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Epignathus

The term epignathus describes a rare benign teratoma (poorly organized tissues derived from elements of the three embryonic germ cell layers) that originates from the oropharynx associated with serious airway compromise upon birth. The tumor grows from the palate, mandible, or base of the skull and protrudes through the mouth. The pedunculated epignathus consist of structure confined to the head and neck attached either to nasopharynx in the region of the basisphenoid or the dorsal aspect of palate and pterygoid plates (Rathke's pouch). Occurs predominantly in females, and clinical picture includes: dyspnea, suffocation, difficulty in sucking, swallowing and vomiting. In the past, mortality from obstruction to respiration upon birth was very high. Recent advances in prenatal diagnosis permits the perinatal multidisciplinary team (neonatologist, anesthesiologist and pediatric surgeon) to take advantage of the neonatal airway before cord clamping by either endotracheal intubation or if necessary tracheostomy after delivery by cesarean section. Debulking surgical resection removing as much tumor as possible and avoiding speech or deglutition morbidity ensues for large masses. Small epignathi are easily removed. Prognosis depend on histology and associated deformity. Follow-up for recurrence is warranted using imaging studies and alpha-fetoprotein serum levels. Chemotherapy may be reserved for unresectable recurrent tumors.

Pure TEF

Congenital isolated tracheo-esophageal fistula (TEF) occurs as 4-6% of the disorders of the esophagus bringing problems during early diagnosis and management. More than H-type is N-type, due to the obliquity of the fistula from trachea (carina or main bronchi) to esophageal side (see the figure) anatomically at the level of the neck root (C7-T1). Pressure changes between both structure can cause entrance of air into the esophagus, or esophageal content into the trachea. Thus, the clinical manifestation that we must be aware for early diagnosis are: cyanosis, coughing and choking with feedings, recurrent chest infections, persistent gastrointestinal distension with air, and hypersalivation. Diagnosis is confirmed with a well-done esophagogram, or

video-esophagogram (high success rates, establish level of the TEF). Barium in the trachea could be caused by aspiration during the procedure. Upon radiologic doubt bronchoscopy should be the next diagnostic step. Any delay in surgery is generally due to delay in diagnosis rather than delay in presentation. Management consists of surgical closure of the TEF through a right cervical approach. Hint: a small guide-wire threaded through the fistula during bronchoscopy may be of some help. Working in the tracheo-esophageal groove can cause injury to the recurrent laryngeal nerve with vocal cord paralysis. Recurrence after closure is rare.

Internet

Internet represents thousand of non-centralized computers networks worldwide connected in nodes using a public-domain standard transmission control (TCP) and (IP) internet protocol. Originally developed to provide communication after a nuclear holocaust, it gradually developed into an explosive resourceful area for: chatting, e-mailing, newsgroups, long-distance computing, and transfer of files. Then came the World Wide Web (WWW) developed in Geneva by CERN to transmit web pages through the Net using a hyper text transmission protocol (HTTP). Information as text, images, pictures, sound, music, voice, animation and video is distributed and retrievable using this protocol. Linking between web pages was possible. WWW is the fastest growing internet resource since web pages add entertainment, information, and advertisement. Nodes were divided either geographically or into institutional gateways (gov, mil, edu, com, org, and net). Future of the Net will develop into a bigger and faster multimedia circus that will change our attitude toward clinical care, investigation and publication.

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