Type A 식도폐쇄환자의 치료경험

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- Type A TEF
  = Long gap esophageal atresia
  = Esophageal atresia without TEF
  (atretic gap: > 3-5cm)

- 7-11% of all type TEF

- Very difficult to treat
  (in proportion of gap size)
Diagnosis

- Choking with feeding
- Coiled orogastric tube + Gasless abdomen
- Chest CT with 3D reconstruction
During 15 years (1990-2005)

We have performed 40 cases of TEF

Of these patients,

- type A TEF (Esophageal atresia):
  - 6 cases (15%)
<table>
<thead>
<tr>
<th></th>
<th>Gestational age (wk)</th>
<th>Birth weight</th>
<th>Gap Length</th>
<th>1st operation</th>
<th>2\textsuperscript{nd} operation (DOB)</th>
<th>3\textsuperscript{rd} operation (DOB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40</td>
<td>2.4</td>
<td>5cm</td>
<td>G</td>
<td>THGP(430)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>40</td>
<td>2.5</td>
<td>5cm</td>
<td>G</td>
<td>C</td>
<td>THGP(600)</td>
</tr>
<tr>
<td>3</td>
<td>36+3</td>
<td>2.2</td>
<td>6VB</td>
<td>G</td>
<td>C</td>
<td>THGP(300)</td>
</tr>
<tr>
<td>4</td>
<td>41+3</td>
<td>2.2</td>
<td>5cm</td>
<td>G+C</td>
<td>ECG(230)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>38</td>
<td>3.1</td>
<td>5.1cm</td>
<td>G</td>
<td>TEEE(28)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>38</td>
<td>2.7</td>
<td>5.3cm</td>
<td>G</td>
<td>TEEE(44)</td>
<td></td>
</tr>
</tbody>
</table>

G : Gastrostomy    C : Cervical esophagostomy
THGP : Transhiatal gastric pull-up(cervical esophagogastrostomy)
ECG : Esophagocologastrostomy
TEEE : Trans-thoracic Esophagoesophagostomy after elongation
Most serious postop problems of individual patients

Total patients (N=6)

G alone (n=5)

THGP (n=1)

G + C (n=1)

THGP (n=2)

C

TEEE (n=2)

ECG (n=1)

Pneumonia (n=1)

Cervical leak (n=2)

Uneventful (n=2)

GE reflux (n=1)

Conservative managements were effective
Substernal Colon transposition
(Esophagocolocolgastrostomy)
Transthoracic Esophagoesophagostomy

- Native esophagus preferable
- Circular myotomy?
  (effective lowering tension, dysmotility, stricture, leakage, recurrent TEF, diverticulum)

- cf) Elongation before definite operation using choledochoscope, Baker’s dilator
7th DOB: Gastrostomy

24th DOB: 1st Bougination

30th DOB: 2nd Bougination

37th DOB: 3rd Bougination

44th DOB: Right transthoracic esophagoesophagostomy
Conclusion

- Type A esophageal atresia is 15% of TEF patients.
- 6 cases of esophageal atresia were treated with THGP, 2 with TEE, 1 with ECG.
- Bougination was performed several times after esophagoesophageal gestomy was possible. The most effective method is stated as follows.