

23rd Edition of International Conference on **Neonatology and Perinatology**
&
4th International Conference on **Pediatrics and Pediatric Surgery**
April 23-24, 2019 London, UK

Experience of tracheoesophageal fistula in neonates in a tertiary care centre-retrospective study

Siddu Charki, Surendra Aggarwal and L H Bidari
Bidari's Ashwini Hospital, India

Introduction: Tracheoesophageal fistula is one of the most common neonatal emergencies. The most common presentation being polyhydramnios detected antenatally, excessive salivation and vomiting, respiratory distress after birth, recurrent pneumonia later in life. The incidence is 1 in 3000 to 1 in 4500 live births.

Clinical profile: Out of 1206 admissions in 2017-2108 to NICU, fifty required surgery. Out of which eleven babies were diagnosed with tracheo-esophageal fistula and were subjected to surgery. Antenatal scans revealed polyhydramnios in four babies. Nine babies were born at term with average weight of 2-2.5 kg and two babies were born preterm at thirty weeks (1.3kg) and thirty two weeks (1.8kg). Eight babies presented on day 1-2 of life and three babies on day 2-3. Most common clinical presentation was excessive frothing from the mouth noticed since birth and respiratory distress. Nine babies (82%) presented with chest infection of varying severity. Only two babies (18%) had clear chest. Babies were stabilized in NICU and connected to Replogle tube with continuous negative suction. All babies were subjected to surgery within twenty four hours of admission. Type C was the most common. Babies were subjected to contrast study to rule out anastomotic leak. Feeding initiated after seventy hours of life and was gradually started on trophic feeds and reached full feeds.

Outcome: Out of eleven babies, nine babies recovered and were discharged. One baby was discharged against medical advice and one baby died due to sepsis. Growth is satisfactory and development has been normal at one year of age in all discharged babies at follow up.

Discussion: Success in survival of neonate with tracheo-esophageal fistula is attributed to improved neonatal intensive care with surgical advances and postoperative care. Early recognition, prompt and efficient management of the cases was possible due to multidisciplinary approach by neonatologist, intensivists and the surgeon.

drsidducharki@gmail.com