

Esophageal Atresia

서울의대 소아외과

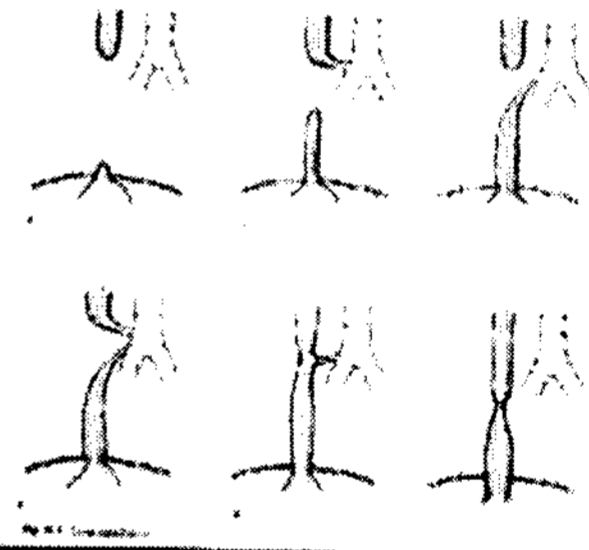
박귀원

ESOPHAGEAL ATRESIA

● Embryology- ventral diverticulum at 22 or 23 days after fertilization. Complete division into separated tube between 34 & 36 days after fertilization. Failure of the apposition of lateral longitudinal epithelial ridges which divides tracheal primordium from the esophagus

● Associated anomaly -VACTERL association

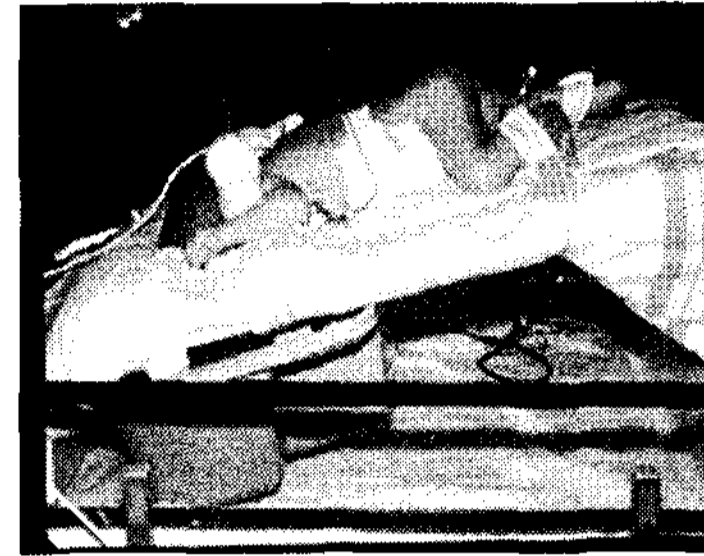
● Incidence : 1 in 3000- 4500 live births



Incidence of Associated Anomalies (%)

Cardiovascular	35
Gastrointestinal	15
Neurologic	5
Genitourinary	2
VACTERL syndrome	25
OVERALL INCIDENCE	50-70





Waterston Risk Groups and Current Survival Figures

Group	Survival (%)	Waterston Classification
A	100	Birth weight >2500g and otherwise well
B	85	Birth weight 2000-2500g and well, or higher weight with moderate associated anomalies(noncardiac anomalies plus PDA,VSD, and ASD)
C	65	Birth weight <2000g or higher with severe associated cardiac anomalies
Total	85	

Predictors of Survival (Spitz classification)

GROUP		SURVIVAL RATE (%)
I	Birthweight > 1500g without major CHD	97
II	Birthweight < 1500g or major CHD	59
III	Birthweight < 1500g and major CHD	22

