Joint Commission International
Quality Approval

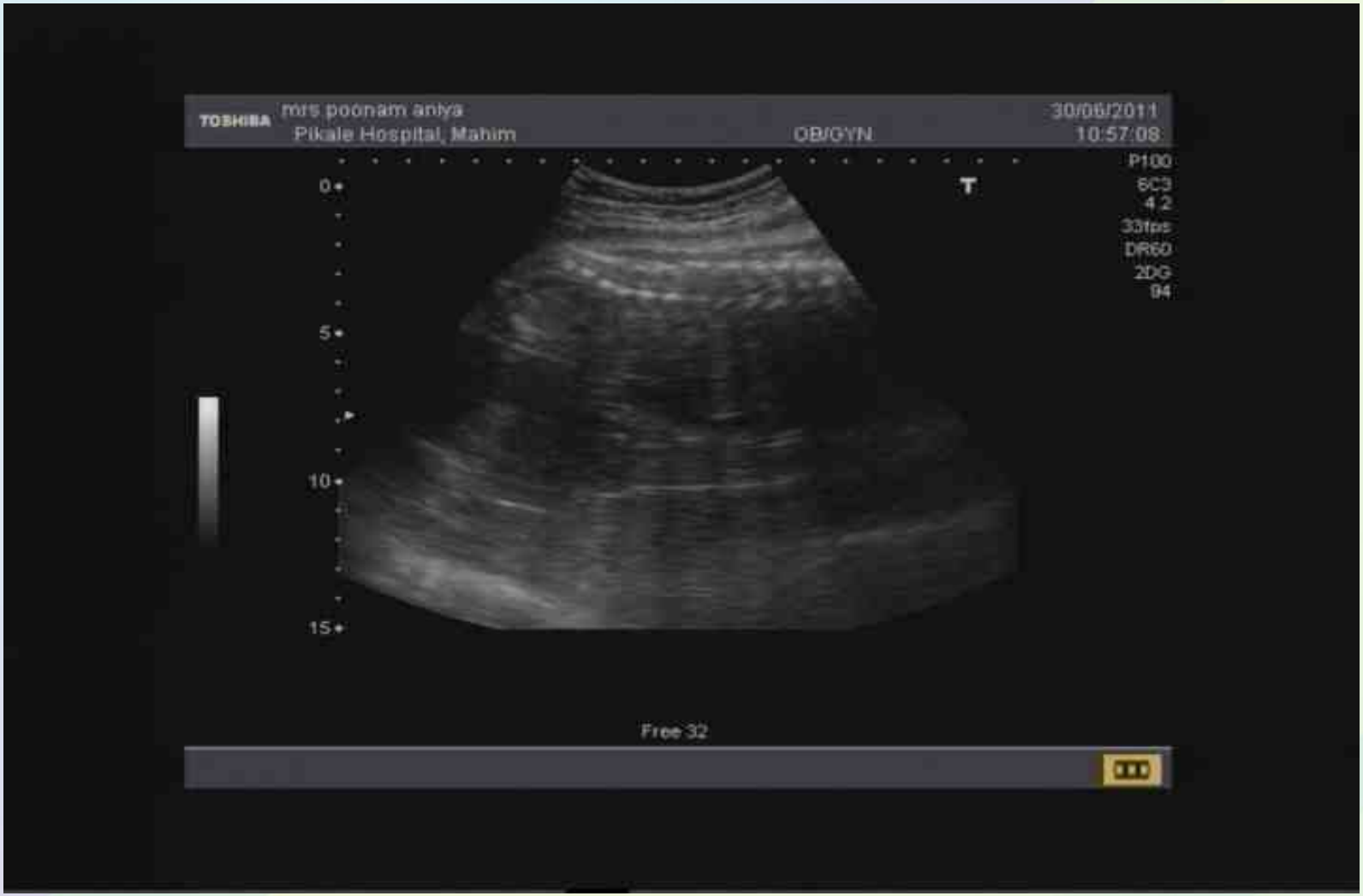
Case discussed at Joint Meeting

Zulekha Hospital LLC
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY
APPRECIATION
PROGRAM

Joint Commission International
Quality Approval

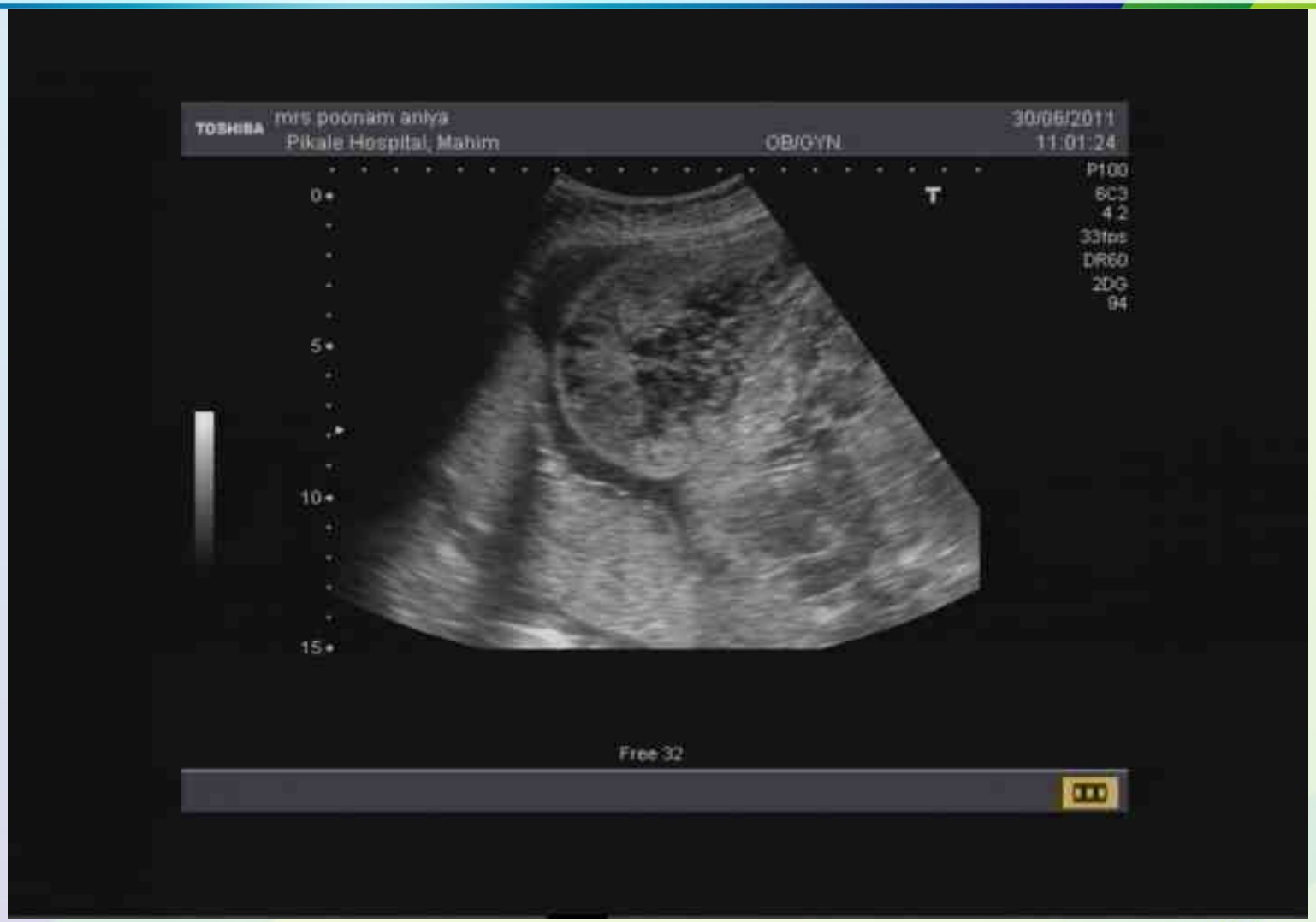
Intact Sacral Spine



Zulekha Hospital
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY
APPRECIATION
PROGRAM

Cystic Lesion at the Sacral Rump



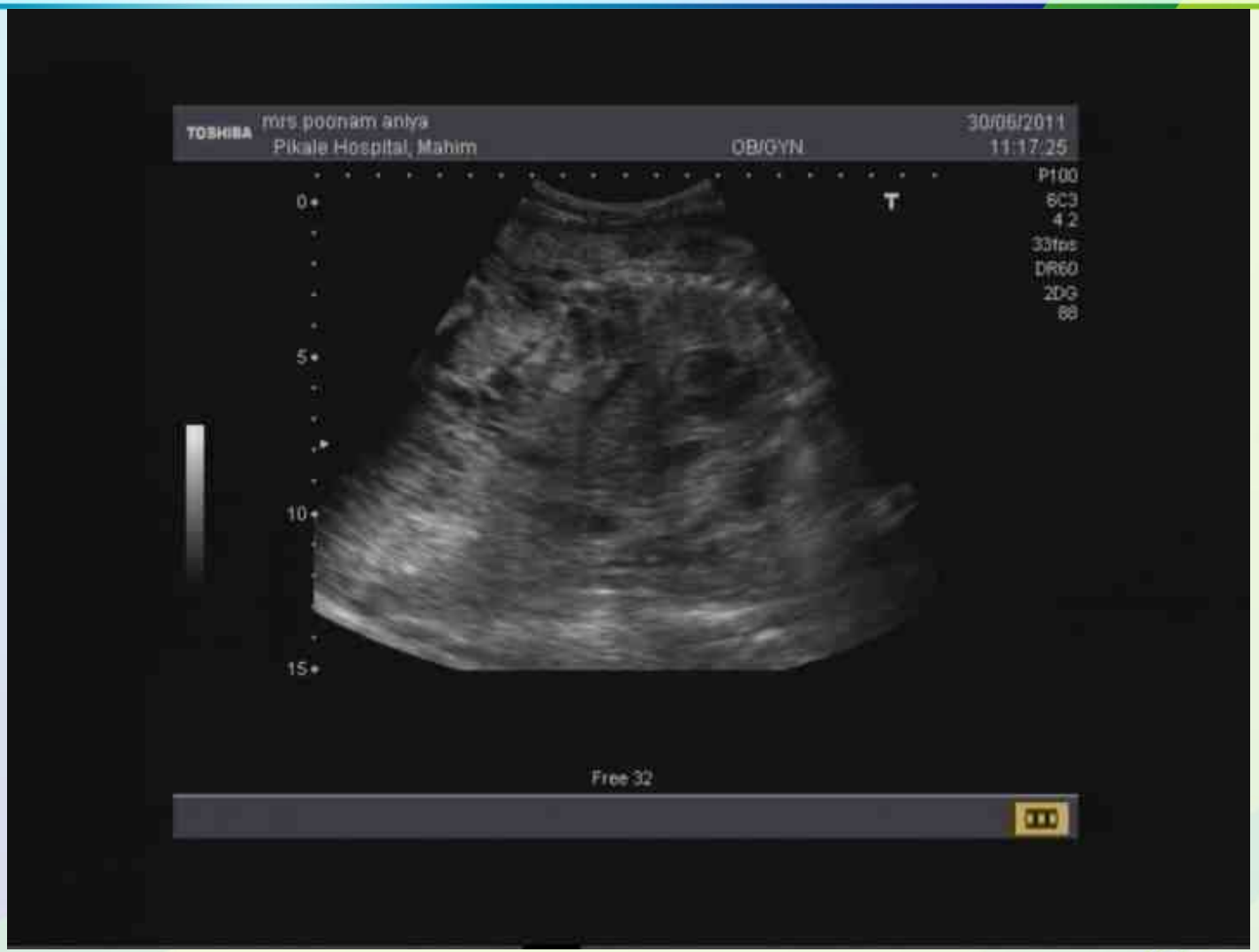
Joint Commission International Quality Approval

Zulekha Hospital LLC
Your Health Matters

مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

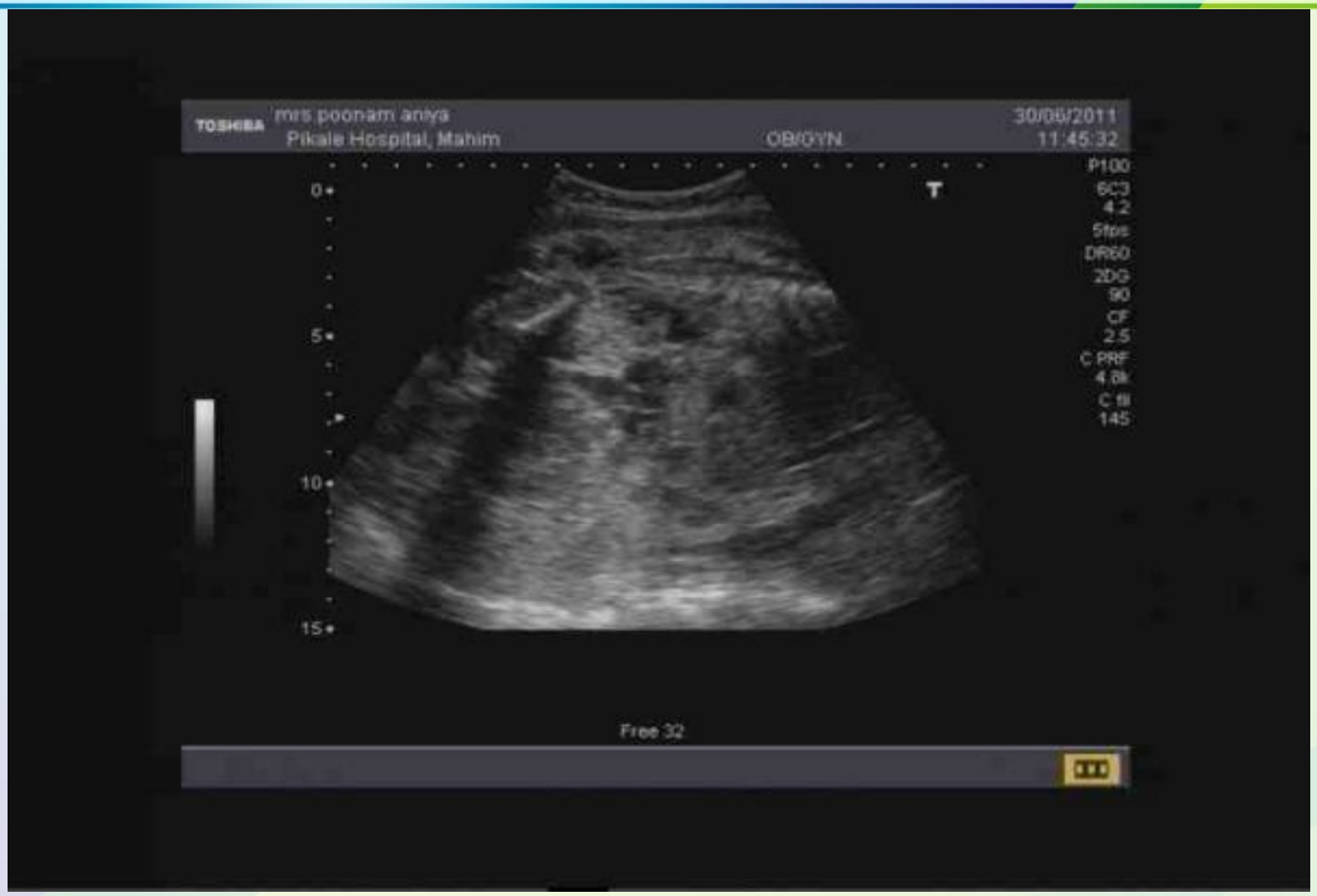
Extension into the perineum internally



Zulekha Hospital
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

Intra-abdominal extension

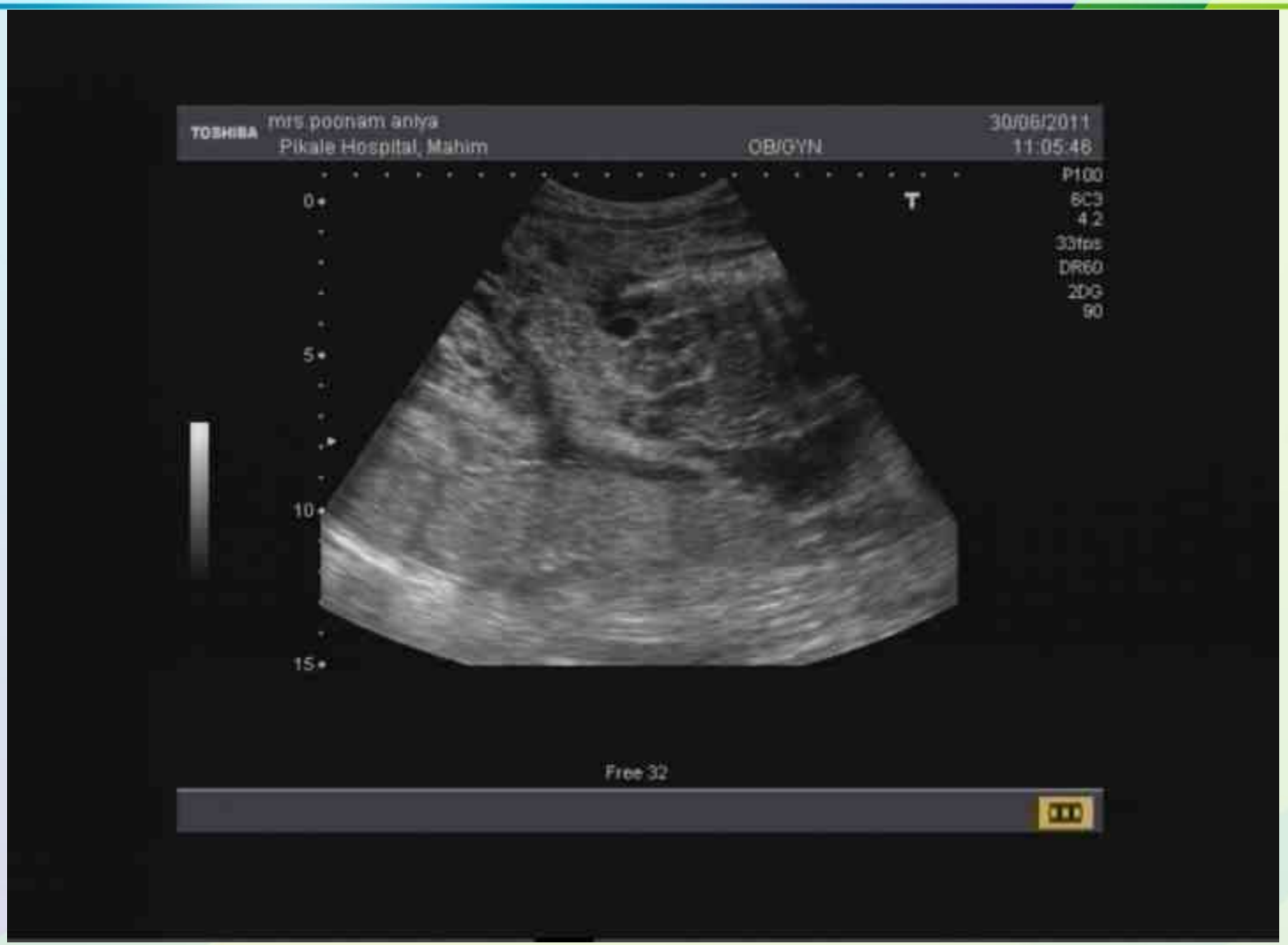


Joint Commission International Quality Approval

Zulekha Hospital LLC
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

Displacement of the left kidney



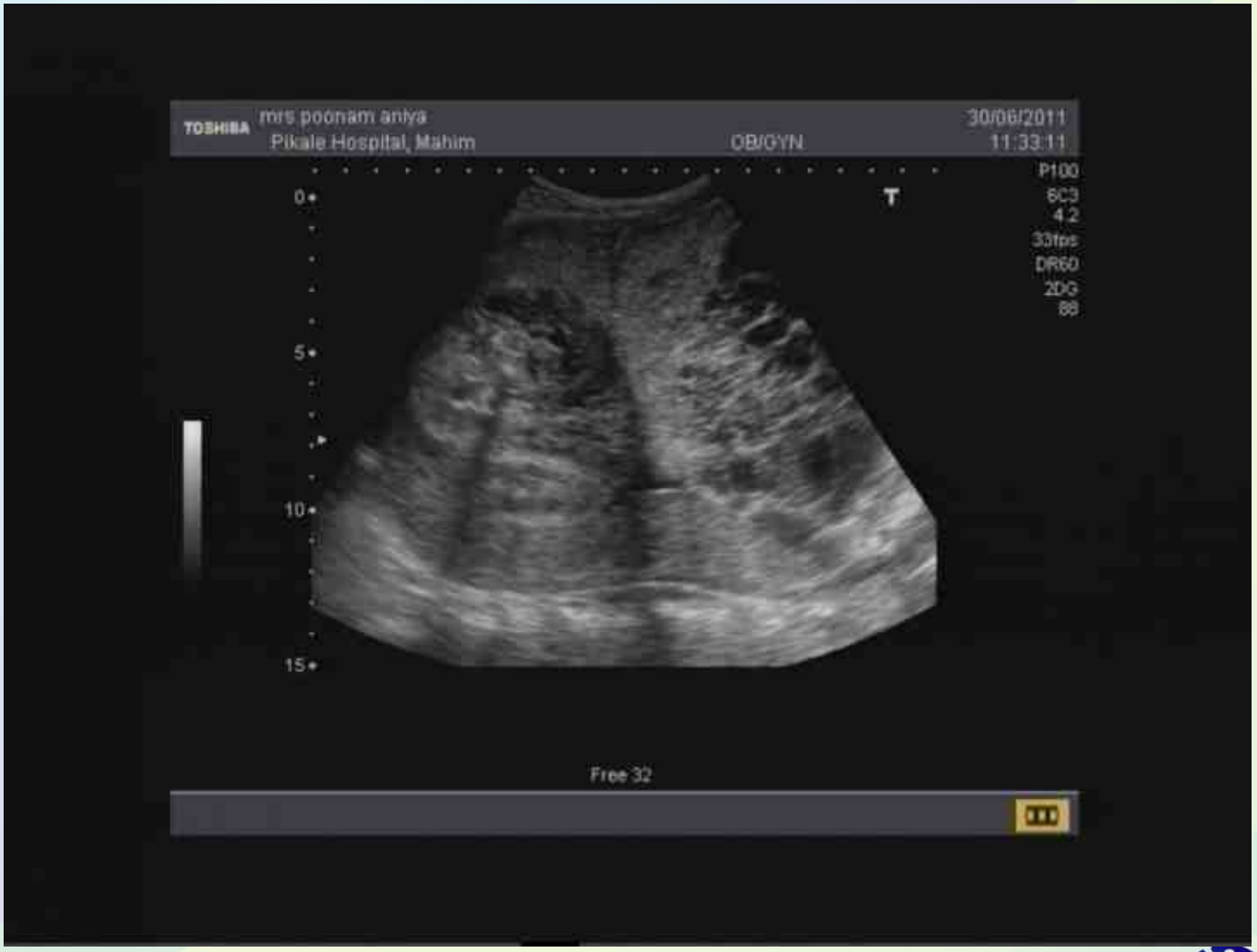
Joint Commission International Quality Approval

Zulekha Hospital LLC
Your Health Matters

مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

Sacral lesion plus the left sided multiseptated lesion

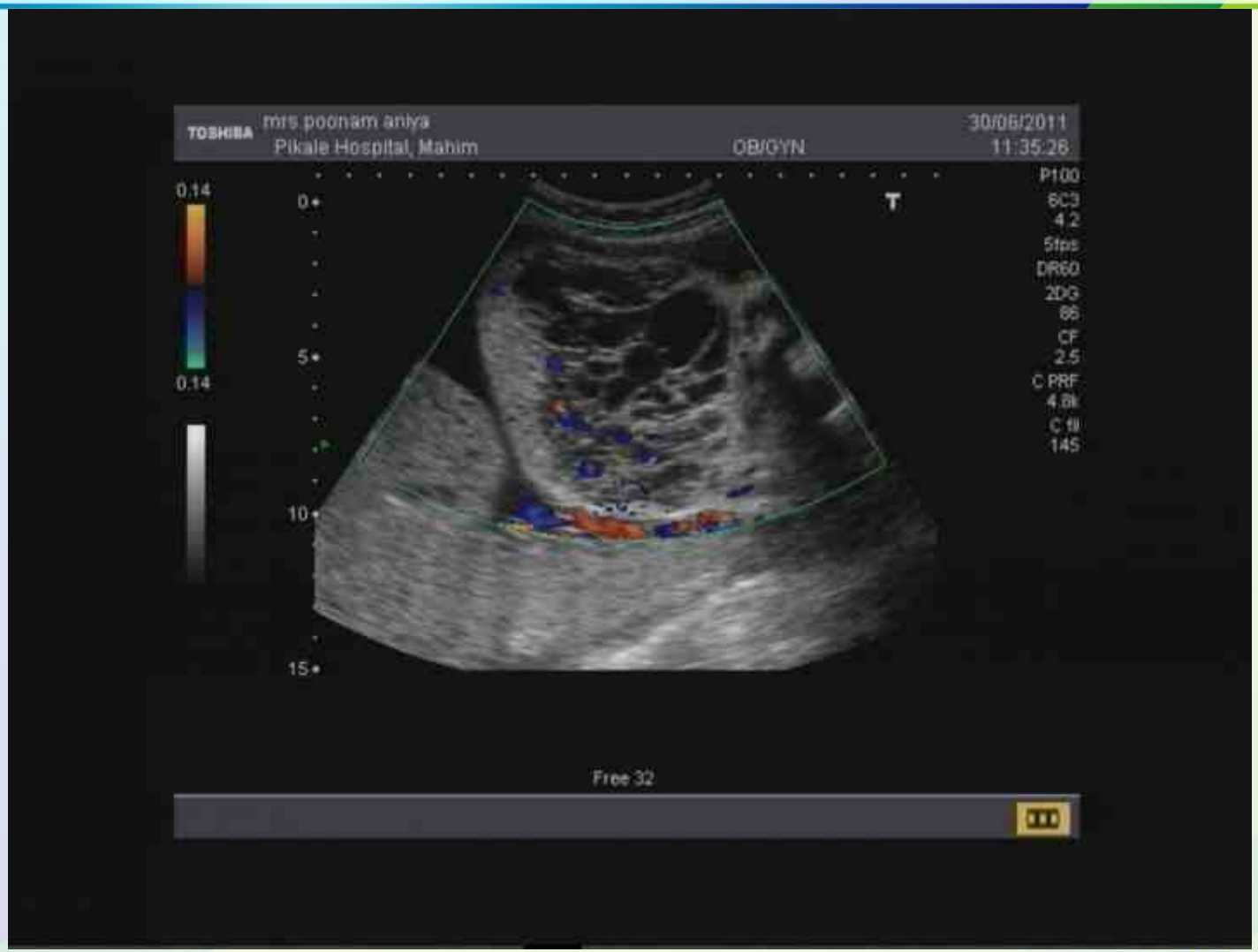


Joint Commission International Quality Approval

Zulekha Hospital LLC
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

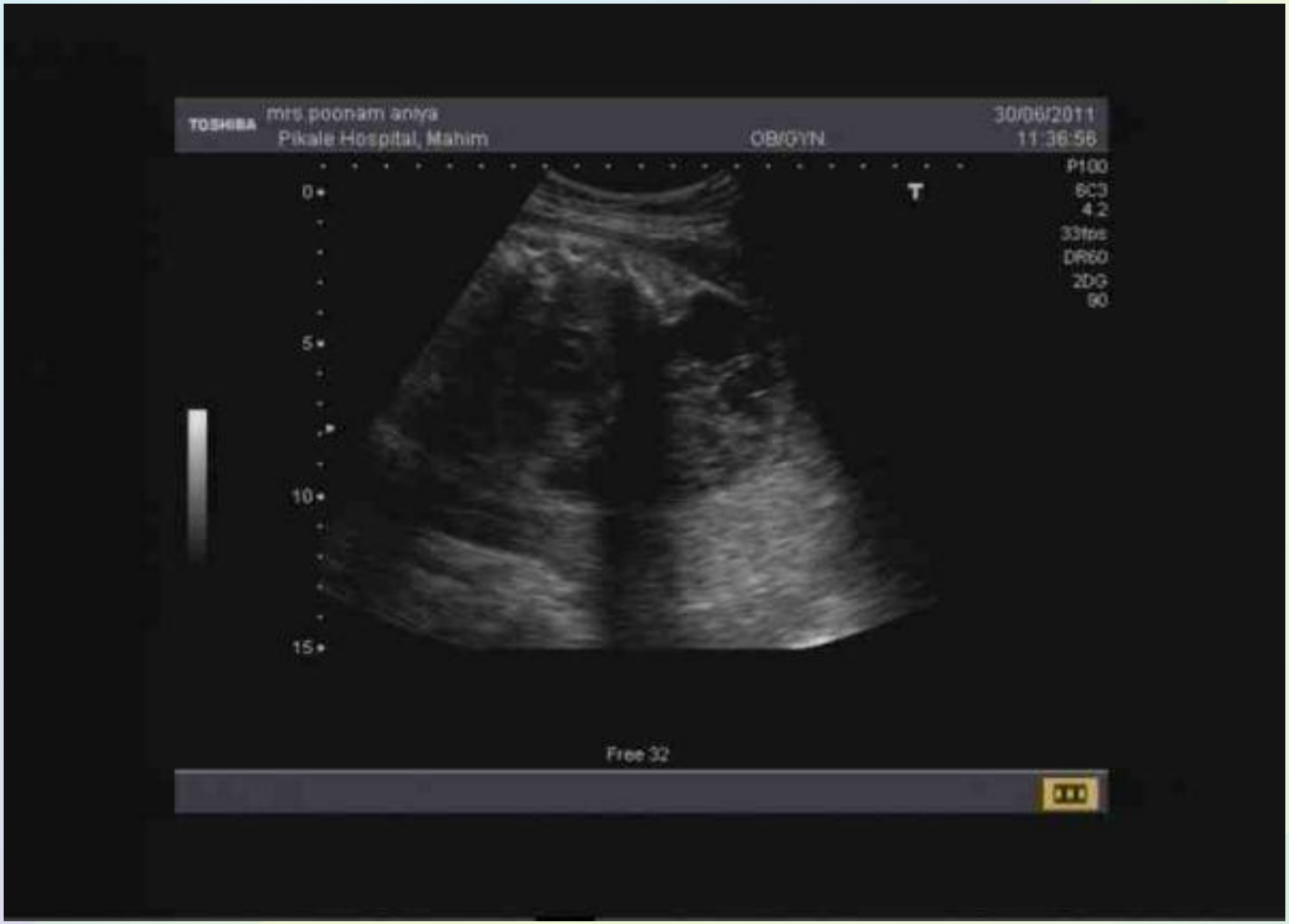
DUBAI QUALITY APPRECIATION PROGRAM

No pick up on Colour Doppler



Joint Commission International
Quality Approval

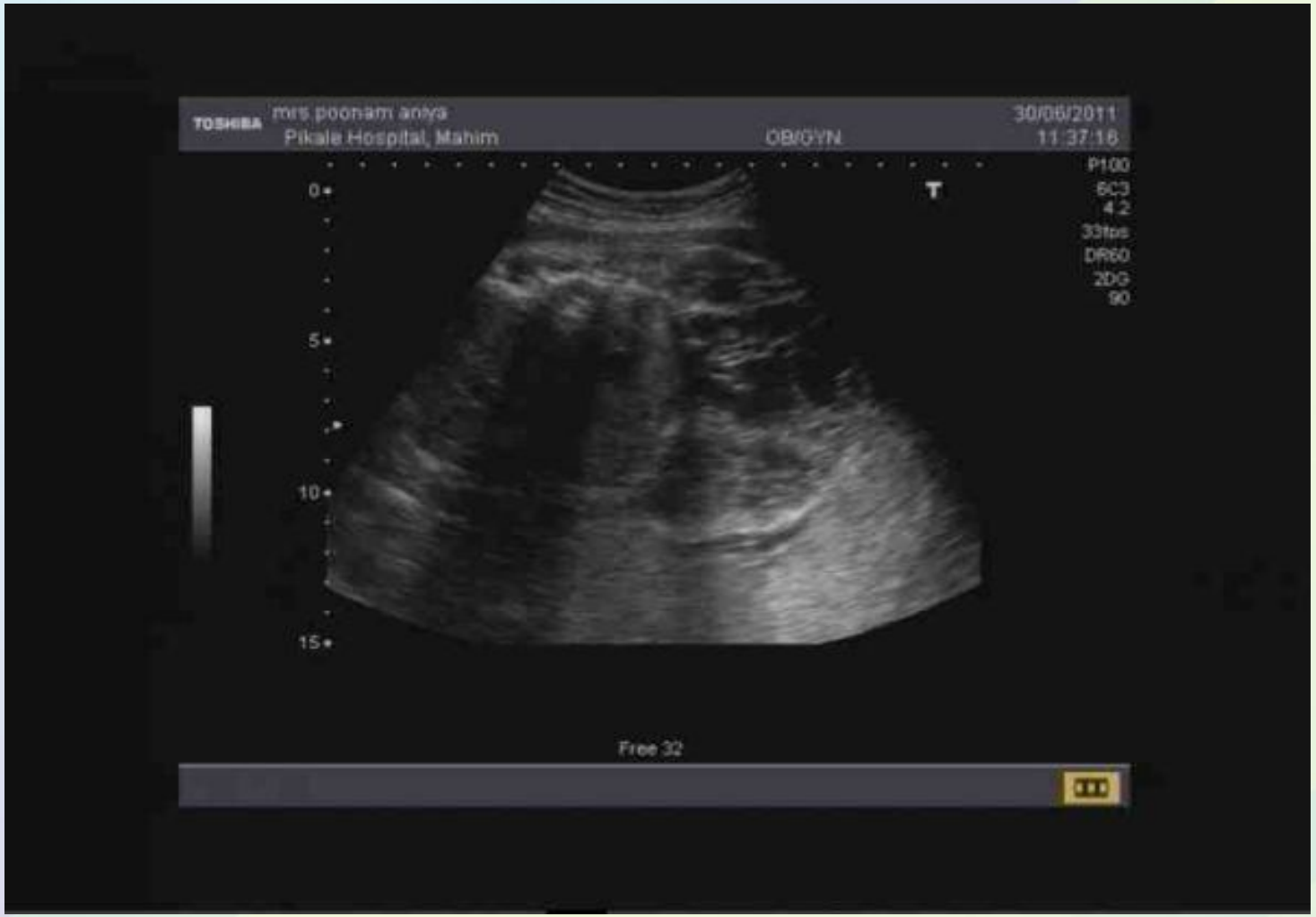
Mass at the left chest wall



Zulekha Hospital
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY
APPRECIATION
PROGRAM

Mass at the left chest wall



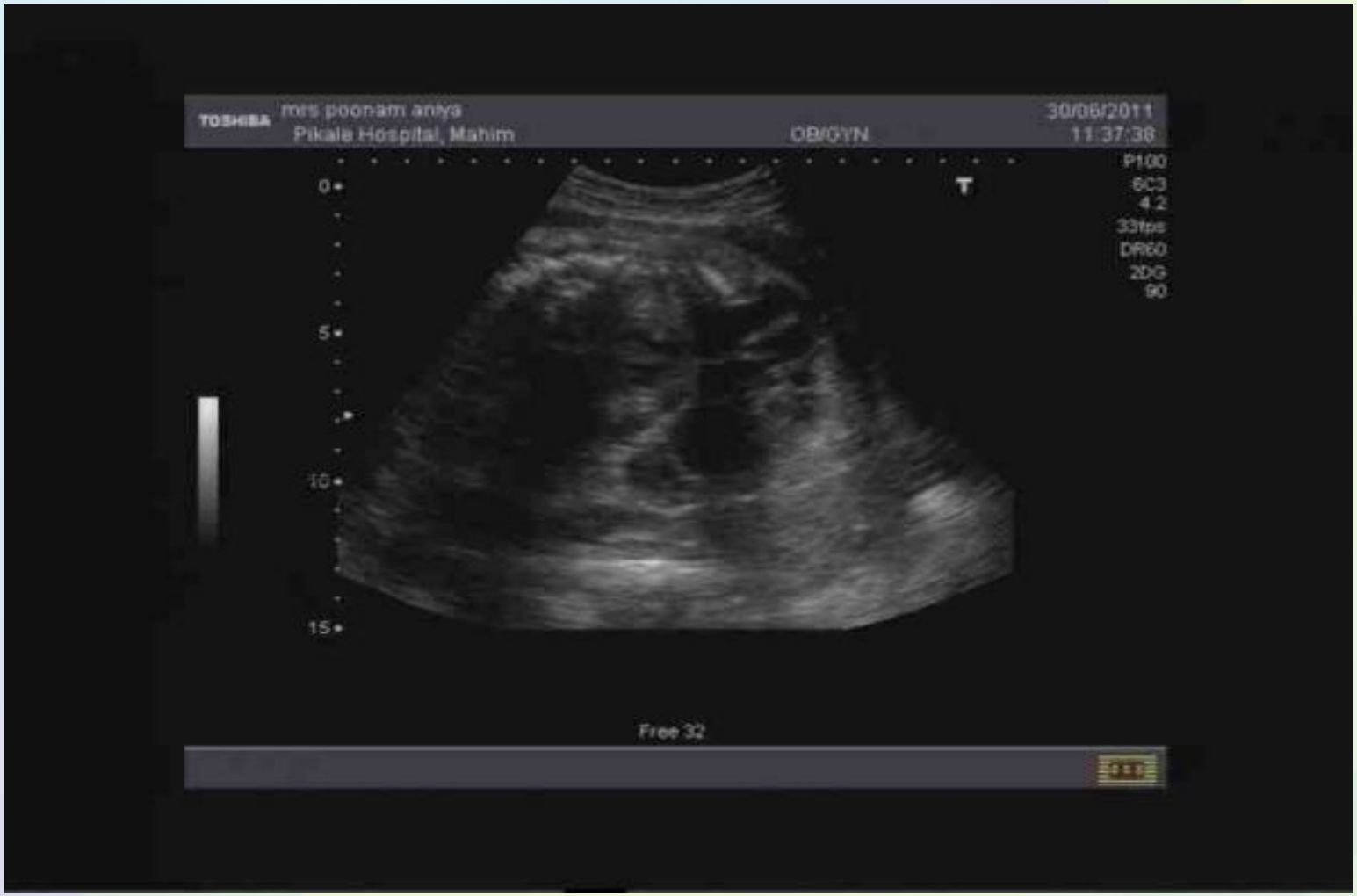
Joint Commission International Quality Approval

Zulekha Hospital LLC
Your Health Matters

مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

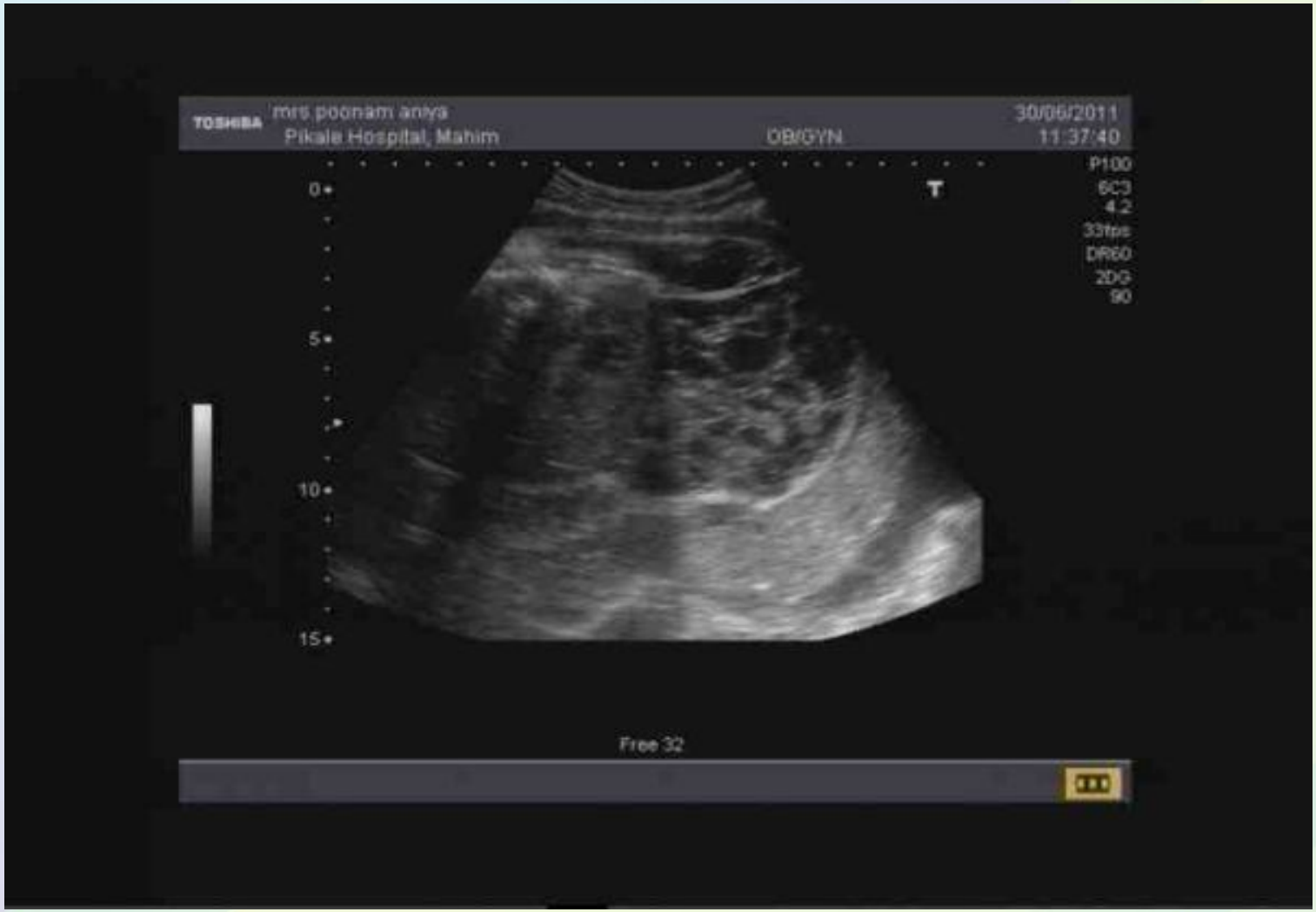
Mass at the left chest wall



Zulekha Hospital
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

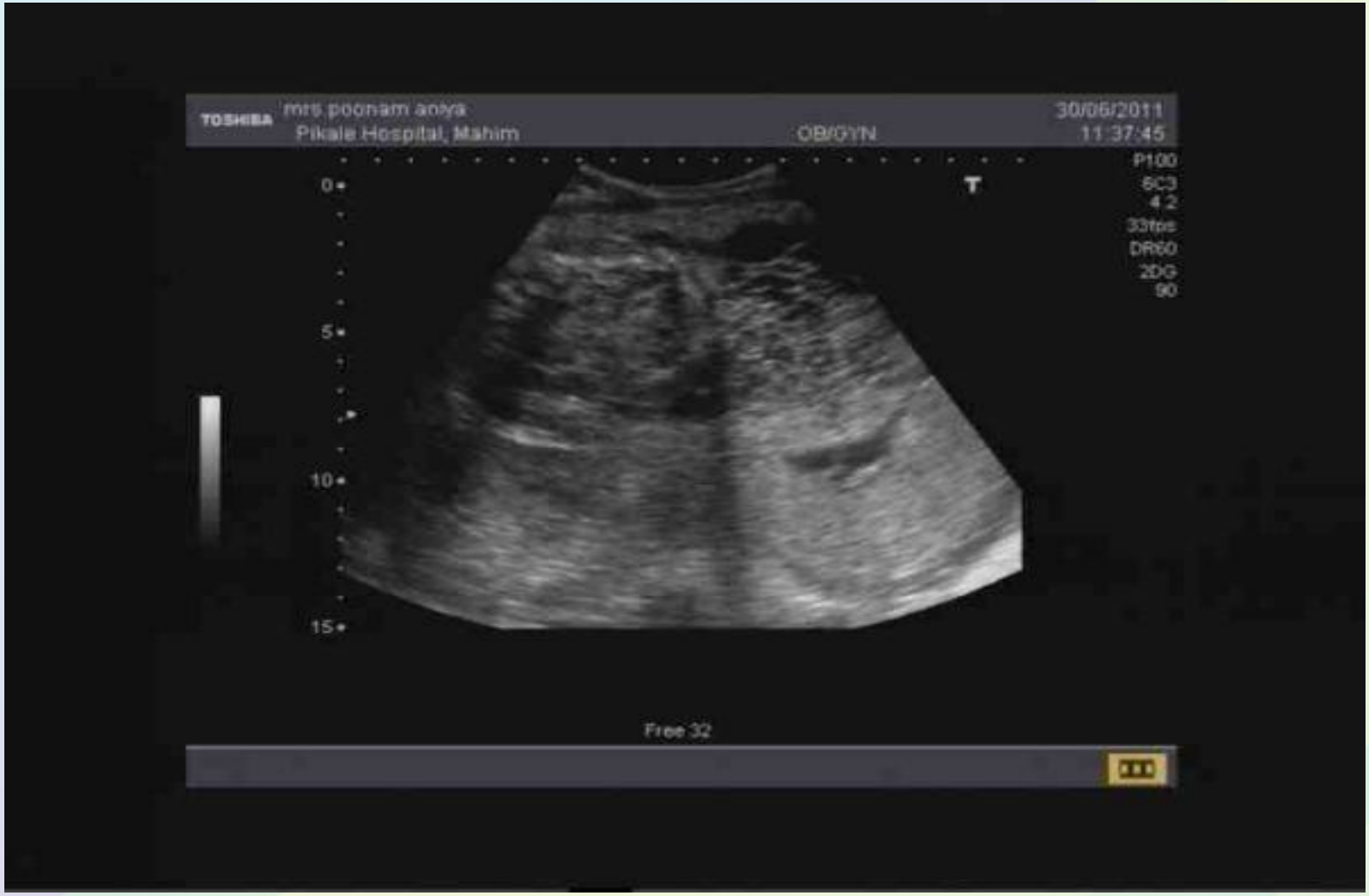
Mass at the left chest wall



Zulekha Hospital
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

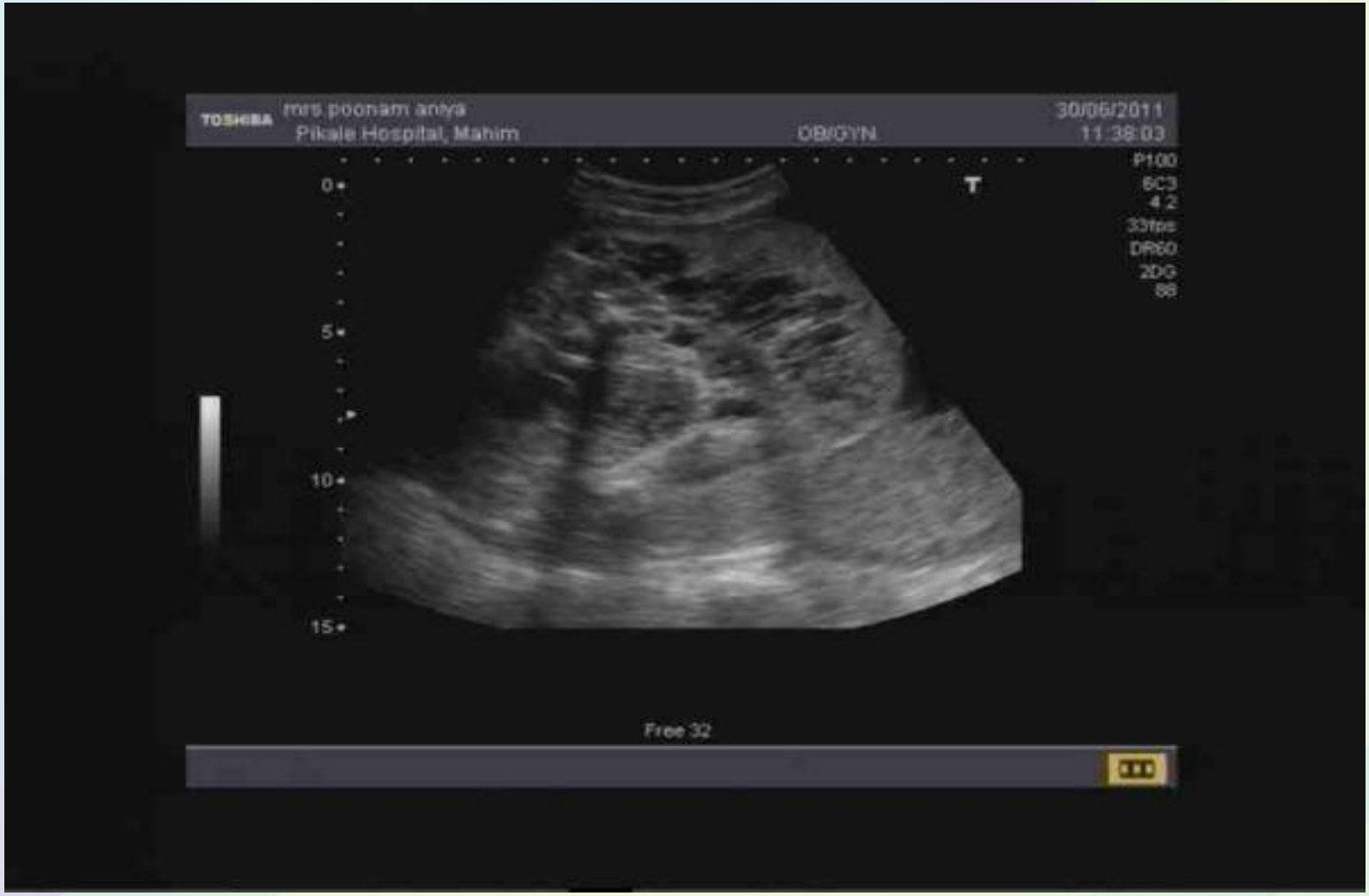
At the Lumbar / flank region



Zulekha Hospital
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

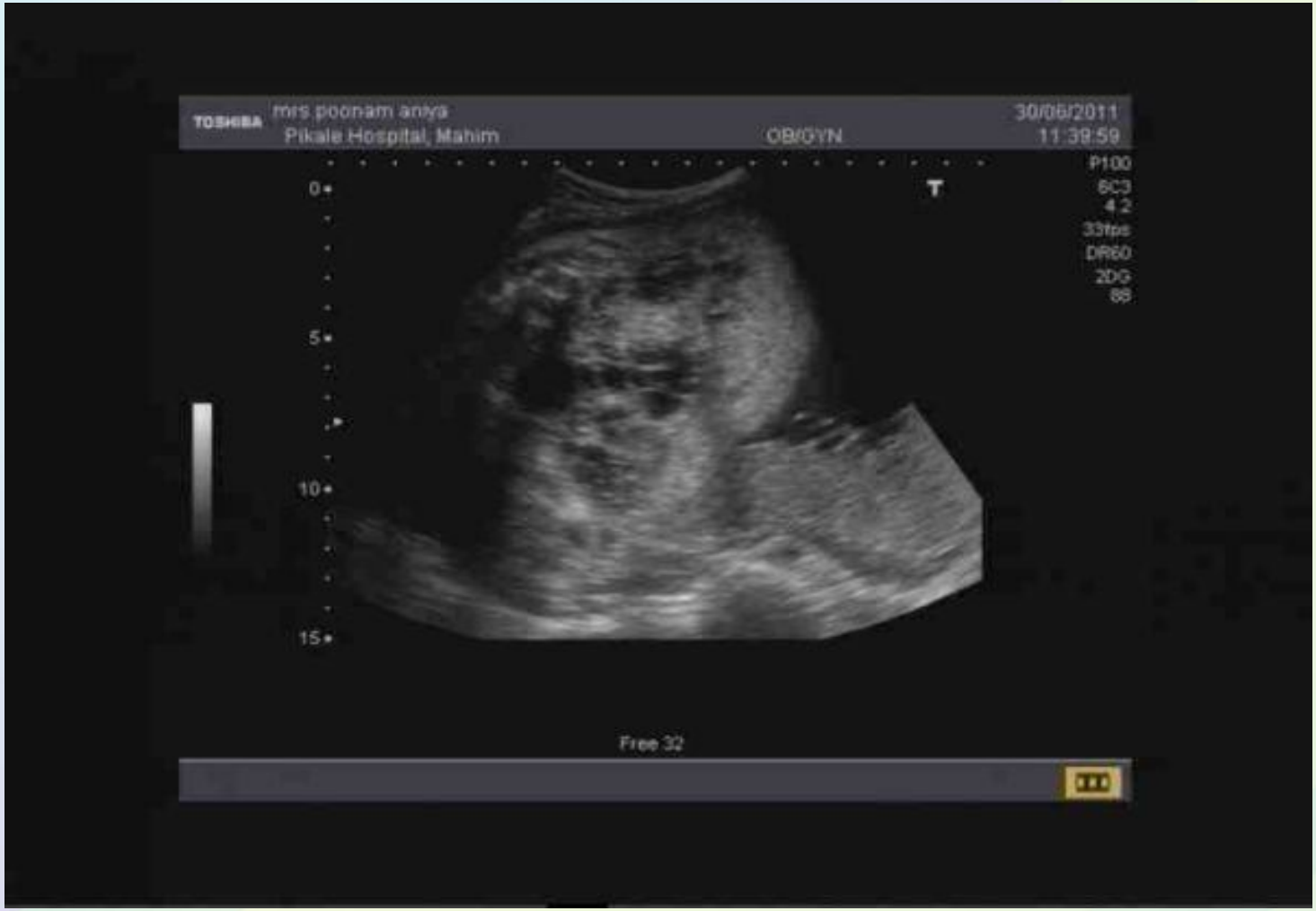
At the left groin



Zulekha Hospital
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

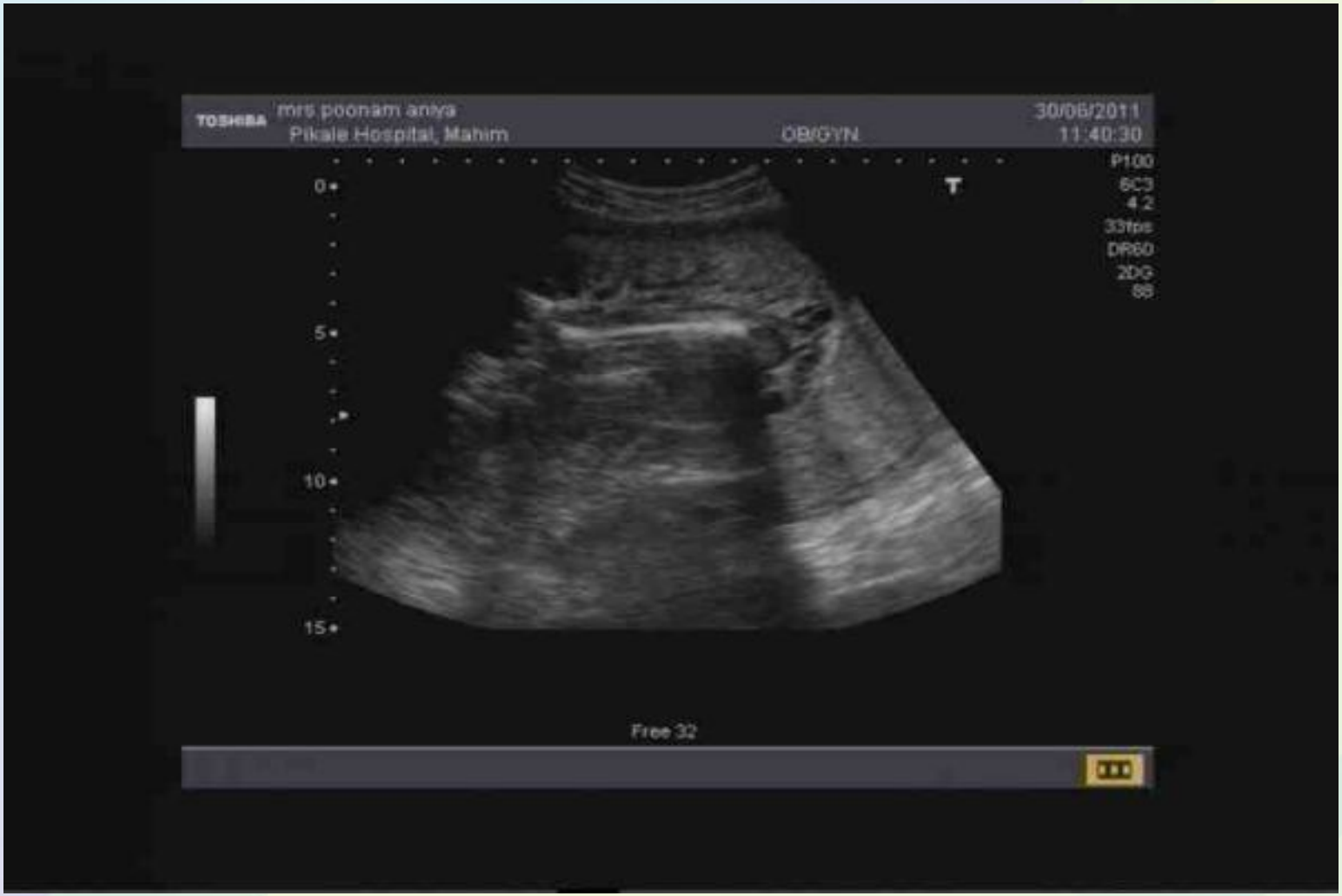
Gluteal region



Zulekha Hospital
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

Left fetal thigh



Joint Commission International Quality Approval

Zulekha Hospital LLC
Your Health Matters
مستشفى زليخة
لأن صحتك غالية

DUBAI QUALITY APPRECIATION PROGRAM

- The above pictures show an extensive multi-septate cystic lesion seen extending from the chest wall on the left side down to the left fetal thigh.(Primigravida at 32 weeks)

- There was a similar lesion seen behind the fetal sacrum and this was seen to be extending into the fetal perineum and abdomen ; displacing the left kidney.

DIFFERENTIAL DIAGNOSIS

1. Lypmhangioma (cystic hygroma)

2. Sacrococcygeal teratoma (SC teratoma will show calcifications at times) with a cystic hygroma and possibility of haemangioma

Requires follow up scans for

a) further growth of the lesion and extension into internal organs (especially thoracic extension)

b) high cardiac output failure (SC teratoma) and

c) Non-immune hydrops

d) Possibilty of Turner's syndrome : look for any other anomalies particular to Turner's .

3 D USG / MRI and Amniotic alpha-fetoprotein

(SC teratoma)

Counseling for parents

1. Bad prognosis due to it's extensiveness

2. Will require a caesarean section

3. NICU care

Post Natal Management (Counseling)

Basic investigations and stabilization

1) Alpha fetoprotein and beta HCG
(malignant change in SC Teratoma)

2) Ultrasound scans of all intra-abdominal organs and X-ray abdomen and chest

If the skin lesion is ulcerated / infected will require protection with a dressing and antibiotics

A) High risk surgical consent

B) Major surgery lasting approximately 6 hours or so.

C) External Dissection may lead to haemorraghic complications – high vascularity

D) Internal dissection : - start with an abdominal incision

- close proximity to blood vessels
- close proximity to bowel and bladder
- may well require intra-op blood transfusion
- complications: - bleeding, infection, Bowel and bladder incontinence
- A drain will have to be kept both at the internal and external dissection sites

- Chance of recurrence – close follow up required.
- First visit – after 3 months and then for 2 years post – surgery
- Alphafeto-protein and internal USG will be needed to be done at follow up