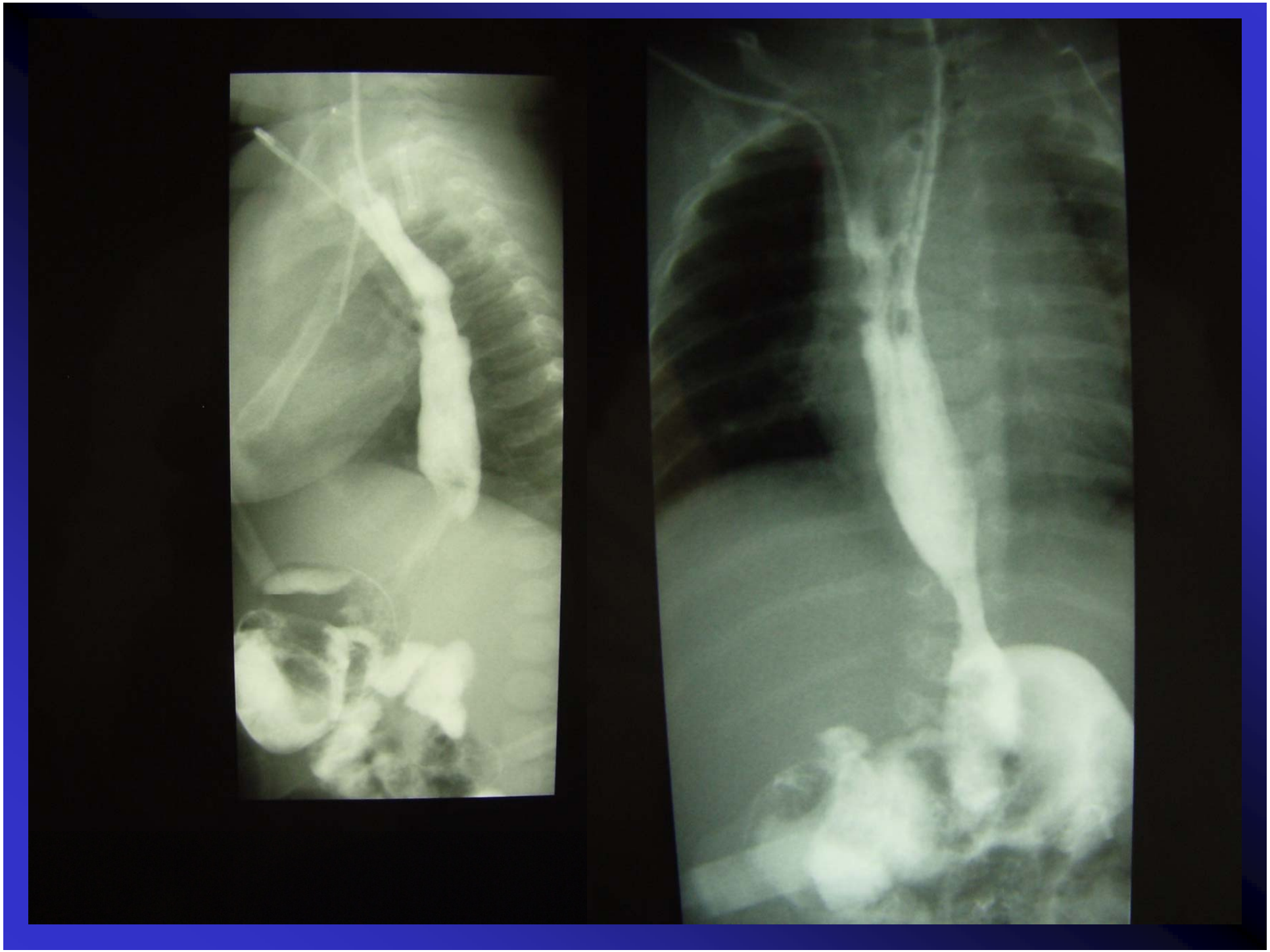
Technique applicable nourrisson











AFISO - 1 avril 2011 - Modave

Gastroschisis - Omphalocèle

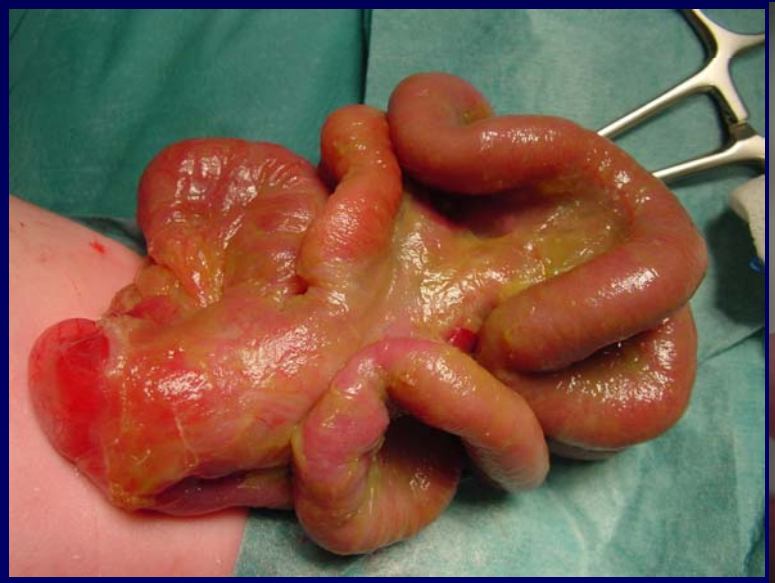
Défaut **Fermeture de la paroi abdominale antérieure**
Migration et fusion des feuillets pariétaux entre 4 – 8 SAG

Incidence 1/ 3000 à 1/10000 naissances

Fréquence	Gastroschisis	Augmente
	Omphalocèle	Diminue

Malformations	**Gastroschisis**	Sténoses intestinales - malrotation
	Omphalocèle	Anomalies congénitales chromosomiques cardiaques
		Syndrome polymalformatif

Anatomie



- Patiente de 21 ans,
- G3P0,
- suivie par le Dr Gosseries (Ambroise Paré)
- TT : 24/02/2011
- Référée à 26+6 SA pour MAP de Gastroschisis

- <u>27/12/10 (31+3 SA)</u>

  - Situation stable

- <u>04/01/11 (32+4 SA)</u>

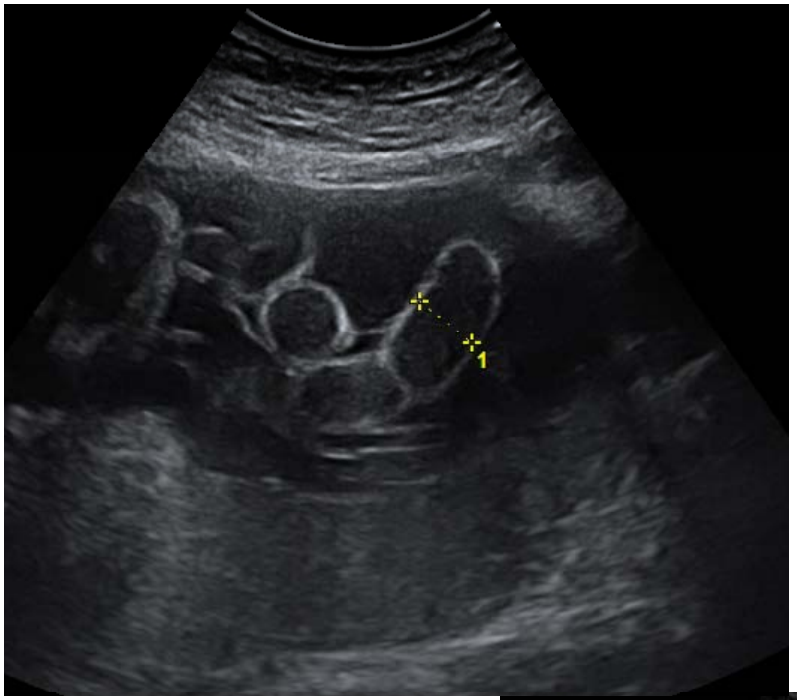
  - Croissance satisfaisante

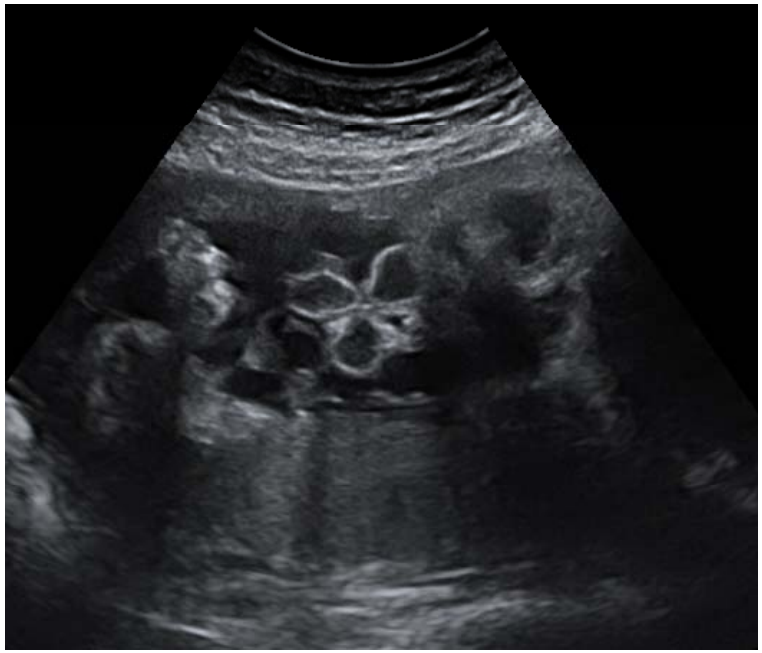
  - Anses intestinales 7-10mm (sigmoïde 22mm), parois 1.2 mm, vascularisation bien visualisée

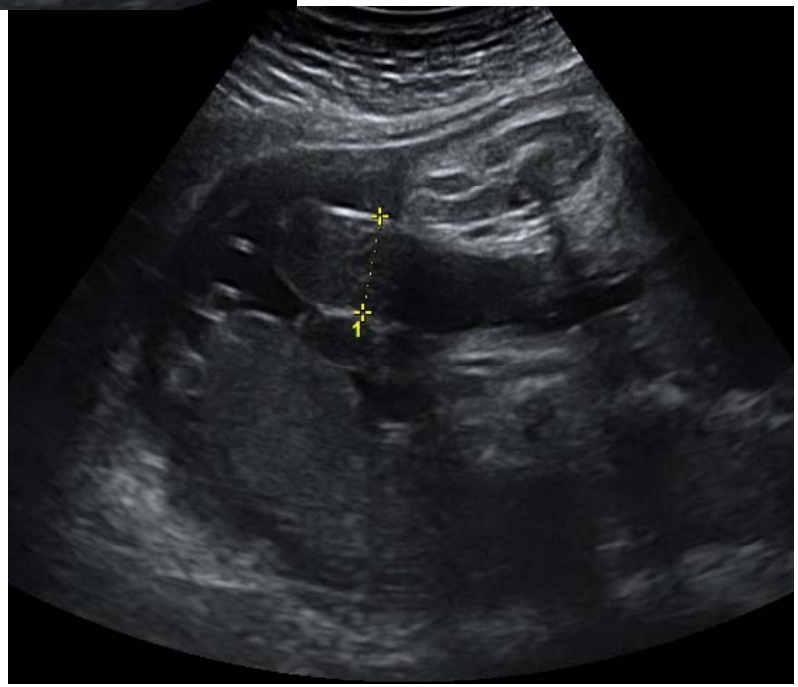
  - Vessie latérodéviée

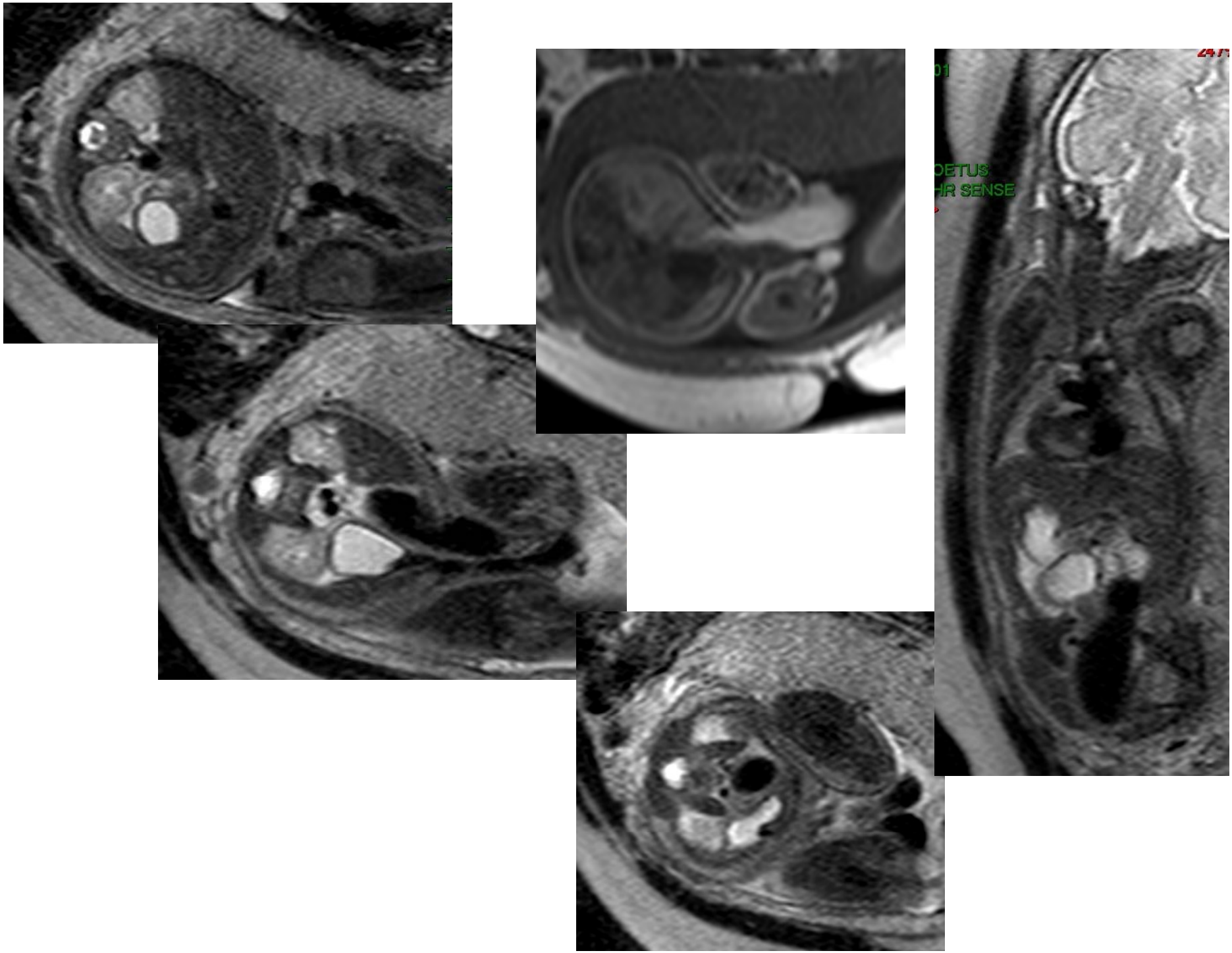
  - Index liquide amniotique 10cm

→1écho et monitoring / semaine





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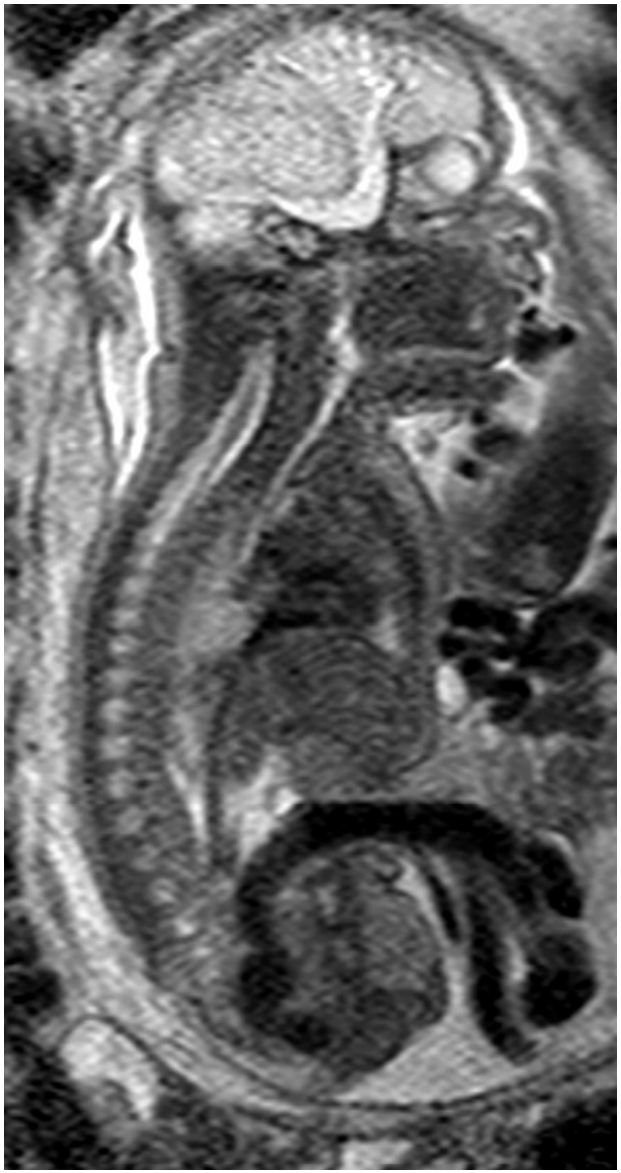
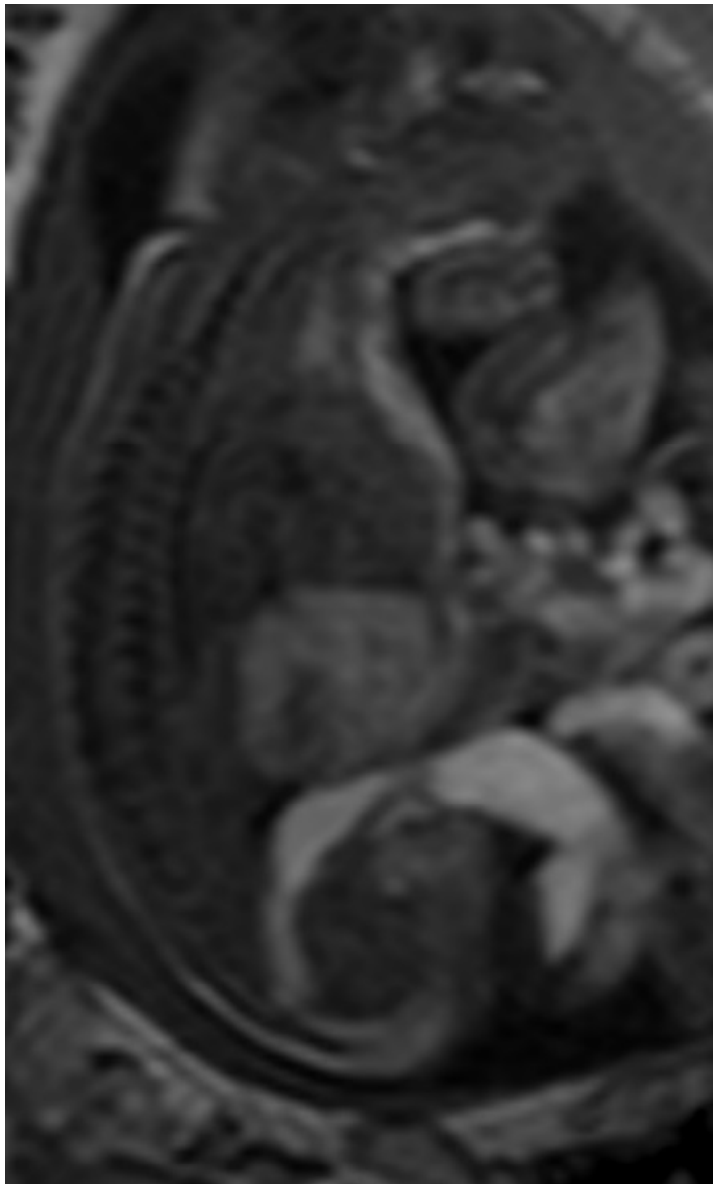
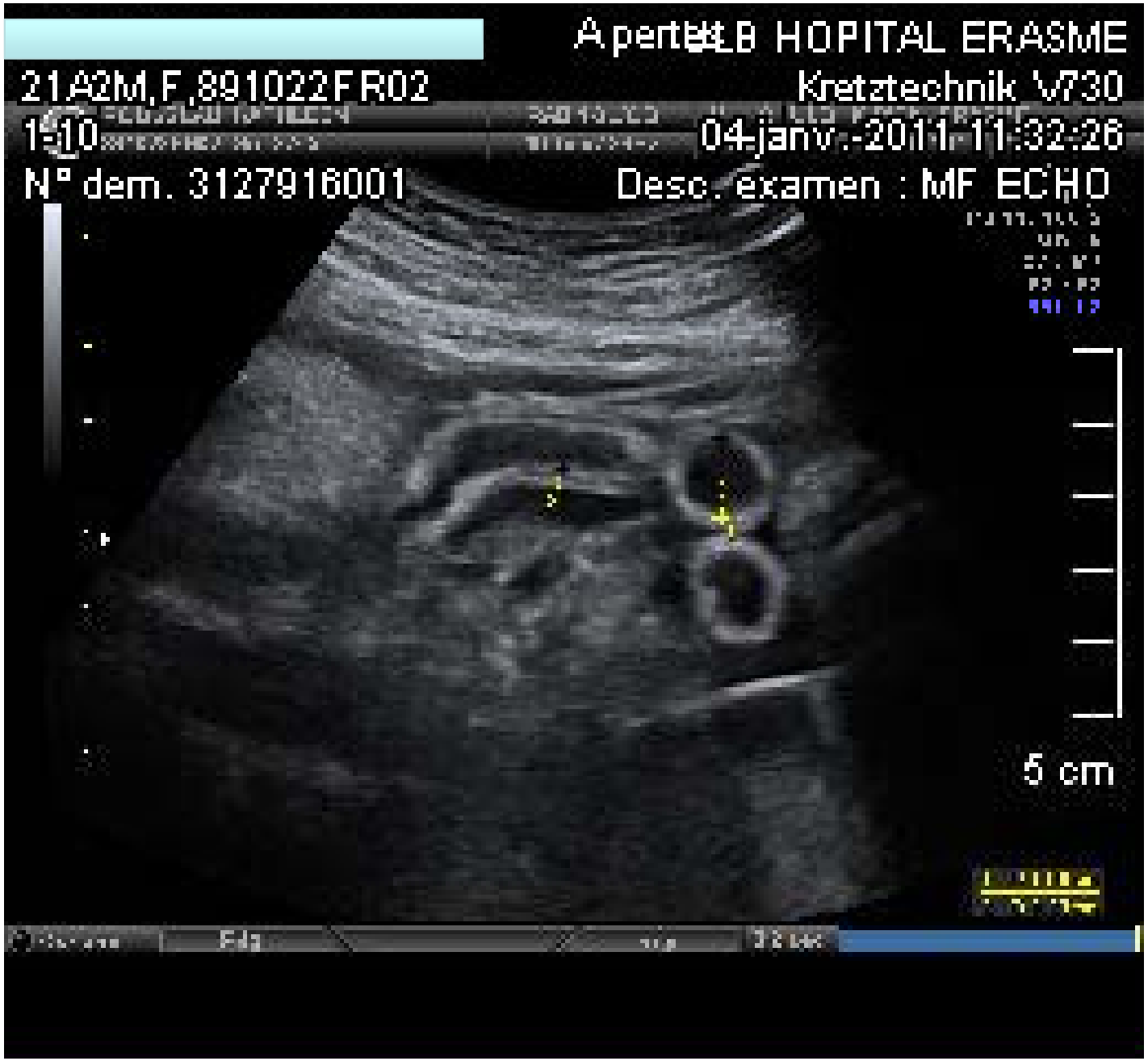
OETUS
HR SENSE





- 9/1/2011
- Diminution de la perception des mouvements fœtaux
- Dilatation grele et périviscérite >
- Césarienne
- 1000g
- Intervention immédiate, fermeture d’emblée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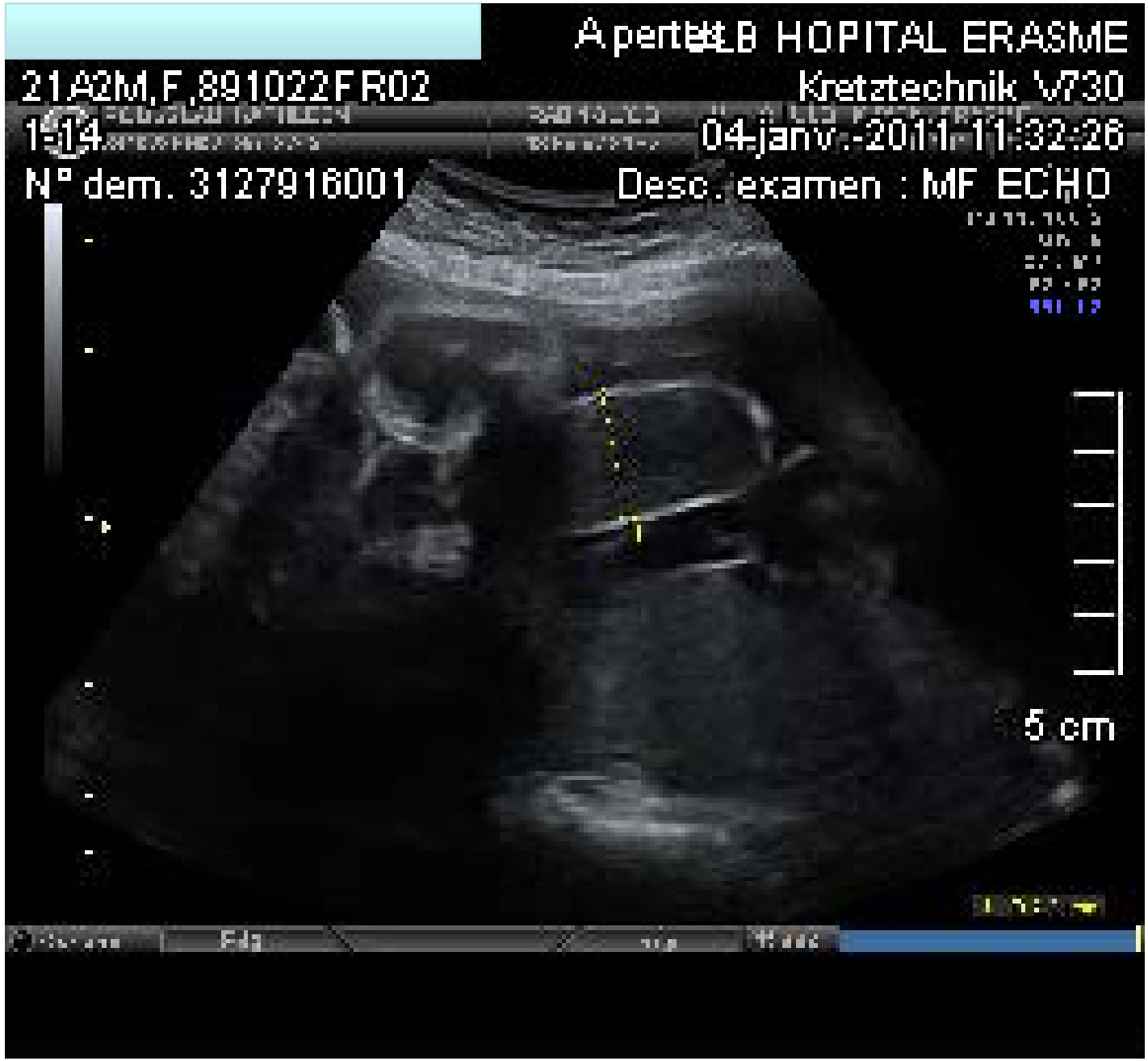
1-10
04-janv.-2011 11:32:26
N° dem. 31279160001
Desc. examen : MF ECHO
5 cm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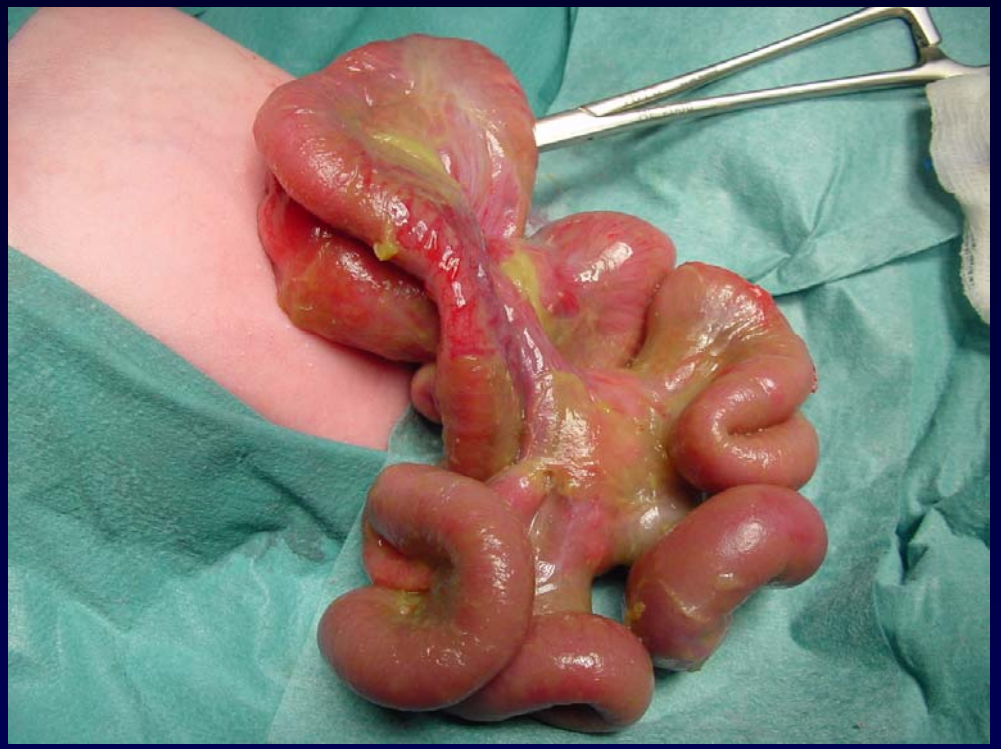

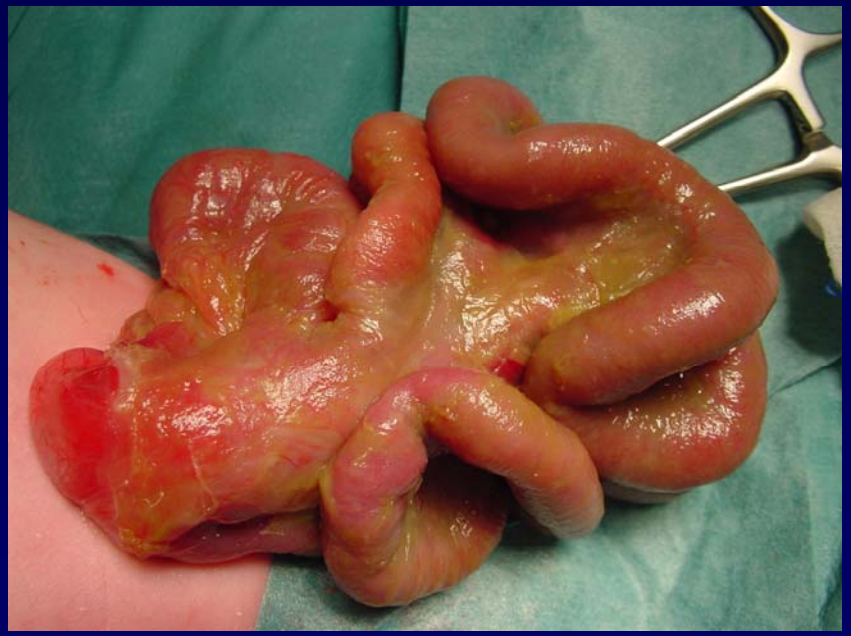

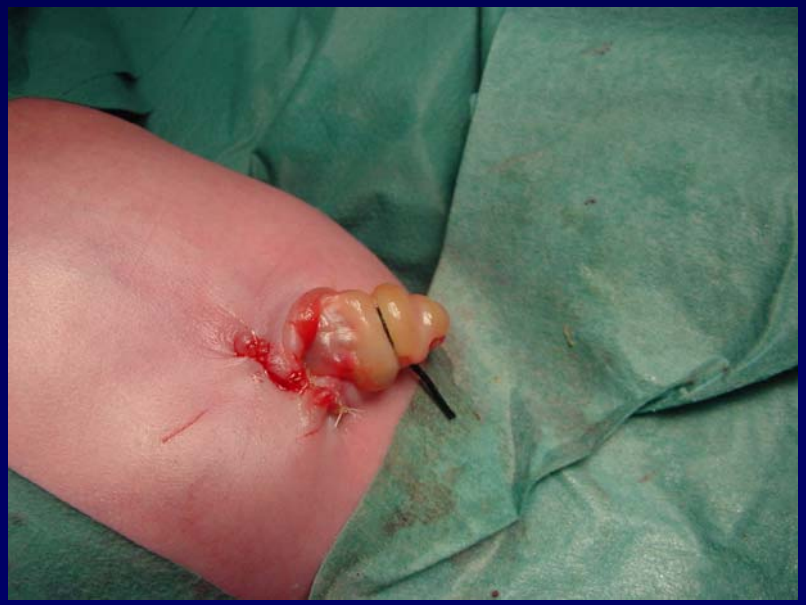

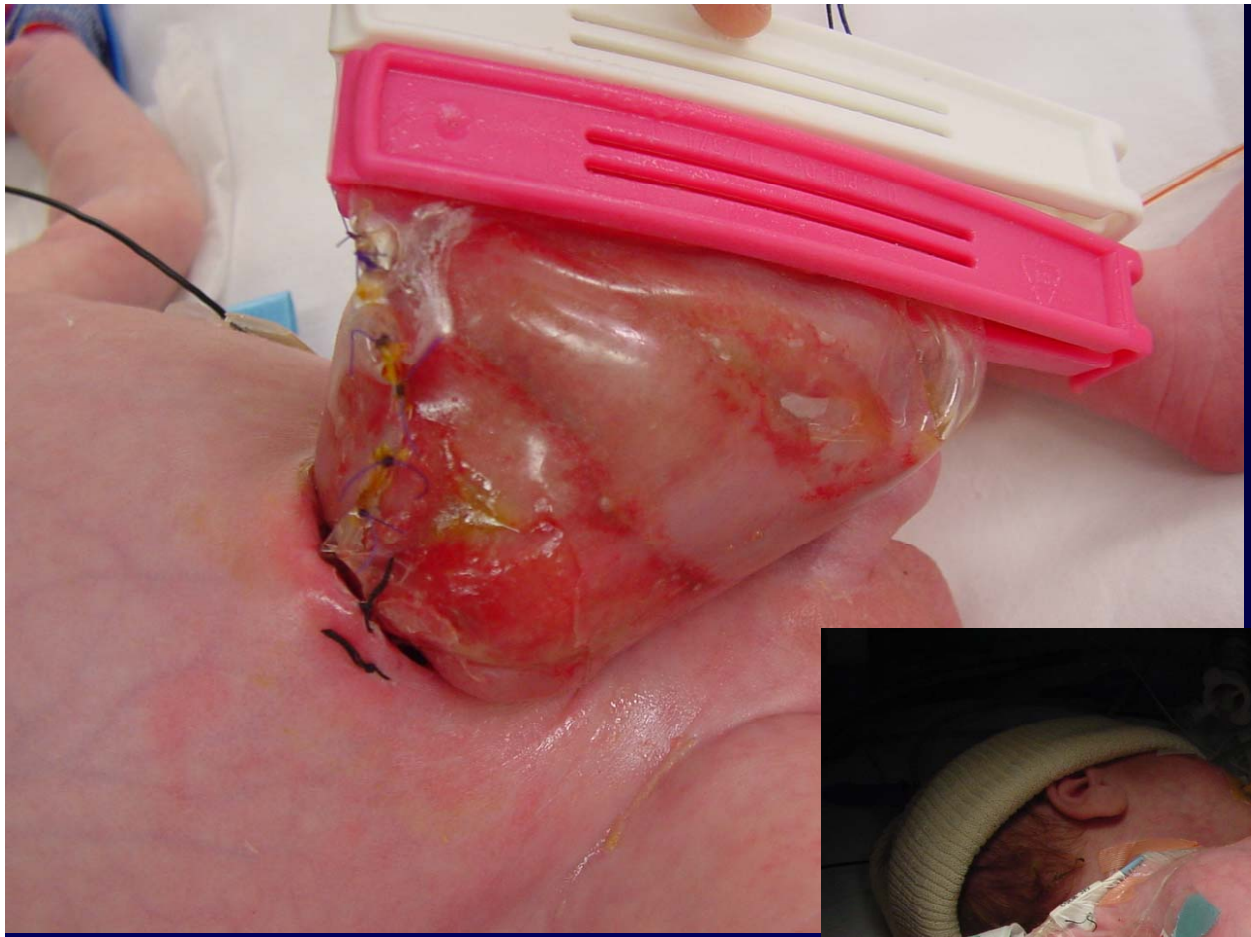

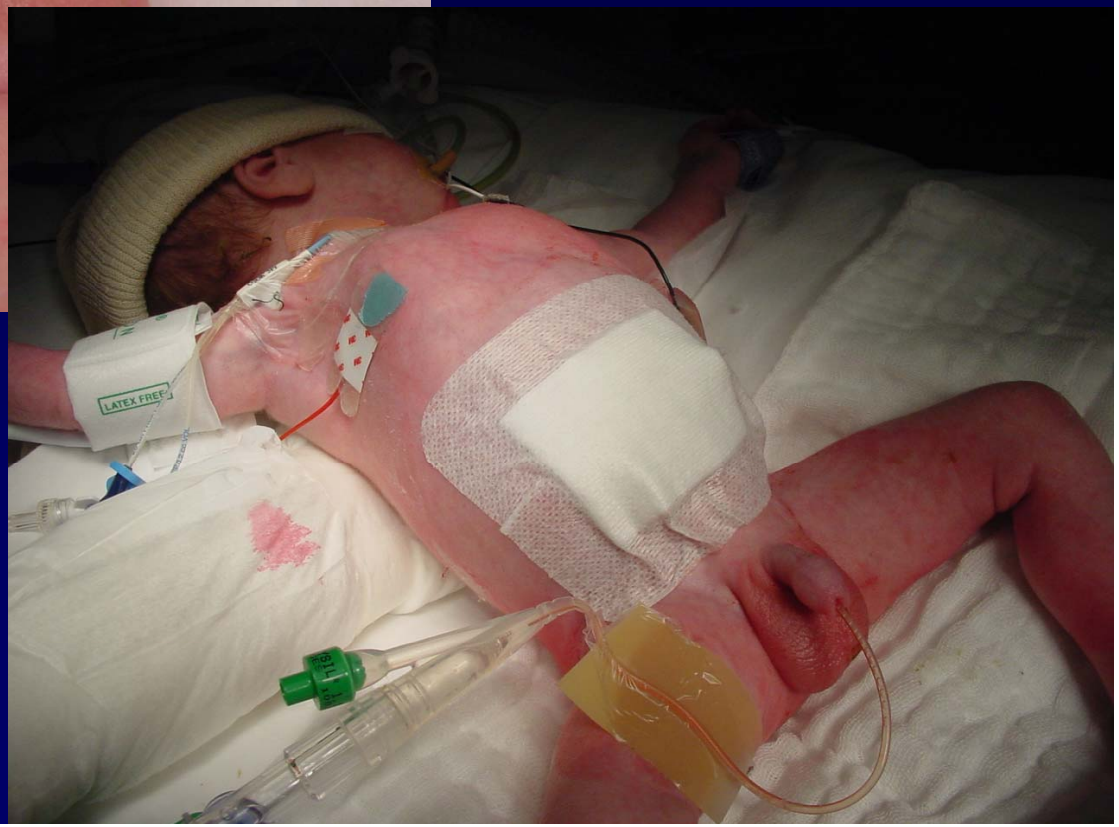
LATEX FREE

- Patiente de 31 ans, G2P0 (une FC)
  - Porteuse muco (mari non porteur)
- Grossesse actuelle
  - Suivi à Cavell Dr Janowski
  - TT 6/11/2008
  - Omphalocèle découvert à 11SA, CN 1.2mm

- PLA : caryo fœtal 46 XY, caryotype parents N
- Echo à l'HUDE prévu pour contrôle de grands vaisseaux: Nl
- Accouchement prévu à Erasme