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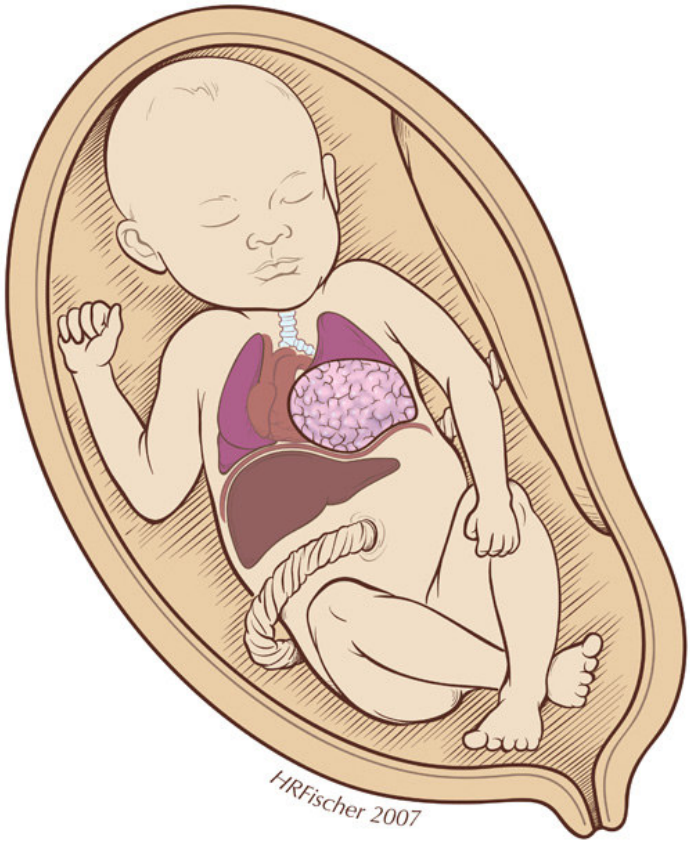
CONGENITAL ADENOMATOID MALFORMATION OF THE LUNG

fact sheet

What is a Congenital Adenomatoid Malformation of the Lung (CAML)?
A CAML is a mass in the lung made up of overgrown lung tissue. This is abnormal tissue and may contain cysts or be solid. It can affect any lobe of the lung. There is no known cause for the condition. It is not a genetic condition and is unlikely to occur in future pregnancies.



http://www.med.umich.edu/fdtc/diagnoses/fetal_diagnoses/lung_malformations/ccam.shtml

Do they occur commonly?
This is a rare condition affecting 1 in 20-25,000 pregnancies.

How is a CAML diagnosed?
Most babies with this condition will be diagnosed during an antenatal ultrasound scan. Some of the CAML's will decrease in size or disappear by the end of the pregnancy. Others may continue to grow throughout the pregnancy, which may result in your baby having breathing difficulties after he/she is born. You will have regular ultrasounds throughout the latter part of the pregnancy to follow the progress of the mass.

Are there any other associated abnormalities?
Occasionally a CAML may be associated with congenital heart defects. After birth your baby will have an ultrasound of the heart to see whether there are any structural defects in the heart.

How will this affect my baby?
If there is significant compression of the normal lung during a very important period of lung development (18-24 weeks gestation) this may result in pulmonary hypoplasia (small poorly functioning lungs). If there is severe pulmonary hypoplasia a baby may not survive after birth as their lungs are too small and abnormally developed. If the mass is very large it may result in the baby becoming hydropic (increased fluid in the baby's tissues and organs). This can compromise the baby and early delivery may be required. The majority of babies will not have any fetal problems and will be healthy when born. A number of CAML's may disappear altogether, but if the CAML persists there is a risk of chest infections and malignancy (cancer) later in life.

What is the treatment for a CAML?
If your baby has no breathing difficulties at birth a CT scan (a form of x-ray that provides detailed pictures of the anatomy) of the chest will be arranged when your baby is 8 to 12 weeks of age. Your baby will require a short anaesthetic for the CT to enable accurate views to be obtained of the lung tissue. If the CAML is still present your baby will be seen by one of the paediatric surgeons and plans made for the mass to be removed, usually around 6 months of age. This is generally done by an operation called a thoracotomy (opening the chest cavity) and the affected lobe of lung is removed. Occasionally it may be possible to achieve removal of the mass by thoracoscopy (using a telescope and tiny incisions). The majority of infants following surgery will have normal lung function after surgery.

If your baby has breathing difficulties he/she will be admitted to the neonatal intensive care unit and provided with respiratory support. As noted previously some babies with severe pulmonary hyoplasia may not survive after birth. Respiratory support may include nasal CPAP (continuous positive airway pressure) where small plastic prongs placed in the baby's nose provide oxygen and air under pressure, or ventilation where your baby has their breathing supported by a machine, via a tube placed in his/her airway (trachea). An assessment will be made by the medical and surgical staff as to when investigations and surgery are required. If your baby has some degree of pulmonary hypoplasia, their lung function later in life may be decreased. However it will generally be enough to allow your child a normal life.

If you have any further questions please ask the medical and nursing staff.

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