

Neonatal management

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In the neonatal period management is aimed at addressing the urgent issues relating to the airway, breathing, eye protection and establishing feeding. In many of the craniofacial conditions the airway can be affected and may be fully or partially obstructed. This may be because of a retropositioned hypoplastic maxilla – the tongue falling back to close off the upper airway; this is often compounded by a hypoplastic mandible. The trachea itself may also be abnormal and tracheomalacia can lead to respiratory problems. Neonates are obligate nasal breathers and some forms of nasal obstruction can precipitate airway symptoms. In the most severe cases intubation is not possible as a result of the abnormal anatomy and a tracheostomy may be necessary. In emergency situations it may be helpful to nurse the baby prone, allowing the tongue to fall forwards. In some cases, particularly the syndromic craniosynostoses such as Apert syndrome, Pfeiffer syndrome or Crouzon syndrome, the combination of midface retrusion and brachycephalic forehead shape can lead to severe exorbitism. In the worst cases this can cause ocular dislocation with the eyelids closing behind the globe. In severe exorbitism the eyelids do not close adequately to moisturise and protect the cornea; without intervention this may lead to irreversible corneal damage. In neonates with airway embarrassment, even without anatomical abnormalities, the effort of breathing can be exhausting and this can significantly compromise the ability to feed. Structural anomalies can also affect the ability to feed; expert input from a specialist feeding nurse is often helpful. The use of specialised teats may be helpful but in some cases naso- or orogastric feeding may be necessary.

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