



European Society for Paediatric Gastroenterology, Hepatology and Nutrition

## **IMAGE OF THE MONTH**

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## FROM YOUNG ESPGHAN

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A boy was known for Esophagial atresia-type IIIb in a context of VACTERL syndrome. Since the corrective surgery at 3 days of life, he was completely without symptoms under acid suppression therapy. At 9 months of age, he was addressed for stridor and breathing difficulties in emergency room (ER). He had some fever and signs of upper respiratory infection since 3 days. The parents also reported that he progressively refused to eat food and drink milk. The endoscopy showed a piece of paper in a narrow stricture of the anastomosis. The foreign body was removed and dilatation performed. 3 weeks later, he came back with the same symptoms, and the endoscopy showed a piece of food trapped in the stenosis. The same management was done.

Stricture is a well-known complication after surgery of Esophagial atresia. The pediatric gastroenterologist should recognize symptoms of foreign body and perform easily the endoscopy.

**Learn more about management of stricture in Esophagial atresia:** ESPGHAN-NASPGHAN Guidelines for the Evaluation and Treatment of Gastrointestinal and Nutritional Complications in Children with ESOPHAGEAL Atresia-Tracheoesophageal Fistula. J Pediatr Gastroenterol Nutr.2017;63(5):550-557





