

# EXIT (ex-utero intrapartum therapy) in fetal cervical lymphangioma EXIT (ex-utero intrapartum therapy) en linfangioma cervical fetal

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We report a case of primigravida patient, 17 years old, with a fetus showing a large cervical mass at 20 weeks of gestation and was diagnosed as a cervical lymphangioma. The prenatal evaluation concludes that there exists a great risk of perinatal asphyxia due to obstruction of the upper airway and therefore it is decided to perform a cesarean section at 37 weeks of gestation, using an EXIT procedure (ex-utero intrapartum therapy). We perform intubation with a semi-rigid tube having a by-pass time utero-placental of 7 minutes, obtaining a newborn of 3300 g at birth. The newborn is operated two days after birth removing the cervical tumor with good results. We review the protocol of the EXIT procedure concerning aspects related to anesthesia, obstetrics, surgery and neonatal care. We conclude that EXIT should be considered in all cases in which obstruction of the upper airway is suspected, and can be performed in hospitals that have basic surgical facilities and a multidisciplinary t