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The Image Of Gross Type C Esophageal Atresia Concomitant With Duodenal Atresia

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1. Abstract

Esophageal atresia with or without tracheoesophageal fistula is an extremely rare congenital anomaly. It is frequently associated with other malformations. However, gastrointestinal anomalies are encountered with esophageal atresia, concomitant with duodenal atresia is rare. The image shows a blind pouch with the radio-opaque agent showing esophageal atresia, and a double bubble sign showing duodenal atresia was seen on one x-ray. We want to present this article as it shows two rare diseases together on one x-ray.

2. Introduction

Esophageal atresia with or without tracheoesophageal fistula is an extremely rare congenital anomaly. It is frequently associated with other malformations. However, gastrointestinal anomalies are encountered with esophageal atresia, concomitant with duodenal atresia is rare. We want to present this article as it shows two rare diseases together on x-ray.

3. Case Report

A male baby with 2000 g was born on time. During the physical examination, drooling was seen in the baby's mouth, and the feeding tube could not be pushed to the stomach. An x-ray was taken with a radiopaque agent through this tube. A blind pouch showing esophageal atresia with a radiopaque agent and a double bubble sign showing duodenal atresia was seen (Figure 1). Any abnormal physical findings or cardiac and urinary abnormalities on the ultrasonogram were detected. The baby was operated on the 2nd day. At first, Duodenal atresia was operated with the Heineke-Mikulicz type.

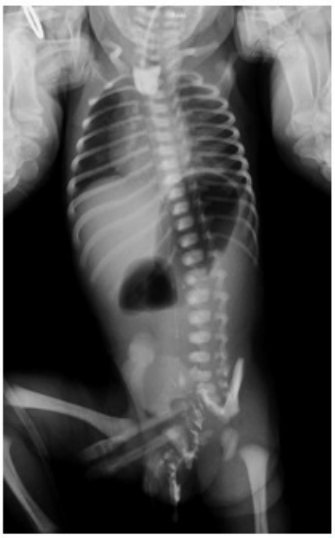

Figure 1

Gastrostomy was performed, and then thoracotomy was performed in the same session. He has Gross Type C Esophageal atresia. The tracheoesophageal fistula was closed, and then esophageal atresia was anastomosed primarily. The baby was fed orally on the 5th day, and a gastrostomy tube was taken on the 14th day; He was discharged on the 25th day in good health. No problem was encountered during the 6-month follow-up.

4. Discussion

Esophageal atresia is a very rare congenital anomaly. The incidence of esophageal atresia with or without tracheoesophageal atresia is 1:3500 live-born infants1. Some gastrointestinal anomalies associat-

ed with esophageal atresia+tracheoesophageal fistula are anorectal malformations (14%), duodenal atresia (2%), intestinal malrotation (4%), ileal atresia, annular pancreas, and pyloric stenosis [1].

Esophageal atresia can be detected prenatally or postnatally. Kodohira et al. described a case of concomitant DA and EA detected prenatally using sonography and MR imaging [2]. Mitani et al. also detected prenatally esophageal atresia without tracheoesophageal fistula concomitant with duodenal atresia [3].

We could not find any x-ray taken postnatally in the literatüre that shows concomitantly esophageal atresia and duodenal atresia. This paper presents esophageal atresia and duodenal atresia in one x-ray.

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