Dendritic and T cell response to influenza is normal in the patients with X-linked agammaglobulinemia

Liu Y, Wu Y, Lam KT, Lee PP, Tu W, Lau YL.

J Clin Immunol 2012;32(3):421-9. PubMed PMID: 22289994; PubMed Central PMCID: PMC3350625.

The atopic march: from skin to the airways

E Hon KL, Wang SS, Leung TF.

Iran J Allergy Asthma Immunol 2012;11(1):73-7. PubMed PMID: 22427479

The official website of Hong Kong Society of Paediatric Respirology is now online. Welcome to our website: http://www.hkspr.org.

Coming HKSPR Clinical Meetings				
Date	**Venue**	**Title(s) of Presentation**	**Speakers**	**Chairperson**
26 September 2012	KWH	Congenital Central Hypoventilation Syndrome	Dr. Christy Chau	Dr. Theresa Leung
31 October 2012		AGM		
28 November 2012	KWH	To be confirmed	TMH	Dr. Alfred Tam
30 January 2013	KWH	To be confirmed	UCH	Dr. Eric Yat-Tung Chan

Answers to X-ray Quiz on page 16

Answer: B

Flexible bronchoscopy in the referring hospital detected narrow nasal cavities (right side minimal air bubble, left side no air bubble); larynx was of normal looking with mobile vocal cords. Oropharyngeal airway was inserted and SpO_2 was stable on room air before transferal.

CT nasopharynx and sinuses in our hospital confirmed bilateral choanal atresia with the posterior choanae measured 1.3-1.5 mm in diameter and the posterior vomer appearing slightly thickened. Multiple transnasal endoscopic surgeries were performed involving submucosal resection, stent insertions and dilatations. However the baby remained symptomatic because of stenotic nasal passages due to scarring tissues/ adhesions. Finally tracheostomy was inserted but the baby succumbed shortly afterward probably related to the blockage of tracheostomy tube.

Choanal atresia can be caused by membranous or bony obstruction. The mixed type constitutes 70% of cases whereas the remaining ones are due to the bony type. When compared with the unilateral lesion, bilateral choanal atresia is less common but presents much earlier as neonatal respiratory distress owing to the obligated nasal breathing in newborns. Paradoxical cyanosis is the characteristic as the infants become cyanotic at rest but turn pink while crying with mouth open. The diagnosis can be made by either nasoendoscopy or plain CT of the paranasal sinuses and skull base. CT will detect the narrowing of the posterior nasal cavity +/- thickening of vomer. The normal mean width of the posterior choanal airspace, measured from the lateral wall of the nasal cavity to the vomer, is 0.67 cm in the newborn. In children less than 8 years of age, the vomer generally measures less than 0.23 cm in width and should not exceed 0.34 cm. Surgical correction can be performed either via transpalatal approach, or more commonly, through a transnasal endoscopic approach which later requires post-operative stenting followed by repeat dilatations.

References

1. Ramsden JD, Campisi P, Forte V. Choanal Atresia and Choanal Stenosis. Otolaryngol Clin N Am 2009;42(2):339-52.
2. Schroeder JW Jr, McColley S. Congenital Abnormalities of the Upper Airway. Chapter 13, p266. Pediatric Pulmonology. American Academy of Pediatrics, 2011.