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Oesophageal atresia with tracheoesophageal fistula: An unusual radiological presentation

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A term male infant was admitted to the local neonatal unit at eighteen hours with respiratory distress and copious white secretions. He was intubated and ventilated; on chest x-ray (CXR) the nasogastric tube (NGT) was seen in the stomach and he was extubated shortly afterwards. Six hours after extubation, he developed respiratory distress and was reintubated. The NGT was re-inserted but appeared coiled on repeat CXR, suggesting oesophageal atresia (OA) with tracheo-oesophageal fistula (TOF). He was transferred to our neonatal unit and had an uncomplicated surgical repair. Revisiting his initial CXR, the NGT can be seen parallel to the endotracheal tube, passing through the TOF into the oesophagus where a kink is seen and onwards into the stomach. Post extubation, the oesophageal pouch appears as a lucency extending from the neck into the upper mediastinum. In OA with distal TOF, an NGT coiled in the oesophageal pouch on CXR is usually diagnostic. Rarely, however, the NGT may enter the stomach via the trachea and fistula, as seen in this case. The key message is that neither an NGT in the stomach nor a positive pH test excludes OA with distal TOF. In H-type fistulae, the NGT would also appear in the stomach. Careful review of the CXR is advised to avoid delaying diagnosis; an NGT travelling alongside the endotracheal tube, or a kink in its course, may act as indicator.

Biography

Neaha Patel has completed her Graduation from the University of Birmingham in 2013 and is currently an ST4 Pediatric Registrar working in the Neonatal Intensive Care Unit at the Homerton University Hospital. She has a keen interest in neonatology and is pursuing her Postgraduate Diploma in Pediatric Infectious Diseases at Oxford University, with a view to develop an interest in neonatal infection. She has published one work in a reputed journal.

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