

Newborn with Peri-hepatic Capsule Calcification: Case Report

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Abstract: Medical modalities are often punctuated by specific examinations for the purposes of understanding various patient conditions more completely. In the case of peri-hepatic capsule calcification in a newborn, this supposition has become even more complex due to the nature of medical interventions and examinations for the specific purposes of improve patient outcomes. Improving medical outcomes for patients, as well as discovering better modalities of treatment and clinical care, are of course always the most important aspects to research of this nature; for discovering better methods for improve comprehension have often led to better clinical application of such learning. Having the ability to take the relevant information presented in the process of reviewing a case study of this nature and use it to diagnose conditions in a clinical setting is one of the most important components of the medical professional's ongoing training and ultimately their vocational duty. Therefore, all relevant knowledge gleaned through this rigorous academic exercise can quite possibly change the lives of many patients under the care of such clinicians.

Keywords: case study, medical interventions, newborn babies, prenatal complications, peri-hepatic capsule calcification.

1. INTRODUCTION

Various cases examined throughout the course of one's inevitable studies have the ability to better ascertain realities involving patient care. For the purposes of this case study, a specific prenatal condition, that of peri-hepatic capsule calcification was analyzed in order to better comprehend treatment options, conditional realities for both mother and child, and specific medical interventions to ensure a proper birth could be had under similar circumstances. Combined, these directives have formed the foundation for the research presented, as well as possible future discussions involving such cases. In addition, after the case details have been presented, the research has thus focused on a current discussion involving all such facets of managed medical care. Therefore, it has been due to this procedural process of discovery through this research that a greater understanding of this prenatal condition has been ascertained and thus most likely well used in future clinical practice.

2. CASE DETAILS

The details of the case have been presented for the purposes of full medical examination within these contextual realities. For example, the pregnant mother is named Reem, was 38 in age, G6P4+1, diabetic (type 2 and controlled by a good diet) and was experiencing a routine pregnancy until week 25. At that point, it was discovered she had a fetal sub-diaphragmatic hypoechoic mass anterior to the stomach (fig 1&2). This fetus was singular, with an adequate amniotic fluid sac, an anterior placenta, and overall normal morphology. It must be stated that such abnormalities are usually discovered during normal prenatal examinations, including all imaging interventions utilized for such purposes (Woodley, 2014). In effect, such practices are generally highly recommended in order to discover such issues during pregnancy in order to provide options for mother and child concerning care.

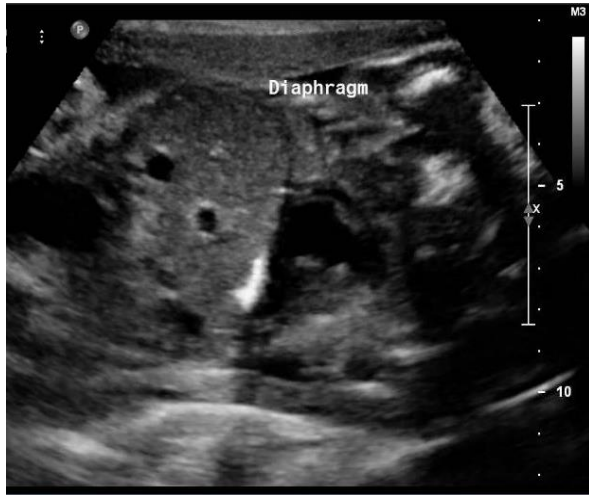


Figure 1

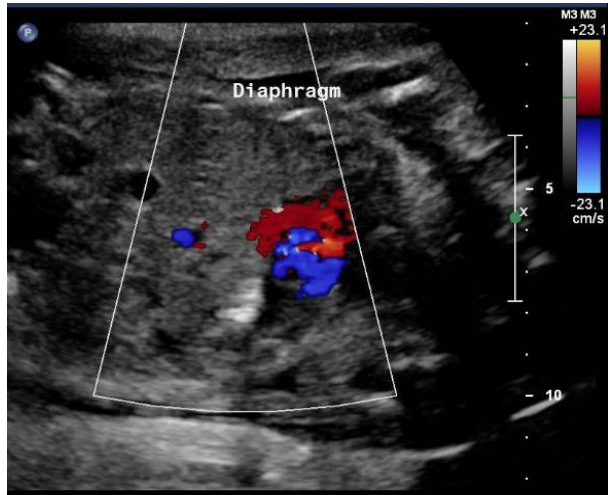


Figure 2

A follow-up examination was performed for Reem four weeks later and repeated the same procedure, discovering the same diagnoses with no other abnormality. Afterwards, the pregnancy continued without any further complications until the mother experienced pre-eclampsia and due to a previous cesarean section she was assisted by the process of delivery of the baby through cesarean section at 38 weeks' gestation time. The baby had an Apgar score of 8 and then 10, with a weight of 2.3 kilograms and immediately breast fed. The baby was examined as normal during this time. This facet of the research has demonstrated the effectiveness of prenatal scanning options, as doing so can assist with the process of determining need, especially when experiencing symptoms of meconium peritonitis in the cystic form during pregnancy (Pelizzo, Codrich, Zennaro, Dell'Oste, Maso, D'Ottavio, & Schleef, 2008). Therefore, it has been because of the faculties involved in the prenatal treatment Reem received that she was able to have her baby and further tests were negative for any other complications except the CT scan for chest and abdomen it confirmed the presence of peri-hepatic capsule calcification (fig 3&4). Otherwise the spleen measurements, urinary bladder analysis, airway pathways seen as normal, as well as normal heart and vessel functionality. The mother and baby were discharged upon a six-week follow-up exam.

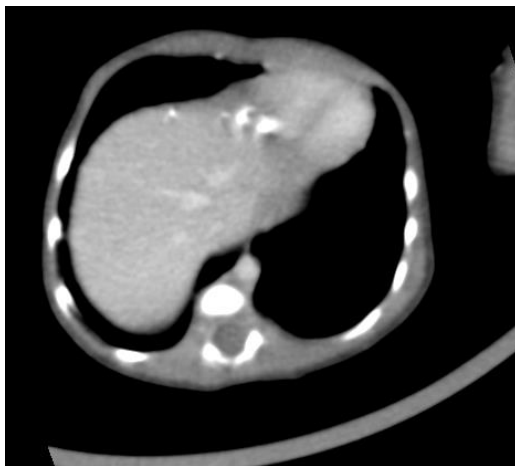


Figure 3

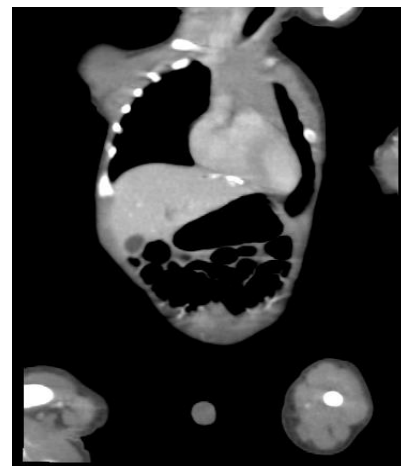


Figure 4

3. DISCUSSION

Dealing with the potential complications of prenatal abnormal discoveries is often quite complicated for many reasons. One of the most valuable components of such prenatal examinations (and for that matter all physician-based patient exams) is the additional screening for repeated results needed to understand the reliability of radiological testing procedures. To that end, it has been discovered that differential diagnoses, as it generally has pertained to such testing parameters, can in fact have many benefits for patients in discovering better results for evidence-based concerns on

internal patient functions (Aora, Rajesh, & Sarin, 2013). In a practical sense, this essentially means that a patient like Reem can have a follow-up exam to determine exactly what is going on within her womb and to then properly prepare for any possible contingencies.

While pregnancy is generally considered a highly natural function of any health woman, there are of course certain contingencies to be concerned with; such as being a somewhat advanced age (in this case 38) and other conditional realities within which to contend. Although this has always been the situation when attempting to provide quality care modalities to pregnant women, understanding the situational mandates of screening can often come with certain complications not always considered. When to provide scans of the nature already examined, as well as when to schedule follow-up procedures and how often to dictate these specific circumstances, must be dealt with consistently. Abnormalities, as in this case study, happen frequently in many instances, and thus having a quality control system in place that is reliable must be positioned properly.

One of the pertinent issues surrounding such concerns, however, has always been the overall accuracy of such testing procedures. For instance, some imaging (radiology-based) interventions like EUS have a very low accuracy rate in regards to discovering such peri hepatic capsule calcification due to significant diagnostic shortcomings (Karaca, Turner, Cizginer, Forcione, & Brugge, 2010). Therefore, any such reliance on prenatal screening efforts must be combined with skill, experience, and follow-ups methods for determining the best possible accuracy of results. Evidence-based procedures continue to be the primary directive for all such case study scenarios and for good reason.

One of the most pertinent reasons is the total implementation of such powerful interventions for pregnant patients. Meconium peritonitis, even when diagnosed after birth as it was in this case, can be a serious concern and therefore even though it has been discovered to be quite rare, its pertinent danger to fetus and mother cannot be ignored (Wang, Chang, Wang, Tseng, & Chang, 2008). This facet of the research has highlighted yet again the necessity of clinical conditions being conducive to achieving quality results for all patients under care, as well as a focus on increased accuracy of all screening procedures. Without such conditions, patients will most likely suffer additional complications.

4. CONCLUSION

Prenatal complications pose serious threats for harm in both mother and newborn alike. Prenatal issues, especially those that potentially injure or impede upon the normal process of giving birth, are incredibly challenging for many clinical care providers. Prenatal concerns are also extremely difficult emotionally for mothers and ancillary family members due to the serious nature of such occurrences. Therefore, developing a manageable care plan to handle such problems, especially when combined with research methods such as this particular assignment and possibly others, can assist with such scenarios well when needed. When attempting to detail the possibilities of injury when being pregnant, it has always been an integral facet of good clinical practice to understanding the screening methods available to the attending physician and nurses working with these patients. Quality assurances, combined with good clinical care as pertaining to the individual skills of clinical professionals, might not always be completely accurate but this does not circumvent the entire process.

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