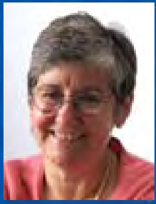

PEDIATRICS

Chiropractic Care of a 5-Year-Old with Chronic Asthma and Vestibulocerebellar Dysfunction as a Result of Subluxation from Birth Trauma

By Sharon A. Vallone, D.C., F.I.C.C.P.

Introduction

When treating pediatric patients, we frequently educate our expectant parents about the need for early evaluation of an infant due to constraint as a result of their position in the womb during the last trimester. There are also the unexpected and often unplanned interventions and trauma associated with the birth process. This case study presents a preschooler whose unaddressed subluxation as a result of birth trauma resulted initially in emergency medical procedures. This was followed by 5 years of intervention for chronic respiratory difficulties and high sympathetic tone which manifested in immune dysfunction, inability to attend (lack of focus), hypervigilance and at times, belligerent, even violent behavior. These and other problems were possibly the result of both the initial trauma as well as the recurrent trauma associated with a compromised airway which could have been exacerbated by simply placing his body in the wrong position or by exerting himself.

Case History

A 5-year-old male caucasian was brought to the clinic by his mother with the chief complaints of asthma, poor balance and poor endurance. He also had a short attention span, struggling to focus, and could be belligerent, especially if challenged to perform a task that made him uncomfortable. He was minimally verbal. He would occasionally bark out orders ("Get me!" "Want it!" "Go home!") or ask for things in 2-5 word sentences ("Get me juice", "No want doctor."). The mother related that other children made fun of how he talked, along with his lack of coordination and easy fatigability when playing with other children. His mother and speech therapist had come to the conclusion that his speech problems had more to do with his breathing than his cognitive skills.

The mother's pregnancy was uneventful. She was 17 years old and a single parent. The father lived out of state and did not want to be involved with the child. She delivered in the hospital without medication or induction and without pain until the final stages of pushing when his progress was impeded by a rigid cervical lip. They manipulated the baby through the cervix then the attending physician tractioned and everyone in the delivery room heard a loud "pop". The infant was then delivered rapidly ("He just shot out!"). His mother reported that he was "not breathing" and "he was a deep shade of blue". He was 9 lbs 2 oz. The hospital staff worked to revive him, stimulating him by massaging his chest, suctioning him to remove aspirated meconium. He was immediately intubated and transported to the NICU. The intubation tube was removed after 12 hours but they continued to monitor him closely and administered oxygen by cannula for an additional 72 hours. His breathing was shallow and noisy with his throat and chest collapsing under the effort of breathing. He slept constantly, exhausted from the effort to breathe. He could not sustain breastfeeding and he was immediately put on formula, but even bottle feeding was effortful and exhausting. By the time he left the hospital he had dropped to 7 lbs.

At two weeks of age, the baby was hospitalized under emergency circumstances when he ceased breathing. He was diagnosed with central sleep apnea and gastric reflux induced apnea. (The term central sleep apnea encompasses a heterogeneous group of sleep-related breathing disorders in which respiratory effort is diminished or absent in an intermittent or cyclical fashion due to CNS or cardiac dysfunction. These disorders are further divided into primary forms: those for which the exact etiology is unknown and those due to a known cause. Central sleep apnea is conventionally defined as cessation of airflow for 10 seconds or longer without an identifiable respiratory effort.[1])

Upon release from the hospital, the child was put on an apnea monitor at home by the visiting nurses. He was administered daily doses of caffeine,[2] given breathing treatments as well as metoclopramide (Reglan), a commonly chosen but unsubstantiated drug used to treat gastroesophageal reflux disease in infants.[3] At 5 months, he was hospitalized again with RSV (Respiratory Syncytial Virus) and was diagnosed with tracheomalacia ("floppy airway") and asthma.

The child was enrolled in an early childhood development program and received support of an occupational therapist, physical therapist and feeding specialist/speech therapist on a weekly basis (4 home visits/week). He made slow gains. His growth remained under the 25th percentile for height and weight possibly due to his difficulties feeding without choking until he was 2 years old when he could handle a wide variety of pureed foods. At that time, he began to catch up with his peers in growth now hovering around the 50th percentile for height and weight.

CONTINUED ON PAGE 15

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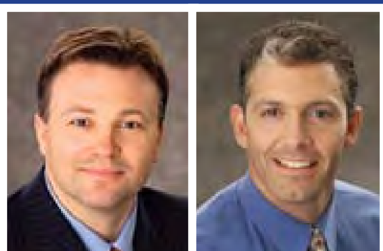

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