ASTERNIA: A CASE REPORT

FLORA ZOHOORI, M.D., AND FIROOZEH HOSSEINI, M.D.

From the Department of Neonatology, Fatemieh Hospital, Hamadan, Islamic Republic of Iran.

ABSTRACT

Absence of the sternum or asternia is the rarest developmental anomaly of the sternum. A female newborn is presented with asternia and ASD.

MJIRI, Vol. 13, No. 2, 159-160, 1999

Keywords: Asternia, normal vaginal delivery (NVD), atrial septal defect (ASD).

INTRODUCTION

Absence of the sternum or asternia is arare developmental anomaly of the sternum reported for the first time in 1968. Since then, seven other cases have been reported from other parts of the world. Further reports dealt with repair of the anomaly. In this case report we present a case of asternia with intact skin.

CASE REPORT

In 1997 a female neonate was born in Fatemieh Hospital in Hamadan (western Iran). She was born through NVD with a first minute APGAR score of 9 and fifth minute APGAR score of 10, weighing 2900 grams. During examination of the newborn, asternia was observed. The region was covered with a thin skin which harbored a midline scar and formed a nidus with secretions in the xiphoid region. The neonate's heart bulged outward when crying. Other examinations were normal and the neonate had no problem in feeding. In the radiography, asternia was obvious. Echocardiography revealed ASD. The mother reported no drug use or disease during pregnancy.

DISCUSSION

Formation of the sternum is accomplished during the seventh week of gestation. Any problem in this period could result in developmental defects or anomalies of the

Correspondence: Dr F. Hosseini, Fatemieh Hospital, Hamadan, I.R. Iran. Tel: 081 - 225070.

sternum. Previous studies in Saudi Arabia⁸ have mentioned hypovitaminosis among other numitional problems as the probable cause. All authorities agree with plastic surgery during infancy,⁶ because increase of the inmathoracic volume can lead to separation in the sternal region. Repair of the defect with autologous tissue (e.g., muscle) is preferred to Teflon grafts.⁸

Surgical prognosis was good in two reported patients.



Fig. 1. Appearance of the one day old newborn.

F. Zohoori, M.D., and F. Hosseini, M.D.

The parents of our patient didn't agree to undertake or continue any further diagnostic or surgical procedures.

After two months, she was examined again, and no problem was observed.

REFERENCES

- 1. Beaudoing A, et al: Partial agenesis of the sternum. Pediatrics 21: 467, 1966.
- Haller JA Jr, et al: Diagnosis and surgical correction of combined congenital defects of the supra-umbilical abdominal wall, lower sternum and diaphragm. J Thorac Cardiovasc Surg 51: 286, 1966.

- Reese HE, et al: Congenital defects involving the abdominal wall, sternum, diaphragm and pericardium: case report and review of embryologic factors. Ann Surg 163: 391, 1966.
- Erdelyi R: Aplasia of sternum. Plast Reconst Surg 42: 173-5, 1968.
- 5. Haque KN: Isolated asternia: an independent entity. Clin Gen 25: 362 5, 1984.
- Chaukar AP, Mandke NV, Mehta SS, Pandy SR, Parulkar GB, Swan PK: Surgical correction of absent sternum with homologous rib graft. J Postgrad Med 26: 181 - 5, 1980.
- 7. Hoffman E: Surgical treatment of bifid sternum using Marlex mesh. Arch Surg 90: 76 80, 1965.
- 8. Ecardoso E, Sundararajan MS: Astemia with aplasia cutis: a method of repair. Thorax 42(10): 829-830, 1987.