17th World Congress in Fetal Medicine

A case of esophageal atresia

Vasiliu C, Albu SE, Carsote M, Lungu AE
University of Medicine and Pharmacy "Carol Davila" Bucharest, Emergency Universitar Hospital Bucharest, Bucharest, Romania

Objective

To present a particular case of multiple anomalies with normal karyotype, some diagnosed prenatally others postnatally with a good long term prognosis.

Methods

This is a case report.

Results

This is a cse of a 30 years old patient who had a s first trimester screening at 12 weeks that came back low risk. The US evaluation revealed a single umbilical artery. The second trimester scan detected persistence of the left superior vena cava and a hypoechogenic tumor near to the fifth finger of the right hand. The fetal karyotype was normal - 46XX. At 24 weeks of gestation a fetal growth restriction was detected. At 35 weeks gestational age a C-section was performed for fetal distress with an absent end diastolic flow in the umbilical artery Doppler with a delivery of a 1500g baby with an APGAR score of 9. Postnatal 3D - CT confirmed those prenatal findings. In the neonatal period there was a clinical suspicion of esophageal atresia that was confirmed by chest radiography. The baby was referred to the pediatric surgery unit. The gap between the proximal and distal pouches was short so the preservation of the esophagus was possible. The extrafinger was surgically excised.

Conclusion

This case is particular because of the association of anomalies and because the esophageal atresia was diagnosed only after birth (the eso-tracheal fistula was distal, the gastric pouch was present and the amniotic fluid was within the normal range throughout the pregnancy). Despite multiple abnormalities the karyotype was normal and the long term prognosis was good.