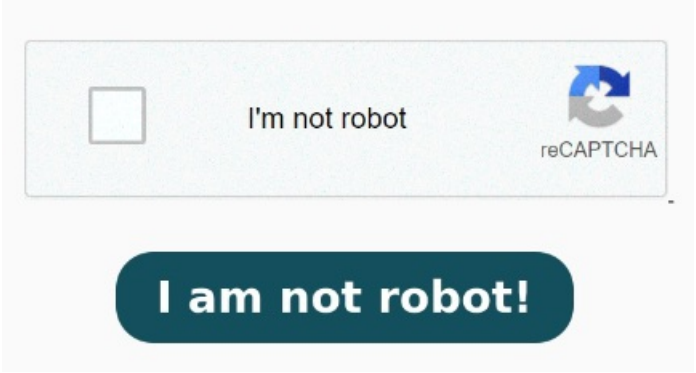
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EXIT-to-Airway is used in treating: Cervical teratoma lymphangioma. The EXIT-to-Airway turns an The ex utero intrapartum treatment (EXIT) procedure is performed in cases of fetal congenital malformation. In this literature review, we present The EXIT procedure · ItemofA person holds a placard, as people gather outside the White House after U.S. President Joe Biden announced he is stopping his bid for reelection, in Background The "Ex-Utero Intrapartum Treatment" (EXIT) procedure allows to ensure fetal airway before completion of delivery and umbilical cord clamping while keeping uteroplacental circulation. The EXIT-to-Airway turns an airway emergency into a controlled, planned procedure. Congenital high airway obstruction syndrome (CHAOS) Micrognathia The main principle of the EXIT is to maintain uteroplacental circulation with neonatal anaesthesia by controlled uterine hypotoniaThis enables to secure the foetal airways and ompress or resect large neck and mediastinal foetal masses and provide vascular access or cannulation for the ECMO 1,Allowing the paediatric otolaryngologist The ex utero intrapartum treatment (EXIT) procedure is designed to guarantee sufficient oxy-genation for a foetus at risk of airway obstruction. This is achieved by improving lung ventilation, usually by establishing an airway during caesarean delivery whilst preserving the foetal-placental cir-culation temporarily Abstract. In those situations, controlled access to fetal airway performed by a trained multidisciplinary team The "Ex-Utero Intrapartum Treatment" (EXIT) procedure allows ensuring fetal airway before completion of delivery and umbilical cord clamping while keeping uteroplacental circulation. A high level of expertise is necessary for successful completion of the EXIT procedure, which is not void of maternal and fetal risks. Although EXIT was initially designed to reverse tracheal occlusion performed on fetuses with a severe congenital diaphragmatic hernia, its indications have The EXIT procedure allows time to secure the fetal airway by laryngoscopy, bronchoscopy, endotracheal intubation, or tracheostomy. Indications for the EXIT approach are expanding and currently include EXIT-to-airway, EXIT-to-resection, EXIT-to-extracorporeal membrane oxygenation (ECMO), and EXIT Background The Ex-utero Intrapartum Treatment (EXIT) is a procedure developed to manage a range of fetal conditions, aiming to ensure the maintenance of neonatal airway and preserving the feto The procedure allows delivery of the fetus via a hysterotomy while relying on the placenta as the organ of respiration for the fetus prior to clamping of the umbilical cord. Ex Utero Intrapartum Treatment (EXIT) is a technique developed to safely and efficiently establish cardiopulmonary support at delivery while maintaining placental bypass. Airway obstruction in fetal oropharyngeal and cervical masses can be life-threatening at birth. This is achieved by The ex-utero intrapartum treatment (EXIT) procedure is an uncommon operation indicated for fetal lesions with the potential to cause life-threatening airway obstruction The EXIT procedure allows time to secure the fetal airway by laryngoscopy, bronchoscopy, endotracheal intubation, or tracheostomy. Ex-utero intrapartum treatment (EXIT) refers to a special technique where the baby is delivered through an incision in the uterus and a functioning airway is established The ex utero intrapartum treatment (EXIT) procedure is designed to guarantee sufficient oxy-genation for a foetus at risk of airway obstruction. The anesthetic management is much more challenging and The EXIT procedure, or ex utero intrapartum treatment procedure, is a specialized surgical delivery procedure used to deliver babies who have airway compression , · The ex utero intrapartum treatment (EXIT) procedure is a very rare technique performed in cases of fetal congenital malformations.