Absent Manubrium Bone, a Case Report of 14yrs Old Boy

Shehzad khan^{1*}, Sanya Hadi², Anabhayat¹, Asif Iqbal³, Ishaq³ and Asma Hadi²

¹Consultant Radiologist, Saidu Teaching Hospital, Pakistan

²Swat Medical College, Pakistan

³Medical officer Radiology, Saidu Teaching Hospital, Pakistan

Received Date: April 17, 2023; Accepted Date: April 27, 2023; Published Date: April 30, 2023

*Corresponding author: Shehzad Khan, Consultant Radiologist, Saidu Teaching Hospital, Pakistan, E-mail: shehzadkaan@gmail.com

Citation: Shehzad khan, Sanya Hadi, Anabhayat1, Asif Iqbal, Ishaq and Asma Hadi. Absent Manubrium Bone, a Case Report of 14yrs Old Boy. ICARE. 2023;2(3):1029.

Copyright © 2023 Shehzad Khan. This is an open access article published under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

A 14yrs old boy presented to Radiology department of Saidu Teaching hospital swat for ultrasound of a swelling in the region of lower part of neck present since birth.

Swelling was appreciated on expiration Figure 1, and on inspiration there was a groove formation Figure 2.

Upon ultrasound there was direct visualization of arch of aorta and its branches (Figure 3 and 4).



Figure 1: Swelling was appreciated on expiration.



Figure 2: Suspicion for absent sternum was made. For further evaluation, chest Radiograph with AP was taken and it showed absent of manubrium.



Figure 3: Medial ends of clavicles were suspended on lateral neck view.



Figure 4: Absent manubrium bone.

Discussion

Congenital absence of sternum is a rare entity. Which may or may not be present with other Anomalies [1,2]. The associated anomalies can be in pericardium, heart, diaphragm, anterior abdominal wall (Cantrell's pentology) and sternal fusion as well as Poland syndrome [3] Other risks could be mediastinal injury, hypothermia and fluid losses.

Surgically repair of sternal clefts should be done in neonatal period due to high compliance of chest wall and prevent further complications mentioned earlier [1,2]. As the patient ages and the chest wall compliance decrease, closure can become progressively difficult as venous return and lung compliance are increasingly compromised [1,2]. Osteochondroplasty is preformed to fulfill the goal of right heart function and manipulating ventilation and oxygenation to account for decreases.

References

- 1. Torre M, Rapuzzi G, Carlucci M, Pio L, Jasonni V. Phenotypic spectrum and management of sternal cleft: literature review and presentation of a new series. Eur J Cardiothorac Surg. 2012;41(1):4-9.
- 2. Mazzie JP, Lepore J, Price AP, Driscoll W, Bohrer S, Perlmutter S, et al. Superior sternal cleft associated with PHACES syndrome: postnatal sonographic findings. J Ultrasound Med. 2003;22(3):315-9.
- 3. Trivedi PM, Jagannathan R, Jagannathan N. Congenital absence of the sternum in a neonate. Anesthesiology. 2014;120(3):752.