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TEMPO.CO, Jakarta - If the baby's insides are in the chest cavity, what do you imagine? A congenital diaphragmatic hernia is a congenital abnormality, in the form of a hole in the diaphragmatic muscle that causes the contents of the abdominal cavity to enter the chest cavity. The diaphragm is a respiratory muscle that separates the abdominal cavity from the pectoral cavity. This anomaly occurs due to a disturbance during the development of the baby's diaphragm during pregnancy. The exact cause of this growth disorder is not known for sure, but there are theories linking this congenital anomaly to insecticides (insect poisons), some medications that mothers consume during pregnancy, and vitamin A deficiency during pregnancy. The aperture has two sides: left and right. This diaphragmatic hernia disorder can hit the left side (87 percent), the right side (11 percent), and both sides. When it hits both sides usually the baby cannot survive. Aperture developmental abnormalities occur when the fetus is in the development of the lung structure. The contents of the abdominal cavity that enter the chest cavity, causing the development of the lungs is also impaired. This abnormality can be detected during pregnancy, with ultrasound of the fetus. You can see that in the thoracic cavity of the child there is intestinal or other contents of the abdominal cavity, and amniotic fluid is more than normal (polyhydromnion). If this anomaly is suspected, a follow-up examination will be conducted, as well as consultation with both parents about the opportunities that may arise in the unborn child. About 10-50 percent of children with this congenital abnormality may be accompanied by other congenital abnormalities such as congenital heart abnormalities, respiratory structure, nerves, and so on. If the congenital anomaly is serious enough, the fetus may die in the womb. Patients with diaphragmatic hernia usually experience symptoms of shortness of breath. These symptoms can occur at birth, but can also occur more than 24 hours after birth. In mild cases, it may even be that this disorder does not cause symptoms of shortness of breath, and is known only in the age of the child, because breast ronsen is examined for other diagnostic purposes of the disease. Symptoms of shortness of breath can be quick and deep breaths, breathing muscle function that looks larger than usual and can be accompanied by pale or bluish. The auxiliary examination that needs to be done is a chest X-ray that can show a real image of the intestine or other contents of the abdominal cavity in the chest cavity. Sometimes other studies are needed, such as echocardiography, to see if there are other congenital abnormalities in children born with this abnormality. This congenital anomaly requires careful and intensive treatment by pediatric surgeons, pediatricians, insensivists, nurses and institutions Adequate children's resuscitation. Early ultrasound diagnosis during pregnancy can help parents prepare for childbirth in hospitals that have such remedies, comprehensive and early treatment can be given to children with this disorder. Children born with this disorder will be resuscitated and, if necessary, the patient will receive breathing care with a ventilator. X-rays, laboratories and so on will be carried out to study the patient's condition as a whole. The patient then stabilizes and corrects himself in the pediatric perinatology/intensive care unit, and if the condition has stabilized surgery will be performed to close the hole in the diaphragm. Thus, diaphragmatic hernia anomaly is a condition that can be corrected in most cases. (Dr. Three Hening Rahayatri, sp. BA- Jatinegara Premier Hospital) Aperture hernia or diaphragm hernia is a condition of birth defects in infants when there is a hole in the diaphragm. The diaphragm is a large muscle that separates the organs in the chest (heart and lungs) and the organs in the abdomen (stomach, intestines, liver, spleen). Diaphragmatic hernia or diaphragm hernia is a condition that occurs when there are one or more organs in the abdomen that move up to the baby's chest. One or more organs in the abdominal cavity can rise to the chest through holes or holes in the muscles of the diaphragm. Diaphragm hernias in infants or those that may also be mentioned with a congenital diaphragmatic hernia can prevent a child's lungs from full development. This can certainly cause the baby to have difficulty breathing at birth. The condition of birth defects of this child may appear in both newborns and later years. Diaphragmatic hernias in infants or diaphragm hernias are medical emergencies that require treatment as quickly as possible. How common is this condition? Diaphragm hernia or congenital diaphragmatic hernia in infants is a relatively rare condition of birth defects. According to the U.S. National Library of Medicine, the incidence rate is 1 in 2,500 births, while 5%-10% of children with the condition show signs and symptoms. These symptoms usually include breathing problems or abdominal pain because the intestines are hitting the chest cavity. While in 1% of cases, diaphragmatic hernias or diaphragm hernias in infants show no specific symptoms. In fact, about half of all newborns with diaphragmatic hernia conditions or diaphragm hernia also have other diseases. For example, children also have birth defects in the brain, heart or intestines. According to Stanford Children's Health, symptoms of diaphragm hernia can vary in each child. Symptoms of diaphragm hernia or congenital diaphragm hernia in infants are as follows: Symptoms of congenital diaphragm hernia in infants may look like those of other health facilities. So, make sure you check your little one with your doctor to get a clear diagnosis. Although the severity of hernia symptoms can vary depending on the size, cause and problem organs of the body. The difficulty of breathing in the diaphragmatic hernia condition of this child is quite severe. This occurs when lung development is quite abnormal. Takipnea (rapid breathing) Your lungs may try to improve low oxygen levels in your child's body. This is done by working faster. The baby's skin is bluish When the oxygen supply from the baby's lungs with diaphragmatic hernia is insufficient, the baby's skin will appear bluish (cyanosis). Takicardia (rapid heartbeat) The baby's heart can work faster in blood pumping. This is aimed at having oxygen-containing blood supply throughout the body of a child with a sufficient diaphragmatic hernia. Reducing or lacking of child breathing decreases or absence is a common symptom of diaphragmatic hernia or congenital diaphragmatic hernias in infants. These symptoms may occur because one of the baby's lungs, which should consist of two organs, is not formed perfectly. The condition then makes the sound of a baby breathing on the lungs of a un formed or developing baby is not audible. The sound of the intestines in the chest area is set out as the baby's intestines move up to the thoracic cavity through holes in the diaphragm muscles. This makes the sound of the baby's intestines heard appearing from the chest area. The baby's stomach is not full of baby's abdomen may be less complete as it should be. This can be detected by performing a palpation or examination of the child's body by clicking on a specific area. This baby in the full abdominal cavity can be caused by organs in the abdomen that enter the chest cavity area. When to work with a doctor? If you notice that your child has the above signs or other issues, see your doctor. The state of health of each person is different, including children. Always consult your doctor to get the best treatment for your child's health. According to the Centers for Disease Control and Prevention (CDC), most of the causes of hernia dyphrasmatia or congenital diaphragm hernia in infants are not known for sure. However, some cases of diaphragm hernia are thought to be caused by genetic abnormalities in the child's body. In addition, the cause of the congenital diaphragmatic hernia is that the development of the diaphragm does not work normally during the growth of the fetus in the womb. The condition of birth defects in children due to perforated diaphragm can cause one or more organs in the baby's abdomen to go to the chest. Different organs in the abdominal cavity then occupy space that should be an area for the lungs. As a result, the child's lungs cannot develop normally. But in most cases diaphragmatic hernias usually affect only one of the lungs of a child with abnormalities. Although the cause of diaphragmatic hernia or congenital diaphragm hernia in infants is not yet fully known, there are various factors that increase the risk of this condition. Take for example anomalies in the chromosomes and genetics of the child, as well as the environment and problems with maternal nutrition during pregnancy are also involved in the launch of diaphragmatic hernias in infants. Moreover, the likelihood of congenital diaphragmatic hernia in infants can also be caused by problems or disorders in other organs of the body. Problems in the child's organs may include abnormalities associated with the development of the heart, digestive organs and genitourinary system. The genitourinary system or urogenital system is an organ derived from the reproductive system and the urinary system is grouped into one because of its position. In addition, some factors that may increase the risk of diaphragmatic hernia or diaphragmatic hernia in infants are as follows: The child was injured in an accident Never performed surgery or surgery on the chest or abdomen dropped and affected the condition of the diaphragm muscles If you are pregnant or planning a pregnancy, it is recommended to consult with your doctor regarding your health and baby. This aims to make your chances greater to give birth to a healthy baby. The information provided does not replace medical advice. ALWAYS consult your doctor. What tests can be done to diagnose diaphragmatic hernia? Doctors can diagnose diaphragmatic hernias or diaphragm hernias in children in the womb through screening tests. This examination is aimed at diagnosing the possibility of birth defects in children in the womb. Examination during pregnancy is carried out by a doctor using an ultrasound machine. Ultrasound will help show an overview of the state of the baby's organs, such as the diaphragm and lungs, to look for possible abnormalities. However, in some other cases, ultrasound examination performed during pregnancy may not indicate an diaphragmatic hernia or a diaphragm hernia. In addition, when a baby is born, the doctor can diagnose a herniated diaphragm or diaphragm hernia by noticing how the baby is breathing. If the child has difficulty breathing, the doctor usually recommends chest x-rays or X-rays. The purpose of this survey is to show whether the body's organs are in a normal position. Also, here are some checks that can be used to help diagnose hernias Ultrasound scans to make an overview of the chest cavity, stomach, along with its content of CT scan, can see directly the condition of the abdominal cavity Analysis of blood gas or blood arterial gas, take blood from the arterial tract, then check the level of oxygen, carbon dioxide and acidity (pH) What are the treatment options for the diaphragmal hernia? After the birth of the baby, surgery or surgery should be performed immediately to correct the diaphragm state of hernia or diaphragm hernia. As a rule, the operation is carried out about 48-72 hours after the birth of the child. The purpose of the operation is to remove the abdominal organs from the chest and place them back in the abdomen. Surgery to improve a child's condition can be performed earlier in an emergency or can be postponed in accordance with the child's health. However, an important first step is to speak to infants with diaphragmatic hernias, which is to stabilize their condition by increasing oxygen levels in the body. If the child's condition is stable, the doctor will restore the problematic condition of the diaphragm muscles to function again during the surgical process. A child who underwent surgery will still be given treatment to help her be able to breathe properly until her lung organs recover. If you have any questions, see your doctor for the best solution to your problem. Hello Health Group does not provide medical advice, diagnosis or treatment. Hello Health Group and Hello Sehat do not provide medical advice, diagnosis or treatment. Please check our editorial policy page for more information. Read more: Does this article help you? Child Health, Parenting May 1, 2020 . Read the time of 11 minutes A-I Disease, A-I Health April 28, 2020 . Read the time of 8 minutes A-I Disease, A-I Health April 27, 2020 . 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