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Fibre optic endoscopy for diagnosing leakage cause after oesophageal atresia with trachea-oesophageal fistula repair

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Aim of study: EA-TEF with estimated life birth of 1 in 3500 to 1 in 4500 remains an epitome of neonatal surgery. The survival depends upon many factors, those patients related include birth weight, associated anomalies and general condition while surgical factors include oesophageal gap, pulmonary condition and septicaemia. We managed a case of leakage due to chest tube migration inside the oesophageal anastomosis by endoscopy.

Methods: A full term male neonate weighing 2300 grams, hospital delivered presenting on 5th day of life with EA-TEF associated with mild chest crepitation. Patient was admitted, resuscitated and received total parenteral nutrition and antibiotics. Chest physiotherapy and nebulization were done. Echocardiography showed PFO with left sided aortic arch. Operation was done on 7th day of life through an open approach with right transpleural thoracotomy on the fourth space and azygous was divided. Fistula was closed with 4/0 proline sutures in piecemeal manner. Primary anastomosis was done with 5/0 vicryl sutures after dissecting upper pouch. Intercostal tube was inserted. Contrast was done 10 days later revealing leakage of 90% of water-soluble dye in intercostal tube which was seen migrating to anastomotic site. Upper endoscopy was done with 5.9 mm flexible endoscope and anastomosis was approached very gently with minimal air insufflation and suction. The tip of chest tube was seen traversing the anastomosis and inside oesophageal lumen. The tube was withdrawn 2cm outside with obvious adjacent track to oesophagus. Nasogastric tube was inserted along guide wire.

Results: Dramatic response occurred after 3 days and contrast was repeated under fluoroscopy showing about 20% leakage. No leak was detected on third contrast after 6 days. Oral feeding was started.

Conclusion: Upper endoscopy can be a very useful tool with leaking EA-TEF leaking repair. We suggest future injection of fibrin glue with endoscopic assistance rather than its injection through chest tube.

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