

imaging, is required. Clinicians should realize that a previously normal chest radiograph does not completely exclude a diagnosis of CDH.

### Management

The treatment of CDH is individualized, based on anatomic location, physiologic status, age, and associated congenital anomalies. Posterolateral CDH in a newborn may be acutely symptomatic, requiring escalation of ventilatory management to provide adequate gas exchange. This therapy includes the use of high-frequency oscillatory ventilation, inhaled nitric oxide, and extracorporeal membrane oxygenation

support. Therefore, newborns born with posterolateral CDH experience considerable morbidity and mortality reflective of the anatomic and physiologic derangement.

In contrast, most anterior Morgagni hernias do not present with pulmonary hypoplasia and pulmonary hypertension. Therefore, the diagnosis typically is delayed for months to years, and the condition may be found incidentally. After accurate diagnosis of a Morgagni hernia, prompt elective operative repair is indicated to prevent respiratory distress and potential GI obstruction from incarceration. The expected outcome should be excellent, with low morbidity and near-zero mortality.

### Lessons for the Clinician

- Congenital diaphragmatic hernia (CDH) presents with a spectrum of signs and symptoms based on anatomic location and physiology.
- Unlike posterolateral CDH, presenting symptoms may be subtle and diagnosis delayed in those born with anterior Morgagni hernias.

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*To view Suggested Reading lists for these cases, visit <http://pedsinreview.aappublications.org> and click on the "Index of Suspicion" link.*

### Clarification

In the "Care of the Well Newborn" article in the January 2012 issue (Warren JB, Phillip CA. *Pediatr Rev.* 2012;33(1):4-18), erythromycin eye ointment is cited as the most commonly used medication to prevent ophthalmia neonatorum. Although it is effective in the prevention of gonococcal ophthalmia, erythromycin ointment is not effective in preventing conjunctivitis caused by *Chlamydia trachomatis*. Optimal prevention of ophthalmia involves screening and treating pregnant women for both infections. Ointment administration should not promote complacency in clinicians, who should thoroughly evaluate conjunctivitis appearing in the first month after birth, especially when the mother has not been screened for *Chlamydia* infection.

## Clarification

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