

CONGENITAL DIAPHRAGM HERNIA WITH THORACIC KIDNEY: A CASE REPORT AND LITERATURE REVIEW

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Objective Thoracic kidney is rare and usually found incidentally. The incidence encountered only once in a series of 1300 autopsies and accounts for less than 5% of all renal ectopics. We report one case presented with respiratory distress due to diaphragm hernia combined with thoracic kidney in a medical center and review the relative literature. A first-born, male infant had respiratory distress after birth. The infant was delivered at near full-term by Cesarean Section, weighting 2995gm at a peripheral hospital. Chest radiograph showed a raised left dome of the diaphragm with opacity and little gas shadows in the left lung field. Sonography revealed absence of the left kidney in the renal fossa and CT density was present in the left lung field. Sonography revealed absence of the left kidney in the renal fossa and CT showed left kidney elevation into thoracic cavity. Operation was performed on the fourth day of life. The mesentery, small gut, large gut and left kidney were found in the thoracic cavity. The spleen was at the normal position. Bowel, mesentery and the left kidney were all back to the retroperitoneal cavity and the diaphragm was repaired. The newborn was not mobilized. Intravenous pyelography (IVP) performed after surgery showed good renal function. The newborn is doing well after discharge.

Conclusions The literature related to intrathoracic renal ectopia as a result of congenital diaphragmatic hernia (CDH) is rare. Intrathoracic kidney should be considered in the differential diagnosis of fetal chest masses, especially when normal kidney architecture cannot be determined. Despite the poor prognosis seen in other cases of CDH, intrathoracic kidney with diaphragmatic hernia is usually asymptomatic and appears better prognosis.

CURRENT STATUS OF NEONATAL EMERGENCY-CRITICAL CARE FROM THE 2011-2012 EMERGENCY-CRITICAL ACCREDITATION

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Objective 自 98 年政府開始實施緊急醫療能力訪查以來,已經歷經 4 年的時間。細查緊急醫療能力訪查的內容,分成急診一般醫療、急性腦中風、急性冠心病、重大外傷、周產期醫療以及重症急診病房六個章節。其中急性腦中風、急性冠心病、重大外傷以及周產期醫療四項可以選取性評量,而急診一般醫療以及重症加護病房則為必須評量之項目。

Methods 緊急醫療能力訪查之各章節通過比率,以了解成人與兒科緊急醫療能力之實務運作現況。急診、急診急診、申請家數以及通過比率等,以了解成人與兒科緊急醫療能力之實務運作現況。

Results 在民國 100 年及 101 年,共計有 21 家醫院申請重慶級以及 89 醫院申請中度級之緊急醫療能力訪查。急診一般醫療、急性腦中風/急性冠心病以及重症加護病房均每一家醫院均有申請。第五、六章周產期醫療中度級僅 19 家申請訪查,僅佔該 2 年總申請家數之 21.3% 申請周產期之訪查。而其餘之各章節各醫院均全數申請。

Conclusions 緊急醫療能力訪查顯示成人醫療項目,各醫院均有能力對成人緊急醫療能力之緊急醫療能力申請。唯在與新生兒緊急醫療有關之新生兒醫療部份,僅有 21.3% 的中度級醫院提出申請。目前全國醫療體系中,兒科(新生兒科)存在重大障礙,使各醫院無法申請中級或高級申請。此一障礙直接導源於新生兒科專業醫師在各中度級(區域)以及地區醫院(極度缺乏,以區域醫院)及訪查要件! 新生兒專業宜對此慎加思改,理出固本之道!