CASE REPORT
A case of neonatal stridor

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A 13 day old baby girl presented with severe inspiratory stridor and respiratory distress. She was the first child of the family born spontaneously with a birth weight of 3290 g. The antenatal history was uneventful. There was no premature rupture of the membranes and the liquor was clear. The baby received no airway instrumentation other than routine nasal suction with a plastic catheter immediately after delivery. Noisy breathing was present from day 2 of life. On day 5, the noise increased and sucking in of the chest was noticed. The condition then further deteriorated, and she was admitted to hospital on day 13. She was tachypnoeic (respiratory rate of 60/min) and stridorous with severe subcostal recession. Pulse oximetry measured 88–92% at 3 litres/min oxygen through the nasal cannula. She had no fever and her heart rate was 200/minute. Her white cell count was 27.8 × 10^9/l (neutrophils 48.2%), blood gases were pH 7.36, PaO₂ = 4.81 kPa, PaCO₂ = 10.40 kPa, HCO₃⁻ = 39.9 mmol/l. Intravenous fluid was given, and antibiotics, including ampicillin, netilmycin, and metronidazole, were started immediately after blood cultures had been taken. The chest radiograph was clear, but the lateral neck radiograph showed an air pocket superimposed on the laryngeal inlet, with loss of cervical lordosis. The retropharyngeal soft tissue shadow was normal.

Figure 1 Co...
Retropharyngeal abscess caused by group B streptococcus

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Accepted 28 May 2002

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Arch Dis Child Fetal Neonatal Ed 2002 87: F224-F225
doi: 10.1136/fn.87.3.F224

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