

## **BLK performs first successful EXIT procedure in India**

- A foetal life saved by performing a rare and challenging delivery procedure.

A new born baby with a large neck mass blocking his airways was able to have a safe access and new lease of life owing to a rare and difficult procedure called Extra Uterine Intra Partum Treatment (EXIT) performed by the Paediatric Surgery and neonatology team of BLK Super Specialty Hospital.

A 29 year old female, with 30 weeks pregnancy from Bihar, was diagnosed on antenatal ultrasound scan to have a large neck mass in foetus. The patient was referred to BLK Super Speciality Hospital for further management. The patient was further evaluated and a Foetal MRI was done which was suggestive of large neck mass of an approximate size of 10X9 cm. The infant's airways could not be visualized as the giant cervical mass was compressing it.

The infant's normal exit from the womb would have been life threatening as the wind pipe was blocked due to the giant neck mass, obstructing the oxygen passage despite its abundant presence. The odds were stacked against his survival, as his wind pipe had to be decongested by intubation while he was still in the uterus, keeping the umbilical circulation intact throughout the intervention.

BLK's team of deft surgeons & neonatologists successfully bridged this critical gap between the baby and the oxygen and delivered the baby after a challenging procedure.

According to **Dr. Prashant Jain, Senior Consultant, Paediatric Surgery, BLK Super Speciality Hospital**, "When the baby is in womb, mother breathes for him through the umbilical cord. But once out of the womb, the baby needs to breathe for himself as all babies do. It would have been fatal for the baby had he exited without going through the 'EXIT' procedure. Securing airway after the child is delivered could have been difficult because of distorted anatomy of neck and the intubation time cannot exceed more than 25-30 seconds to prevent the brain hypoxia. So EXIT procedure was the only option left with us wherein we could have comparatively more time to perform the intubation procedure."

Elaborating further, **Dr. Kumar Ankur, Consultant, Neonatology, BLK Super Speciality Hospital**, "The case also required a special C-section to keep the foeto - placental circulation intact. This can only be made possible under general anaesthesia with uterine relaxants. But again this carries a high risk of maternal bleeding. "

After the successful windpipe procedure and delivery of the new born, the non-cancerous tumour in the neck was also operated. Intubation was also done away with as his windpipe was decongested thoroughly.

"A special caesarean section was performed, only the head and shoulder of baby were delivered out of uterus and intubation was done. Intubation procedure was swiftly done within a record time of 1 minute 32 seconds. Every step during the caesarean and after delivery operation of Giant Cervical lymphangioma was performed with precision and the end result was quite satisfying as the baby was breathing safely", added **Dr. Jain**.



A multidisciplinary team comprising of Paediatric surgeons, Neonatologists, Paediatric Anaesthesiologists, Obstetricians, Paediatric Cardiologist, Paediatric Pulmonologist, Paediatric ENT specialists and dedicated nursing staff/ operating room personnel was formed to perform this rare and critical procedure.