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Neonatology

SURGICAL LESIONS AND RESPIRATORY DISTRESS This is a review of the common surgical lesions which cause respiratory distress in the neonate. Because of the relatively low incidence of these disorders, the hazard of undue delay in the diagnosis of these surgically correctable lesions is always present. Therefore, prompt diagnosis and immediate treatment are necessary for survival. The article is directed toward the radiologist who utilizes various techniques in attempts to diagnose the abnormalities which require surgical correction. The surgical disorders are divided into three categories: first, abnormalities of the extrathoracic airways, such as cleft palate, atresia, pharyngeal airway obstruction by retrodisplacement of the tongue, congenital subglottic tracheal stenosis, and subglottic tracheal hemangioma. In the second group are included abnormalities of the intrathoracic major airway causing obstruction, including cystic hygroma, bronchial duplication cyst, esophageal atresia, and tracheoesophageal fistula. Group three consists of lesions causing compression of lung parenchyma, such as pneumoperitoneum. Diagnosis of these various lesions can be made by clinical as well as roentgenologic examination, provided an appropriate study is available. (Schapiro, R. L., and Evans, E. T.: *Surgical Disorders Causing Neonatal Respiratory Distress*, *Am. J. Roentgenol. Radium. Ther. Nucl. Med.* 114: 305-321, 1972.)