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Spinal cord dysfunction and quadriplegia following tracheal resection - A rare complication

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Introduction & Objective: Tracheal stenosis is narrowing of the windpipe which can occur after radiation therapy, prolonged use of an endotracheal tube or rarely, be congenital. Tracheal resection and primary reanastomosis for tracheal tumors and stenosis is a well-described procedure. Common complications of this procedure include Bleeding, infection airway edema, pulmonary insufficiency, recurrent laryngeal nerve injury, anastomotic dehiscence, fistula, leak and stenosis. We report a case of a 16 year-old male who suffered permanent quadriplegia following tracheal resection.

Case Report and Literature Review: We searched PUBMED using the words 'tracheal resection + paraplegia' 'tracheal resection + quadriplegia'. All the relevant articles were thoroughly reviewed.

Conclusion: Quadriplegia/Paraplegia after tracheal resection is an extremely 'rare but there' complication of tracheal resection. Different methods may be used to relieve the tension on the anastomotic site and the most appropriate method must be determined. A daily postoperative neurological examination should be performed in these patients. Immediate MRI should be performed if any abnormal findings are seen to verify the diagnosis. Quadriplegia in this setting likely resulted from compromised blood supply, concomitant edema, hemorrhage (as in this case, although the cause of hemorrhage is not known) or even traction (Breig[9]) however, the exact cause of injury remains unclear.

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Outcome of twin deliveries at a tertiary care centre of eastern Nepal

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Background: Twins, compared to singletons, have higher perinatal mortality and morbidity. The aim of this study is to describe the twinning rate, epidemiological variables and hospital outcome of twin deliveries at this institution.

Methods: We evaluated retrospectively the outcome of 92 twin pregnancies during one year study period (1st January 2014 to 31st December 2014). Only inborn twins were included. Cases with <28 weeks gestation and those twins delivered outside institution were excluded. Maternal and neonatal data were retrieved and statistically analysed.

Results: The twinning rate was 9.2/1000 (92/10,031). The mean birth weight was 1636.30±339.21 grams and mean gestational age 34.31±2.67 weeks. 182 babies (98.9%) were Low Birth Weight (LBW) while 32.1% were small for Gestational Age (SGA). There was mild, moderate and severe growth discordance in 68.5%, 23.9% and 7.6% respectively. Three (3.26%) of 92 pairs had twin to twin transfusion syndrome. The mortality rate was 10.87% (20/184). Out of 181 live babies, 69 (37.5%) had complications. The clinical causes of death were hyaline membrane disease (3.3%), severe birth asphyxia (2.7%), sepsis (1.6%) and congenital malformations (1.6%).

Conclusion: Twin deliveries are common in this hospital and need special consideration due to their substantial higher risk of complications and thereby consumption of relatively large proportion of resources before, during and after birth. Preparedness, early management and follow-ups are required for better management of twin infants in our part.

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