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Tracheoesophageal Atresia and Fistula: A Case of Mistaken Identity?

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Tracheoesophageal atresia with or without fistula presents shortly after birth with difficulty in swallowing saliva, history of polyhydramnios and failure to pass a nasogastric tube which coils in the proximal blind ending esophagus. Early thoracotomy and primary anastomosis within a few hours of birth have produced a significant survival result; mortality is associated with coexisting serious cardiac disease, late diagnosis and presentation. The majority of patients have a fistula which could result in significant pulmonary contamination with saliva (or food) if the abnormal connection is not urgently ligated.

We report a case of a neonate referred at three days of age where the nasogastric tube (NGT) had not coiled proximally as expected; the tube initially extended vertically to the level of the diaphragm, giving the impression of an intact esophagus. The neonate subsequently underwent primary repair of the atresia with fistula ligation. At five-months post-discharge follow-up, the patient was thriving and well.

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