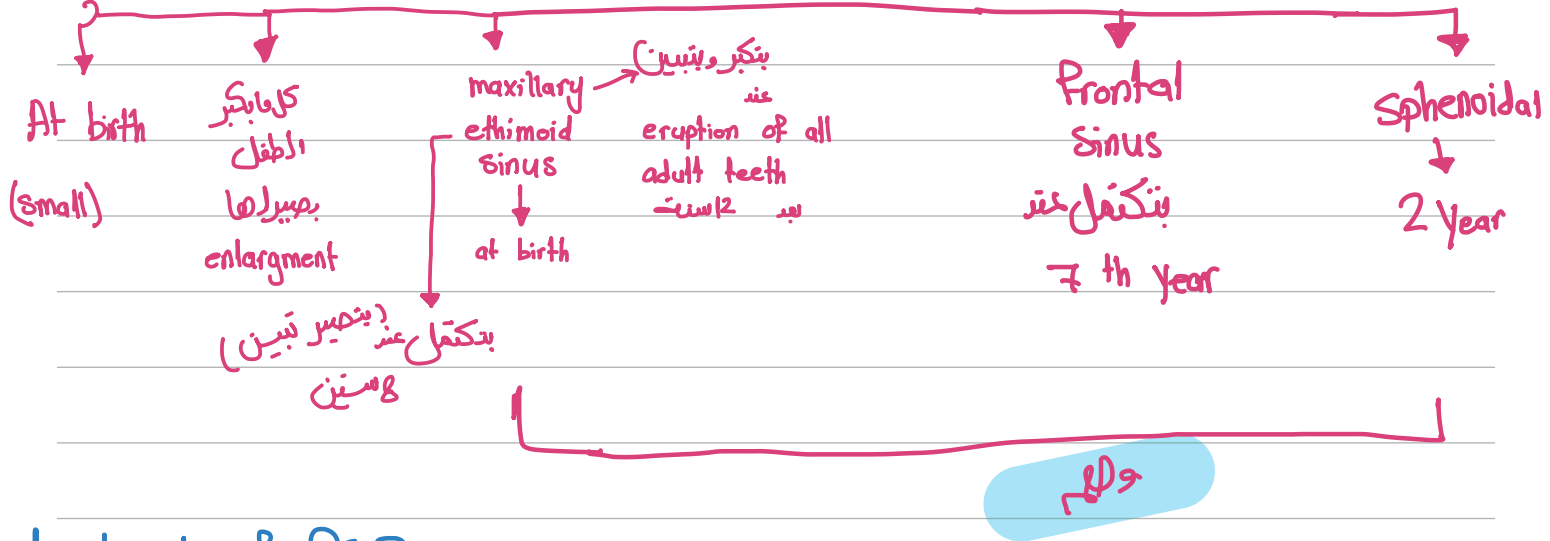


Developed of RS \rightarrow middle of the 4th week

Developed of Nose \rightarrow 5th week

Para nasal sinuses



developed of RS \rightarrow

2 margins فيها (Laryngo-tracheal groove) ⁽²⁾ Primitve pharynx ⁽¹⁾ بيظهر فيها (tracheo-oesophageal fold) ⁽³⁾ يمشوا ⁽⁴⁾ بتدجوا سوا وبعلاوا Septum

laryngeal inlet \leftarrow Cranially communication جزا \rightarrow بين ال Laryngo-tracheal tube + Pharynx

(epiglottis) يظهر elevation in the floor of Pharynx ⁽⁵⁾

between 8 and 10 week \rightarrow Obliterated to laryngo tracheal tube

بعد ال 10 اسابيع \rightarrow ال laryngo tracheal groove \rightarrow larynx \rightarrow recanalization بصير Vocal Cord (true, false) ويظهر larynx

Splanchnic mesoderm \rightarrow invasion ⁽¹⁾ ال laryngo-tracheal tube ال right and left lung buds

ولده

* Repeated division to branch \rightarrow 6 month \rightarrow 17 order (اليدبتى ستعمل حد عن 6 اشهر)

complete division \rightarrow 24 order عبارة عن 24 order بقتية الاوتسافان حتى توصل ل 24 بتكفل حد سن 8 years

lung complete maturation \Rightarrow 8 years

جدول مهم جدا وهم اربع مراحل فلندرس واحدة واحدة

Stages of Lung maturation

Stage	time	Change formation	Baby survive
1- Pseudo glandular مرحلة واضحة جدا	5 to 16 weeks	Appear Bronchi and terminal bronchioles	Not (due to no element of gases exchange)
2- Canalicular	17 to 24 weeks	Appear of respiratory bronchioles and alveolar ducts	Not (no element of gases exchange) صح تم تشكيلها لكن لسنا unfunctionly
3- Terminal sac في ملاحظة على هذه المرحلة بالاسلايد الجاي	24 to birth	Appear of alveoli lined by type I pneumocytes Appear of type II pneumocytes which secret surfactant (begin of secretion from 20 th week)	Can survive with intensive care إذا ولد بهذا المرحلة
4- Alveolar period	From late perinatal period till 8 years after birth ننتبه لا تكتمل تكوين ال lung تماما إلا بعد 8 سنوات مهم جدا	The number of alveoli increases (95% of the alveoli develop after birth).	Survive

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→ Before birth (the lung is not a respiratory organ)

→ At birth (amniotic fluid + bronchial secretion become replaced by air)

(1) Oesophageal atresia & tracheo-oesophageal fistula: (Atresia = obliteration & fistula = abnormal communication). The tracheo-oesophageal fistula results from incomplete fusion of the tracheo-oesophageal folds. Four varieties may occur (the most common is atresia of the upper portion of esophagus & fistula of its lower portion with the trachea impossible feeding & aspiration of milk into the lungs. (before birth, it causes polyhydramnios).
الي انشرح عليهم بالاسلايد القادم موجود

89. A new born baby complained from severe coughing and repeated aspiration. Plain X-rays was done and ryle tube appeared coiled. The cause might be which one of the followings?

- Cleft lip.
- Laryngeal atresia.
- Lung agenesis.
- Pyloric stenosis.
- Tracheo-esophageal fistula.

Answer: E

Radiological picture of Tracheo-oesophageal fistula "Coiled Ryle tube"

هو موجود بكل حالة fistula يعني الي الغذاء بدل ما يفوت ال stomach بروج للرئة ف يجيبوا أنبوب ويدخلوه بال esophagus ف بدل ما يكمل للمعدة يلتف على شكل حلزون نتيجة fistula

93. A newborn baby complaining of severe coughing and repeated aspiration on feeding the cause might be which one of the following congenital anomalies?

- Trachea esophageal fetule.
- Pyloriestens.
- Left lie.
- Lower esophageal atresia..
- Laryngeal atresia.

Answer: A