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Esophageal stricturoplasty for recurrent esopahgeal stricture in patients of tracheo-esophageal fistula repair - New surgical treatment

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Introduction: Tracheo-esophageal fistula is one of the challenging neonatal surgical problems. With the improvement of neonatal care system more and more patients of Tracheo-esophageal fistula are surviving. Commonest type of Tracheo-esophageal fistula is one with blind upper end of the esophagus and lower end is connected to the trachea. This common type of TEF is usually treated with fistula ligation and esophago-esophageal anastamosis. Post operatively some of these patients develop stricture at anastamotic site. We are presenting a new surgical technique to deal with this complicated problem.

Material & methods: Operated patients of trachea esophageal fistula develop stricture at anastamotic site in about 60% of the patients. Stricture can develop due to post operative leak, anastamosis under tension and rarely use of silk sutures for anastamosis, associated gastro esophageal reflux due to esophageal dysmobility. These patients with stricture usually present with difficulty in swallowing impacted esophageal foreign body or food particles, repeated chest infections and failure to thrive. Diagnosis of stricture is usually made on contrast esophagus study. Once the diagnosis is confirmed, dilatation of stricture is tried but symptoms tend to recur. Stricturo-plasty at anastamotic site (Longitudinal cut to divide stricture completely and repair at horizontally with the help of vicryl 4-0 sutures in single layer) was done in patients who were in need of repeated dilatations or in whom satisfactory dilatation could not be done.

Observation and results: We present our experience of about 20 cases in last three years. All the patients are in regular follow up post operatively and are asymptomatic. None of them have required dilatation in last three years. Stricturo-plasty is a technically easier surgery to do as the child has grown up in age and thanthorasic approach is easier. The age ranges of the patients were between 1 to 4 months. All of them had repeated attempts of dilatation in the post operative period for the symptomatic anastomotic stricture.

Conclusion: Esophageal stricturoplasty is a really good alternative for symptomatic recurrent esophageal anastomotic site strictures in operated patients of trachea esophageal fistula. It gives single step solution to problematic issue of anastomotic strictures.

Biography

Milind Joshi, is presently working as associate professor of pediatric surgery at SAIMS, Indore (India), and has done Mch in pediatric surgery from prestigious Seth GSMC and KEM hospital, Mumbai with first rank in MUHS nashik. Milind Joshi has completed DNB in pediatric surgery with gold medal. He has completed his MBBS from MGIMS sevagram (M.S.) with gold medal and Master of surgery from MGMMC, Indore. He has published about 30 articles till now and written book chapters. Milind Joshi has been awarded honorary visiting professorship by Lanzhou University China at Lanzhou university 2nd medical college hospital for academic contribution in 2010. His key interest: pediatric and adult laparoscopic surgery, endourology and stone management.

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