P-005  Congenital Diaphragmatic Hernia:
Scoring Form
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A 7 year (Jan/2001 to Dec/2006) study was
done to review and audit our cases of CDH.
Purpose: The purpose of study was to establish
a protocol for selection of neonates for proper
intervention timing. Methods: Retrospective
Study. 50 cases were thoroughly analyzed. A
special form was developed for this purpose.
Data were introduced by a professional multi-
disciplinary team of neonatologist, paediatric
anaesthetist, paediatric surgeon and SCBU well
trained nurses. Summary of Results: The scores
were compared to the thus taken decisions for
every case and the outcomes were compared
for auditing purposes. The results were dis-
cussed. Conclusion: The conclusions and out-
come supported the form to be used prospec-
tively for all cases of CDH to help classifying
the patient for the proper mode of management.

P-006  Esophageal atresia associated with
coaartation of the aorta, CHARGE associa-
tion, and DiGeorge syndrome: A case report
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Aim: We report an extremely rare case of
esophageal atresia and tracheo-esophageal fistu-
la (TEF) associated with coarctation of the
aorta (CoA), CHARGE association, and DiGe-
orge syndrome.
Case report: A boy born by cesarean section at
38 weeks gestation, birth weight 2950 g, pre-
sented elsewhere with severe respiratory dis-
tress and was transferred to our institution. On
admission, the boy had a peculiar appearance
and Gross type C TEF and CoA. Gastrotomy
was created on day 0, and ligation of TEF, and
esophago-esophagostomy were performed on
day 10 of life. CoA was corrected on day 15 and
at the time, the thymus could not be identified.
Hypocalcaemia associated with very low T-cell
count and low serum IgG ensued and were sug-
gestive of DiGeorge syndrome. Genetic analysis
showed 46, XY without deletion of chromosome
22q11.2. Following complete examination, he
was also found to have choanal atresia, abnor-
mal ears, cobolomata, and genital hypoplasia
suggestive of CHARGE association. Ca++ and
immunoglobulin were administered and the
postoperative course was uneventful. He is cur-
rently awaiting bone marrow transplantation
for treatment of DiGeorge syndrome.
Conclusion: CHARGE and DiGeorge rarely
occur together and only 8 cases are reported in
the English literature. Two had esophageal atre-
sia and severe congenital heart anomalies. The
challenge for management in this complicated
case is the background DiGeorge syndrome
which can influence surgical outcome because
of immune deficiency and Ca++ imbalance
which can be life-threatening and require bone
marrow transplantation.