

What if it doesn't open?

BVN-GBN Autumn meeting

08/10/2026

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Disclaimer



Case M.

39w4d, girl

SROM, vaginal birth

 Meconium-stained amniotic fluid

Case M.

39w4d, girl

SROM, vaginal birth

 Meconium-stained amniotic fluid

No spontaneous breathing, bradycardia

→ NLS: 2x5 insufflations, 8' ventilation, FiO_2 max 100%

→ 10min: spontaneous breathing with PEEP/ FiO_2 21%, no dyspnea/grunting, **intermittent obstructive breathing**

Q1 What would you do?

Case M., 39w4d

39w4d, girl

SROM, vaginal birth

APGAR 3/7/8, pH 7.21/lactate 3.2 mmol/L

Intermittent obstructive breathing

- Inspection of oropharynx = normal
- Chin lift: stabilisation & resolution
- Skin-to-skin & monitor



... desaturation with apnea (obstructive?)

Case M., 39w4d, obstructive airway



G1P0, normal follow-up (Congo/Belgium)

SROM < 18u, GBS –

CTG monitoring ok



Intermittent obstructive breathing

Abnormal (limited) range of motion temporomandibular joint = neonatal trismus

Palatum closed

No sufficient rooting-/sucking-/gag-reflex, siallorrhea, limited facial expressions

Grasping reflexes normal

Tone: axial ↓, peripheral↑

Q2 How would you support?

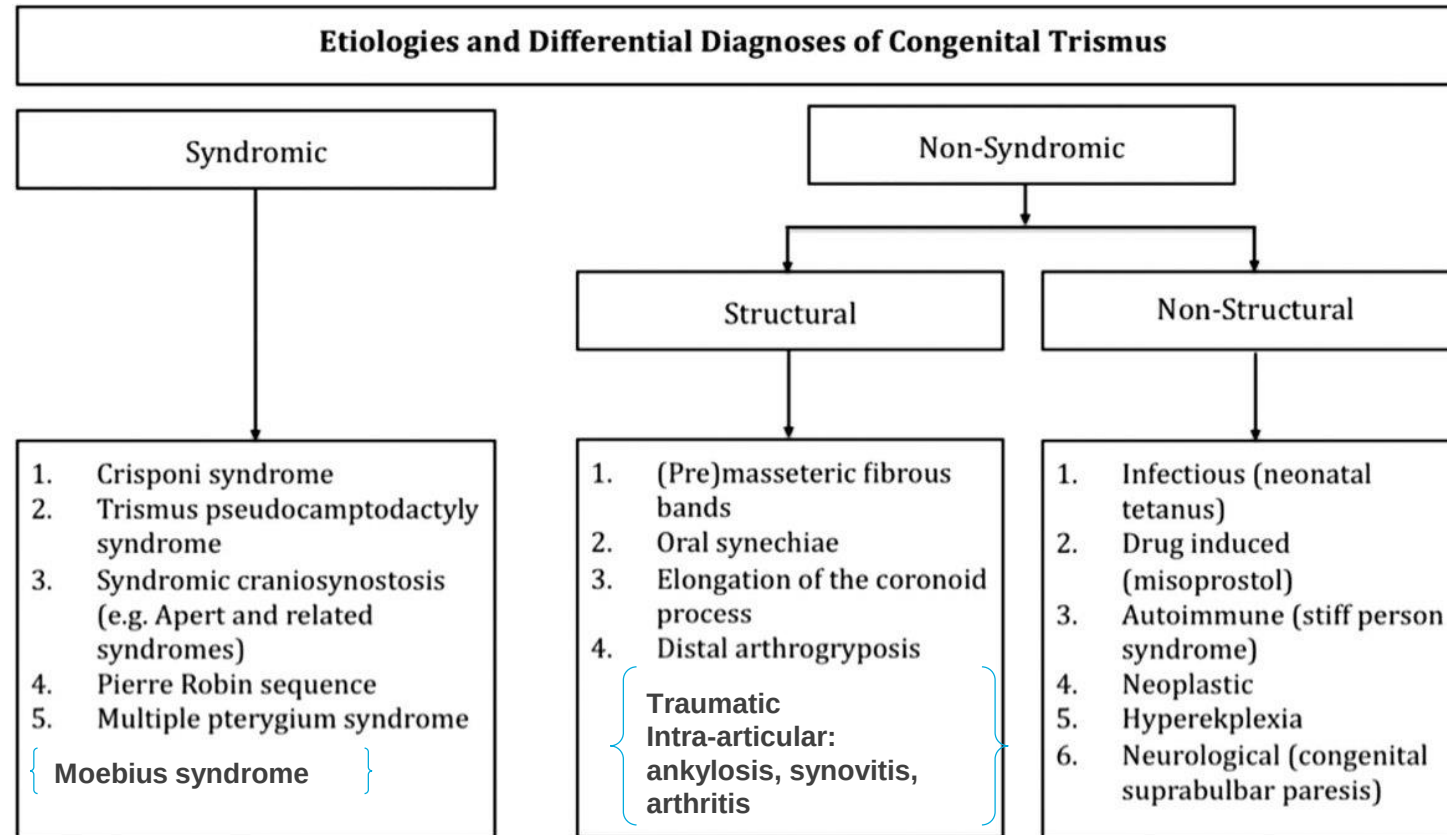
Case M., 39w4d, neonatal trismus

Treatment/support

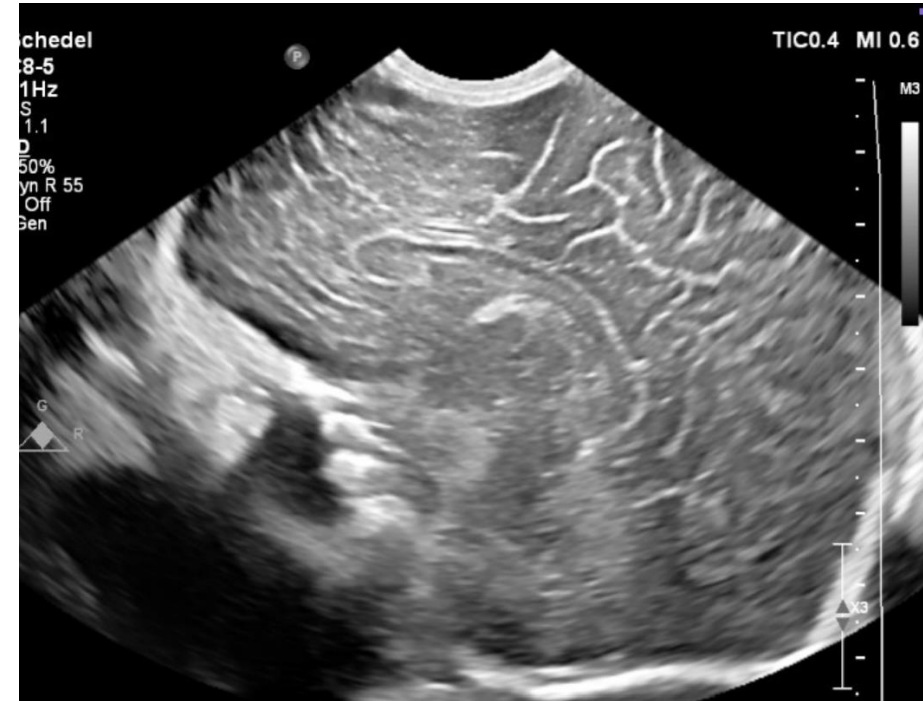
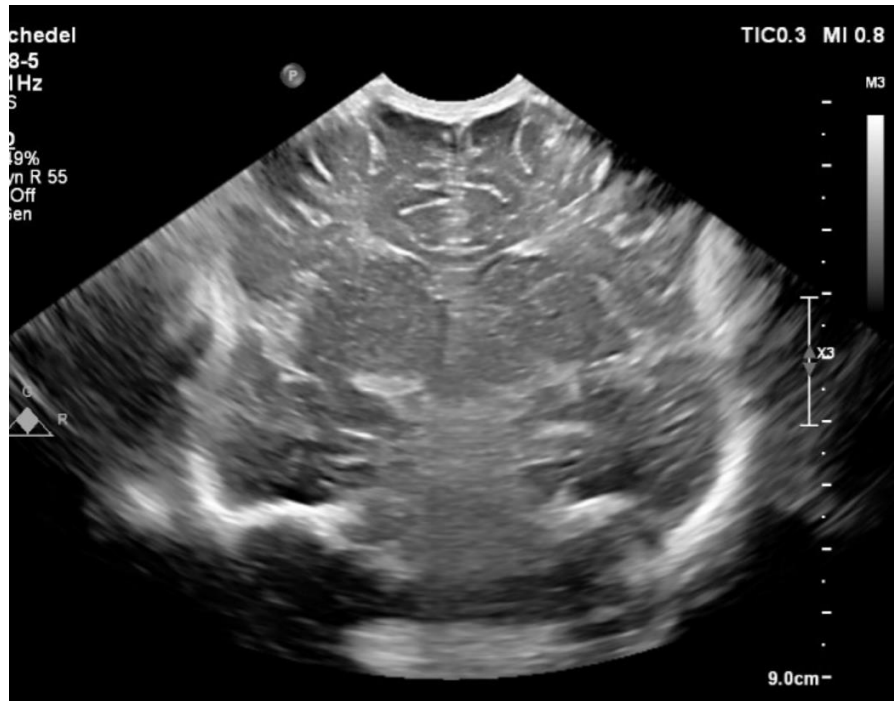
- Nasopharyngeal airway + CPAP
- NPO, nasogastric tube
- Discomfort R/ dexmedetomidine

Q3 What is your differential diagnosis?

Neonatal trismus – Differential diagnosis



Neonatal trismus – Differential diagnosis



Case M., 39w4d, neonatal trismus

Meanwhile...

- Nasopharyngeal airway + CPAP → HFNC → No support on day 6
- Full enteral feeds, exclusive tube feeding

Neonatal trismus – Differential diagnosis



Limited mouth opening/trismus

Palatum closed

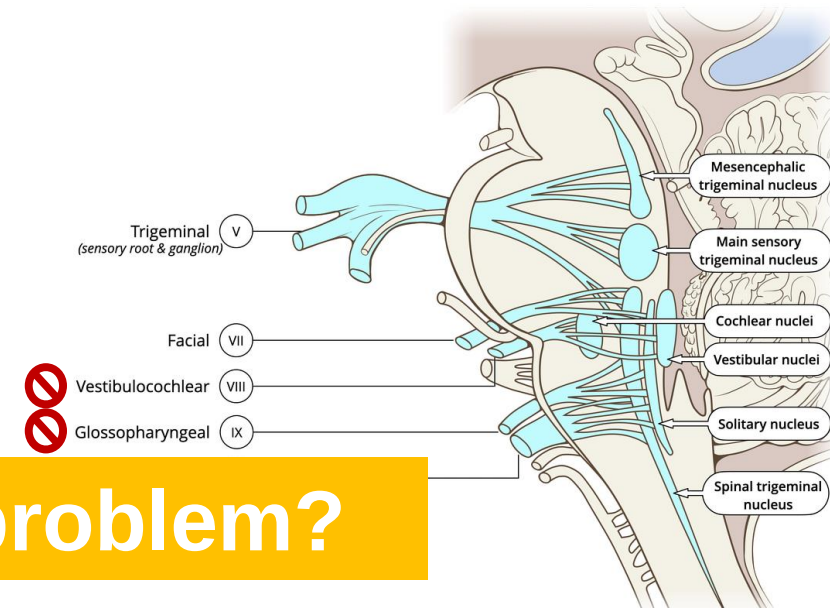
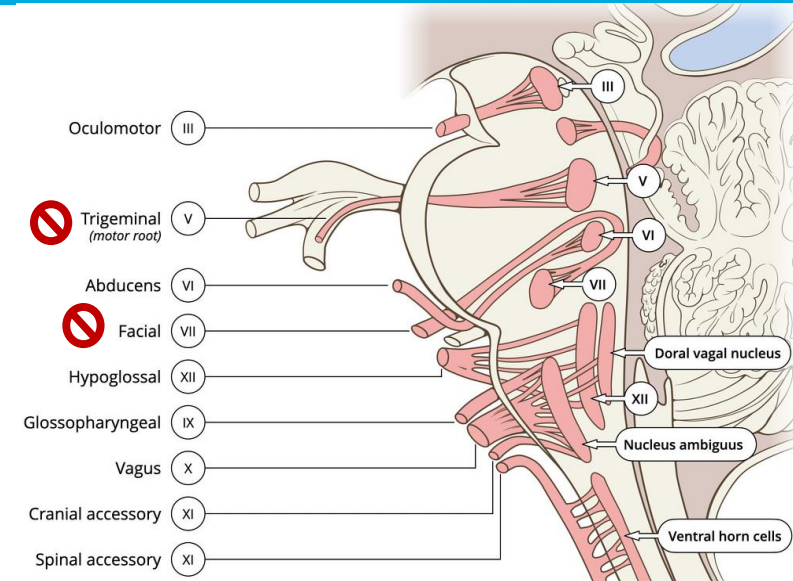
No sufficient rooting-/sucking-/gag-reflex

Siallorrhea, **limited facial expressions**

Grasping reflexes normal



Audiological evaluation (BERA): **bilateral deafness**



Q4 Where do you localize the problem?

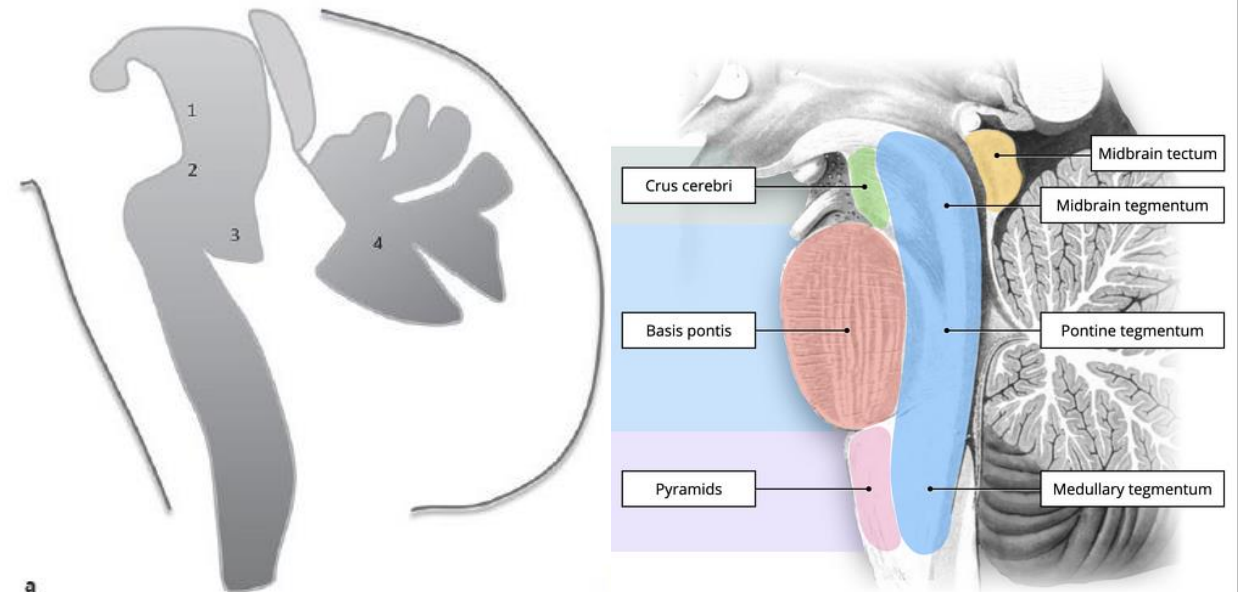
Neonatal trismus – Differential diagnosis



Neonatal trismus – Pontine tegmental cap dysplasia

Hindbrain malformation

- <1 / 1 000 000
- Migration defect
- Unknown genotype, no familial recurrence
- Other: vertebral/cardiac/renal malformations



n. VIII, nuclei olivares	Hearing loss
n. V	Limited mouth opening, speech and feeding difficulties
n. VII	Central facial paresis
n. VI	Oculomotor apraxia, horizontal gaze paresis
Vermis hypoplasia/dysplasia, nuclei olivares	Hypotonia and movement disorders
Epilepsy	Migration defect

Neonatal trismus – Take home

- First things first: know your NLS and ABC
- When you don't know: examine the patient
- Multiple cranial nerve palsies: think about the brainstem



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Any questions?

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