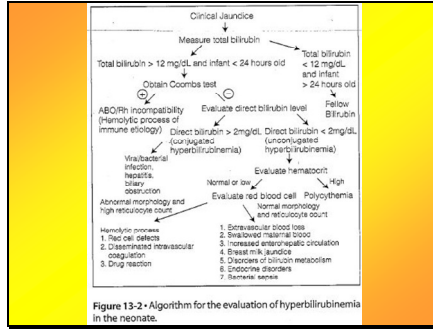


Slide 4



Slide 5

Make sure you understand the significance of the onset of jaundice and its clinical significance – either life-threatening, reversible, or physiological

Causes of neonatal jaundice	
Onset	Cause
Less than 24 hours	Excess hemolysis: <ul style="list-style-type: none"> Immune-mediated—rhesus or ABO incompatibility Intrinsic RBC defects—G6PD, pyruvate kinase Deficiency, or hereditary spherocytosis Congenital infections
Between 24 hours and 2 weeks old	Physiologic jaundice breast milk jaundice Infection (e.g., UTI) Excess hemolysis, bruising, or polycythemia
Persistent jaundice after 2 weeks old	Unconjugated: <ul style="list-style-type: none"> breast milk jaundice Infections (e.g., UTI) Excess hemolysis (e.g., ABO incompatibility, G6PD deficiency) Hypothyroidism (screened for in newborn) Galactosemia Conjugated: <ul style="list-style-type: none"> Biliary atresia Neonatal hepatitis

Conjugated hyperbilirubinemia after 2 weeks is always abnormal!

Breast milk itself may cause jaundice due to the liver's metabolic immaturity
 Lack of breast milk may cause hyperbilirubinemia due to dehydration

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JAUNDICE ASSOCIATED WITH BREAST FEEDING AND BREAST MILK

1. Breastfeeding jaundice (BFJ)

- Delayed milk production and poor feeding lead to decreased caloric intake, dehydration, and ↑ enterohepatic circulation, resulting in higher [s-bilirubin] ⇒ jaundice
- BFJ occurring 24 hours postpartum may contribute to physiologic jaundice.

2. Breast milk jaundice (BMJ)

- BMJ is an indirect hyperbilirubinemia in a breast-fed newborn with onset 4-7 days post-partum.
- Metabolites of progesterone and ↑ nonesterified free fatty acids in breast milk inhibit glucuronyl transferase in the liver of the newborn ⇒ ↑ unconjugated bilirubin and jaundice.

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HYPERBILIRUBINEMIA

13-19 KEY POINTS

1. Hyperbilirubinemia may be conjugated or unconjugated. Conjugated hyperbilirubinemia is always pathologic, whereas unconjugated hyperbilirubinemia may or may not be pathologic.
2. The two most common causes of unconjugated hyperbilirubinemia are physiologic (including breast milk) jaundice and hemolytic disease.
3. Most neonatal unconjugated hyperbilirubinemia is physiologic.

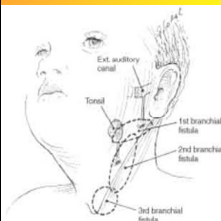
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CONGENITAL NECK MASS

- Branchial Cleft Cyst
- Cystic hygroma (congenital lymphangioma)
- Thyroglossal Duct Cyst

Slide 9

Branchial Cleft Cyst - the Most Common Congenital Cause of a Neck Mass




-Incomplete involution of branchial cleft structures during embryonic development

Phylogenetically, the branchial apparatus is related to gills seen in fish and amphibians, hence the name branchial (*branchia* is Greek for gills)

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**Branchial Cleft Cyst -
the Most Common Congenital
Cause of a Neck Mass**

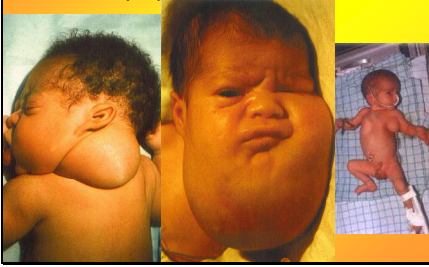
Branchial cleft cyst



Medical/Legal Pitfalls: Failure to refer patients to an experienced head and neck surgeon
Patients should be referred to a head and neck surgeon for removal under general anesthesia

Slide 11

**Cystic Hygroma (Congenital
Lymphangioma)**



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**Cystic Hygroma (Congenital
Lymphangioma)**

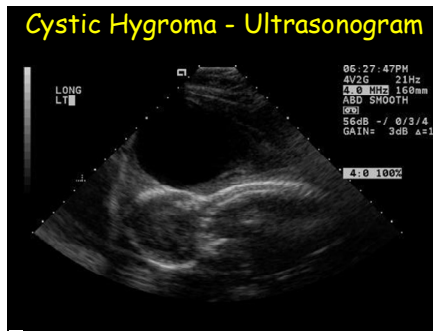


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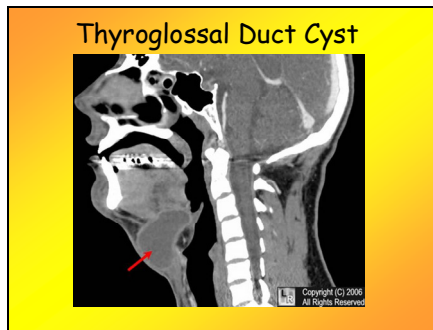
Cystic Hygroma

- **Congenital lesion** rather than neoplasm
- Incidence: approximately 1 in 10,000 births
- Derives from proliferation of embryonic **endothelial tissue** that later forms lymph vessels
- Presents with soft bulge under the skin filled with lymph, most commonly in the head and neck area
- Forms along tissue planes or invades tissue and accumulates fluid with variable size
- Prognosis: Good if identified early and removed surgically

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Thyroglossal Duct Cyst

- Midline neck mass: cystic and solid components
- Elevates with tongue protrusion
- Imaging: CT
- Treatment: Surgical excision

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PREAURICULAR ANOMALIES



Preauricular ear tag Cosmetic problem only

Preauricular pit and sinus tract May become infected

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VERY IMPORTANT!

CONGENITAL HYPOTHYROIDISM

- Growth retardation
- Mental retardation
- Cretinism
- Postnatal Screening
- Treatment

Slide 19



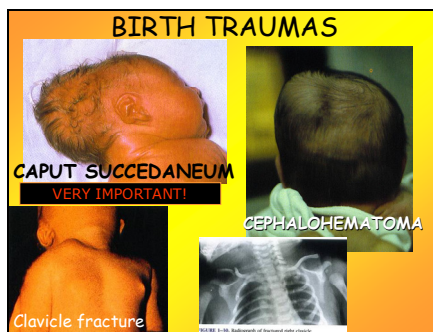
Complication if therapy with levothyroxin is not promptly initiated:

Cretinism – permanent mental retardation

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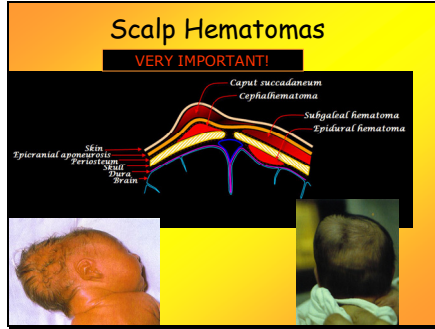


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- Caput succedaneum- due to suction assisted birth; is a hematoma

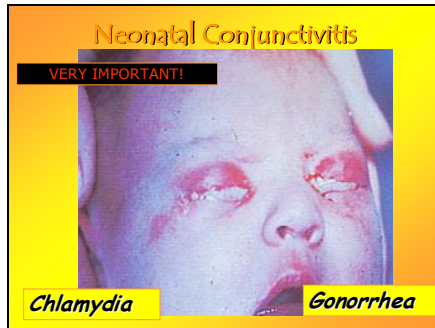
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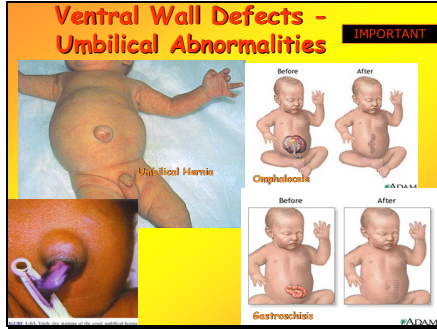
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Slide 24



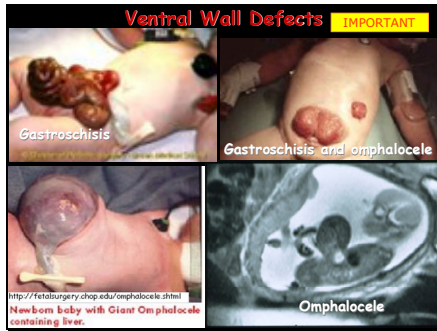
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CRYPTORCHIDISM = UNDESCENDED TESTES (U/L OR B/L)

What are 2 major complications of cryptorchidism?

1. Infertility (even in U/L cases) 2. Testicular cancer in adulthood

Acute complication during childhood: testicular torsion

VERY IMPORTANT!

Risk of getting testicular cancer increases 6-20 times

Slide 29

Hypospadias

• Birth defect of the urethra in the male that involves an abnormally placed urinary meatus

• **Second most common** birth defect of the male genitalia

• What is the **most common** birth defect of the male genitalia?

• Hint: see previous slide

IMPORTANT