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TEF with duodenal atresia, Double Trouble: a case report

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Abstract:

Tracheo- esophageal fistula (TEF) and cardiac anomalies as a part of VACTERL are commonly associated with anorectal malformations. Association of duodenal atresia in combination with TEF and VSD is a rarely encountered entity. A 35+4 week neonate post conceptional age presented at day 2 of life with drooling of saliva, regurgitation of feeds and progressive abdominal distension. The patient was diagnosed as type C TEF with duodenal atresia and a 6mm VSD reported in echo. The patient was posted for a single staged repair at day 4 of life. The surgery which went on for 6 hours was uneventful. After being electively ventilated for one day, the patient was extubated on POD2 and started with feeds on POD4.

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