Category :**Cardiovascular: Other**

A119 - ***Tracheo-oesophageal fisula with Pulmonary atresia and Single ventricle with Tetrology of fallot in a 4 year old neonate- An interesting and rare Case Report***

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Introduction:

Esophageal atresia (EA) with or without trachea-esophageal fistula is a common neonatal emergency which may be associated with major life incompatible cardiac abnormalities[1].

Methods:

We came across 4 days old male baby, with diagnosis of EA and distal TEF, posted for right thoracotomy with primary repair under GA.

Results:

On preoperative evaluation baby had respiratory distress, frothing from mouth & was hemodynamically unstable on dopamine with oxygen saturation (SpO_2) of 85% on room air. Intraoperatively surgery was uneventful but not able to maintain SpO_2 even after ligation of fistula. On reversal of neuromuscular blockade, he had active movements, was maintaining SpO_2 of 88% with 100% O_2 so extubated & shifted to NICU on nasal prongs. But after 3 hrs of surgery, his SpO_2 started falling & developed persistent cyanosis, so trachea was intubated with chest tube insertion on right side done suspecting pneumo/hemothorax or pleural effusion which were subsequently ruled out, emergency 2 D echocardiography showed large VSD, pulmonary atresia, PDA, single ventricle with Tetrology of Fallot. He was started on PGE1, Alprostadil & dobutamine because of worsening hemodynamic instability shifted to NICU but was not able to maintain Spo2>75% with mechanical ventilation. His general physical condition deteriorated over next 2 days and died due to respiratory failure and cardiac arrest.

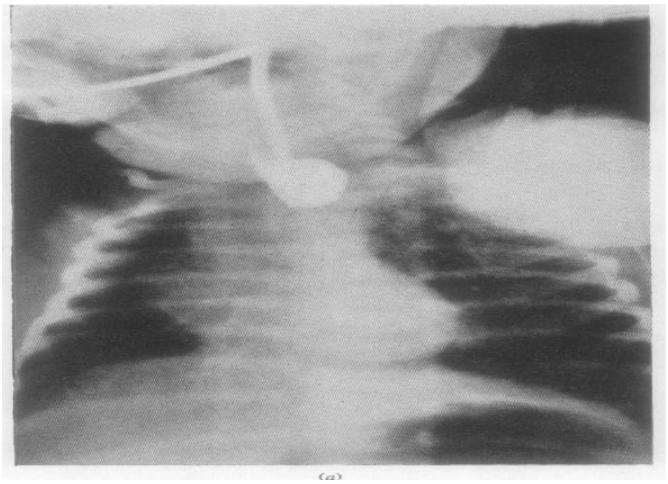
Conclusion:

EA- TEF is a major congenital anomaly & when it is associated with life incompatible anomalies, it becomes a night mare & a real challenge to both pediatric surgeon & anaesthesiologists[1,2]. Success in survival of neonate with EA-TEF is attributed to improved neonatal care, anaesthesia and better neonatal intensive care facilities.

References:

1. John JH. Atresia and tracheoesophageal fistula. In: Richard EB, Robert MK, Hal BJ, eds. Nelson textbook of pediatric. 16th ed. Philadelphia: W.B. Saunders, 2000; 1122-3
2. White MC. Approach to managing children with heart disease for noncardiac surgery. Paediatr Anaesth 2011;21:522-9.

Image :



Group C abnormility: note the opacity on right upper lobe and distended stomach