International Journal of Growth and Development, 2017, 1: (Suppl.) 37
doi: 10.25081/ijgd.2017.v1i1.38
http://igdjournal.com/

CONFERENCE ABSTRACT

Case report on Tracheoesophageal Fistula with review of current literature

Maria Khan*

Abbasi Shaheed Hospital, Pakistan

1st International Growth and Development Conference (IGDC 2017)

March 16-18, 2017

Dubai, United Arab Emirates

*Corresponding Author,
Email: maria.khan.4694@gmail.com

Abstract

Major structural anomalies occur in 2-3% of live births all around the World. The reported global incidence of tracheoesophageal fistula (TEF) is roughly 1 in 2,500 live births varying by region. In Pakistan, incidence is reported only by those tertiary care centers that have pediatric surgery facilities available, making it an underreported and often mismanaged condition. We report a case of esophageal atresia (EA), rectovaginal fistula and tracheoesophageal fistula associated with Meconium Aspiration Syndrome (MAS) in an infant. The baby was 2 days old when she arrived at our center, born at 34 weeks, and weighed 2.3 kilograms. There was no significant antenatal history except that the mother was on antihypertensive drugs. The baby had an Apgar score of 3 and 4 at 1 and 5 minutes respectively, severe respiratory distress and cyanosis. Her chest examination revealed subcostal and intercostal recessions, bilateral crepitation and tachycardia at 180/minute. She was immediately put on ventilator and required frequent suctioning due to excessive secretion, developed abdominal distension, and had multiple episodes of desaturation and cyanosis. Complete blood picture showed leukocytosis and arterial blood gases signifying metabolic acidosis. Upon trying to pass to a catheter, baby passed stool through vagina. Contrast esophagogram showed evidence of distended stomach and proximal small bowel loops. No evidence of air was seen in the rectum. On passing the nasogastric tube into the esophagus, it curled on itself at D4 level with evidence of blind-ending proximal esophageal pouch that dilated with contrast medium. On 10th day of life baby's condition deteriorated despite all efforts. Eventually she stopped breathing, her pupils dilated and all efforts to resuscitate her failed. This report highlights the importance of thorough clinical examination and availability of support facilities in a pediatric unit. TEF/EA should be suspected in any newborn who presents with respiratory distress, drooling, history of polyhydramnios with an inability to pass nasogastric tube. The parents should also be counselled as TEF/EA carries a 1% risk of recurrence.

How to Cite This Abstract: Khan, M. Case report on Tracheoesophageal Fistula with review of current literature. [IGD abstract 037]. *Int J Growth Dev.* 2017;1(suppl):S37, doi: 10.25081/ijgd.2017.v1i1.38