Esophageal atresia

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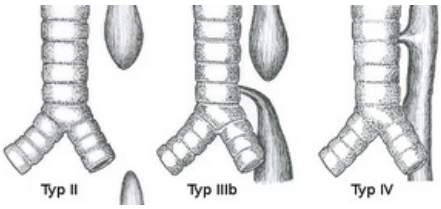

Esophageal atresia is a birth defect affecting the oesophagus which ends in a blind-ended pouch and is ofter connected through a fistula with the trachea (up to 85 % of cases), which makes the risk of aspiration very high. The incidence is 1:2000 to 1:4000, males and females are affected equally.[1]

Aetiology

- the defect of the differentiation of primary embryonic gut tube to esophagus, trachea and lung
- it can linked to VACTERL association – the acronym says: **V**ertebral anomalies, **A**nal atresia, **C**ardiovascular anomalies, **T**racheoesophageal fistula, **E**sophageal atresia, **R**enal and/or **R**adial anomalies, **L**imb defects

Classification

1. according to Vogt (I–III) [2]:
   - type I: complete absence of the esophagus or instead of esophagus there is a fibrous band,<1%
   - type II: two esophageal blind pouches, no fistula is present, 8%
   - type IIIa: The upper esophageal fisitula (the pouch connects abnormally to the trachea). The lower esophageal pouch ends blindly 1%
   - type IIIb: The lower esophageal fisitula (the pouch connects abnormally to the trachea). The upper esophageal pouch ends blindly; the most common (85-90%)
   - type IIIc: Both the upper and lower esophageal pouch make a fistula 1%
   - H-fistula: esophagus is passalbe, fustula is present in the H shape between esophagus and trachea 5%
2. according to R. E. Grosse (A–E/H)

Clinical presentation

- prenatal period: polyhydramnios (and with that associated risk of preterm labor)
- postnatal period: **excessive salivation**, coughing, cyanosis and aspiration during the first feed [1]

Diagnostics

- we cannot introduce gastric probe
- X-ray of the abdomen and thorax[1]
- contrast esophageal X-ray examination – injection of contrast fluid by probe to esophageal pouch, which is the moct common type of atresia - Vogt IIIb ending blindly on the Th 2–4 level.

Treatment

- surgical closure of tracheoesofageal fistula– as soon as possible after delivery (because of the danger of aspiration)

Links

Related articles

- Vrozené atrézie a stenózy gastrointestinálního traktu: Vrozená hypertrofická stenóza pyloru, Atrézie a stenózy tenkého střeva, Análnía rektální atrézie
- Vrozené vývojové vady dýchací soustavy

References

1. MUNTAU, Ania Carolina. *Pediatrie.* 4. vydání. Praha : Grada, 2009. s. 358. ISBN 978-80-247-2525-3.
2. ↑ ZEMAN, Miroslav et al. *Speciální chirurgie*. 2. vyd. Praha: Galén, 2004. s.504 ISBN 80-7262-260-9

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2. ZEMAN, Miroslav et al. *Speciální chirurgie*. 2. vyd. Praha: Galén, 2004. s.504 ISBN 80-7262-260-9