

## **Congenital Cystic Adenomatoid Malformation**

Antenatal Diagnosis in majority CCAM is a congenital Majority (>75%) Potential need for resuscitation disorder which asymptomatic at birth <sup>3</sup>. results in an entire lobe of lung being replaced by a non Signs include functioning cystic **Symptomatic** Asymptomatic hydrops, bronchial piece of abnormal atresia and lung tissue. hypoplastic lungs. In rare cases cystic **XR & CT Thorax Chest Xray after birth** Symptoms include • portion can be so resp distress, inc RR, large that it affects decreased sats. growth of remaining lung causing Early surgery<sup>1</sup> Consider CT Thorax in all ► Surgery newborns (4-6 wks age) pulmonary recommended to hypoplasia, cardiac irrespective of signs of decrease risk of compression & antenatal resolution <sup>13</sup> or infection, malignant mediastinal shift. X ray findings.<sup>6</sup> transformation. Fetus may develop Early surgery v hydrops which has serial CT surveillance significantly poorer Routine respiratory in asymptomatic outcomes. outpatient consult & patients is possible elective surgery controversial. before 2 yr.13 Should have ► antenatal echo. Surgery shown to • have better short ► Classification: term outcome.4 Post natal diagnosis should be considered in babies with Macrocystic >5mm recessions, grunting, respiratory distress and cyanosis. Can Microcystic <5mm Other studies have • be identified on chest xray. Management is then as above. Mixed shown patients can be managed Poorer outcome in conservatively with microcystic, bilateral 3-6 mth CT thorax lesion. until they become symptomatic (pneumonia) or changes in size are observed radiologically.5



## **References:**

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## This care pathway has been produced by the National Paediatric and Neonatology Clinical Programme. It is aimed at medical, nursing and allied health professionals working in Irish neonatal units.

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