

NASOPHARYNGEAL INTUBATION FOR MANAGEMENT OF SEVERE CASES OF ROBIN SEQUENCE

SALMEN ICDM***, Marques IL

Unidade de Terapia Intensiva Pediátrica, Hospital de Reabilitação de Anomalias Craniofaciais - HRAC-USP, Bauru/SP

AIM: To evaluate the outcome of infants with Robin Sequence (RS) and severe symptoms managed with nasopharyngeal intubation (NPI). **METHODS:** A retrospective study was conducted on 107 infants with R S, admitted to our Hospital from July 2003 to June 2010, treated exclusively with nasopharyngeal intubation (NPI), to evaluate clinical findings, evolution, morbidity and mortality. **RESULTS:** 223 infants with Robin Sequence were admitted to our Hospital from July 2003 to June 2010. Nasopharyngeal intubation (NPI) was the definitive treatment for 107 (48%). All infants were considered severe cases, 78 (73%) infants presented Isolated Robin Sequence (IRS) and 29 (27%) syndromes or other malformations associated with Robin Sequence (SRS). The mean length of time of NPI was 57 days and the length of time of hospitalization was 18 days. Although nearly all infants presented dysphagia, 85 % could be fed orally and gastrostomy was performed on 15%. **CONCLUSIONS:** Nasopharyngeal intubation for IRS can prevent surgical procedures in early infancy. **KEYWORDS:** Airway obstruction, cleft palate, Pierre Robin Syndrome, swallowing disorders