

Vein of Galen Malformation an Unusual Cause of PPHN in a New Born

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Rec date: April 24, 2014, Acc date: April 25, 2014, Pub date: April 27, 2014

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Images in Neonatology

This male baby was born at 36 weeks of gestation by spontaneous vaginal delivery with antenatal diagnosis of vein of Galen malformation. After delivery, following short bag and mask ventilation, nasotracheal intubation was performed. Baby required

high ventilator settings with FiO₂ of 100%. Ultrasound cranium showed (Figure 1A) vein of Galen malformation and CT demonstrating the malformation (Figure 1B). Echocardiography done demonstrated evidences of severe pulmonary hypertension (Figure 2A and 2B).

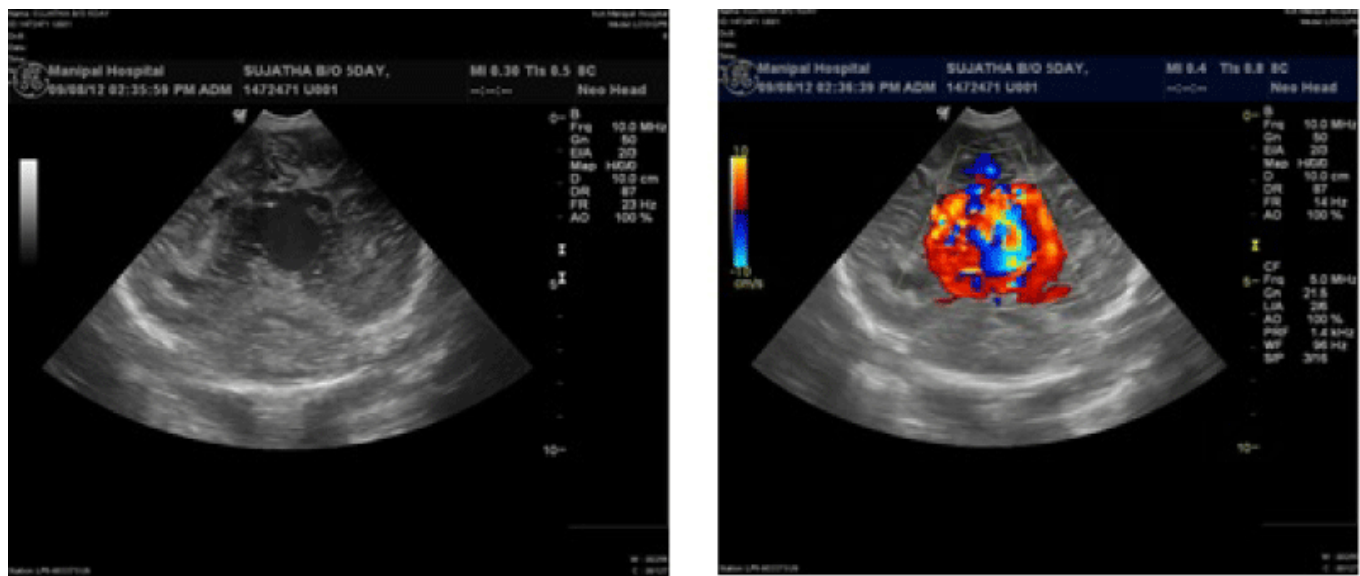


Figure 1A. 2D and Doppler images showing Vein of Galen malformation with feeding vessels

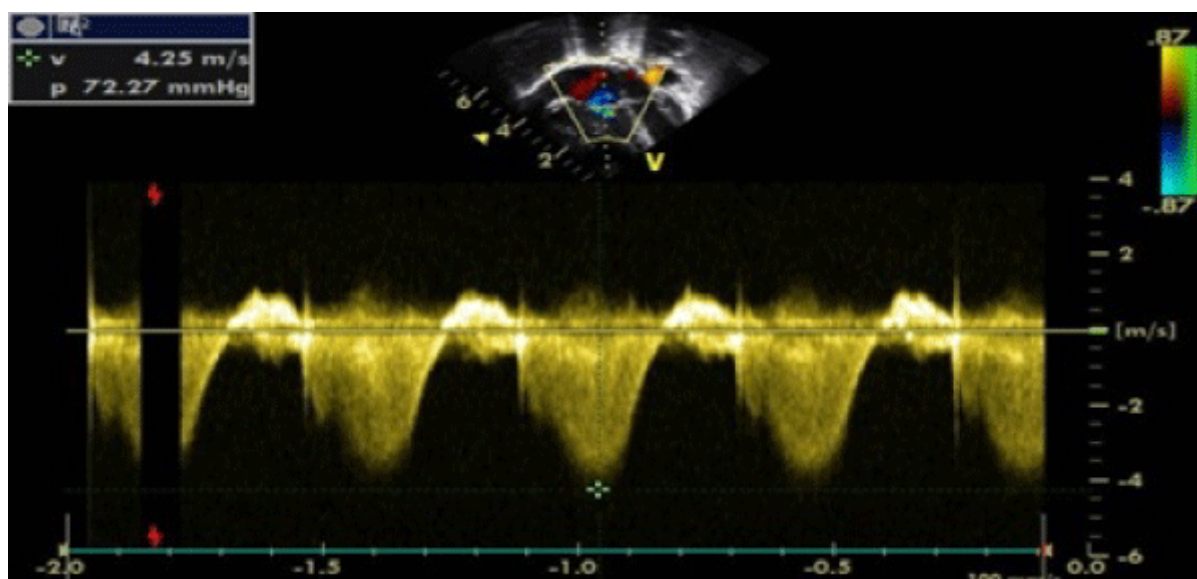
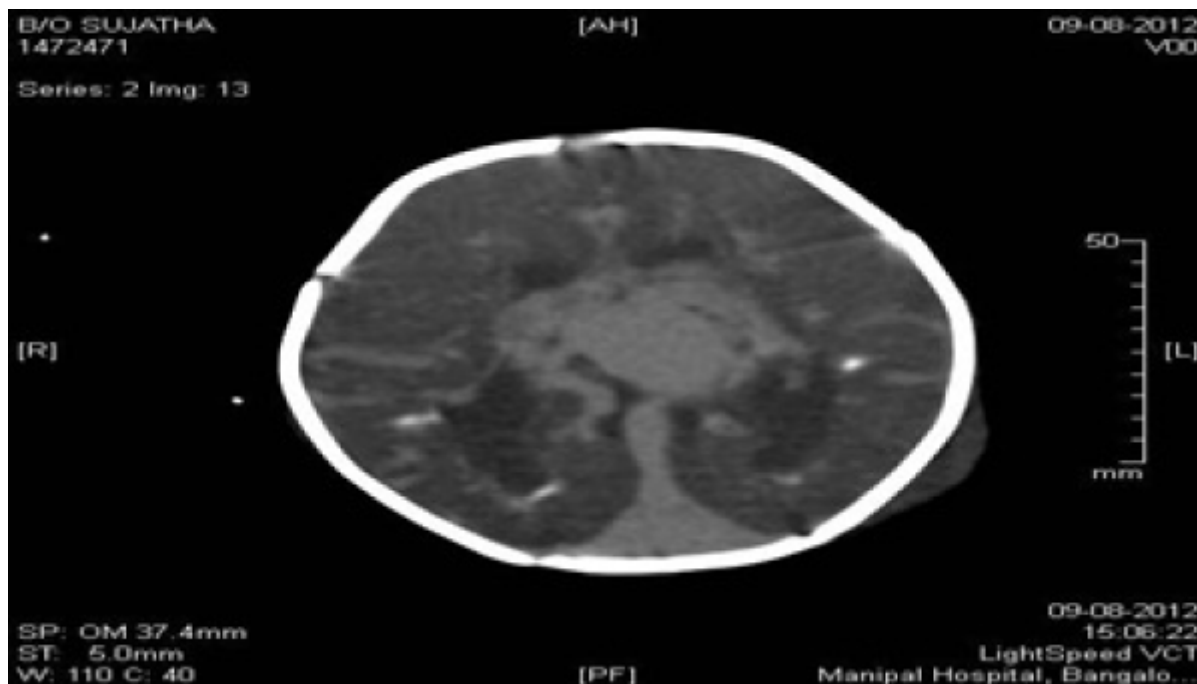


Figure 2A: Continuous wave (CW) Doppler at tricuspid valve showing tricuspid regurgitation and pulmonary pressure of 72.27 mmHg



Figure 2B: Parasternal long axis view showing right ventricular hypertrophy.

Discussion

Association of PPHN with vein of Galen malformation is well established. This information is of utmost importance in any baby with refractory PPHN to have ultrasound brain done.