

1° Incontro Nazionale
26-27 Settembre 2015

Come si corregge l'Atresia Esofagea "standard"?

Dott. Francesco Macchini

Dott. Giorgio Farris

Dott. Valerio Gentilino

U.O.C. Chirurgia Pediatrica

Direttore: Dott. Ernesto Leva

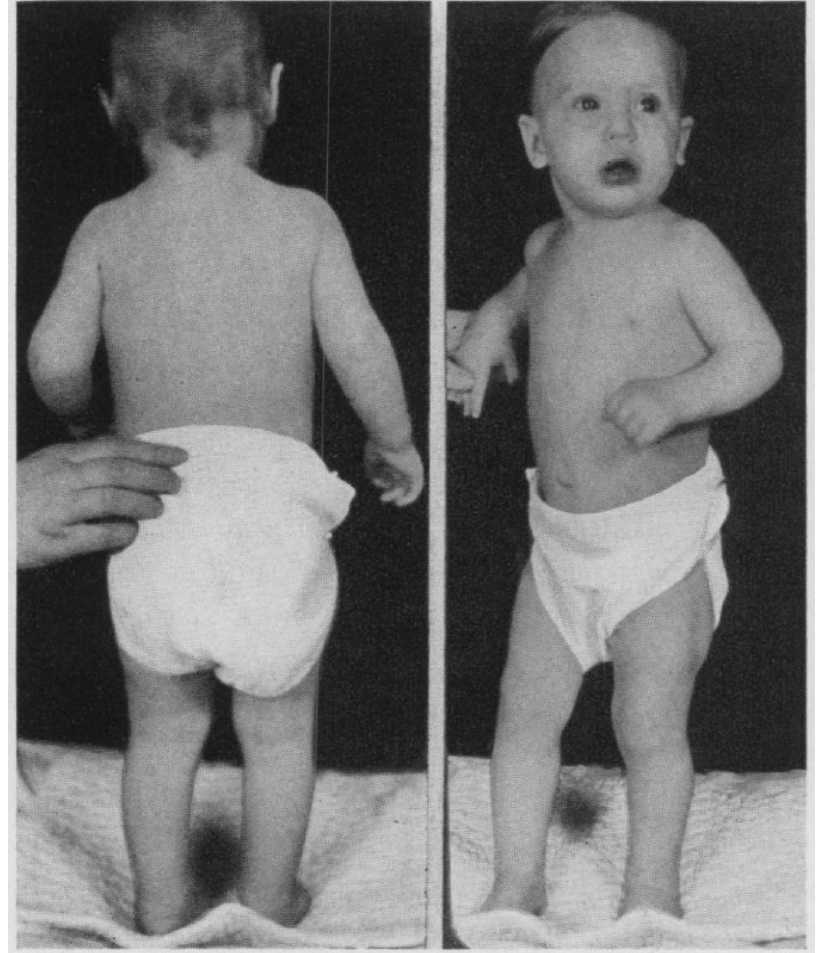


FONDAZIONE IRCCS CA' GRANDA
OSPEDALE MAGGIORE POLICLINICO

Sistema Sanitario



Regione
Lombardia



**CONGENITAL ATRESIA OF THE ESOPHAGUS WITH
TRACHEOESOPHAGEAL FISTULA***

RECONSTRUCTION OF ESOPHAGEAL CONTINUITY BY PRIMARY ANASTOMOSIS

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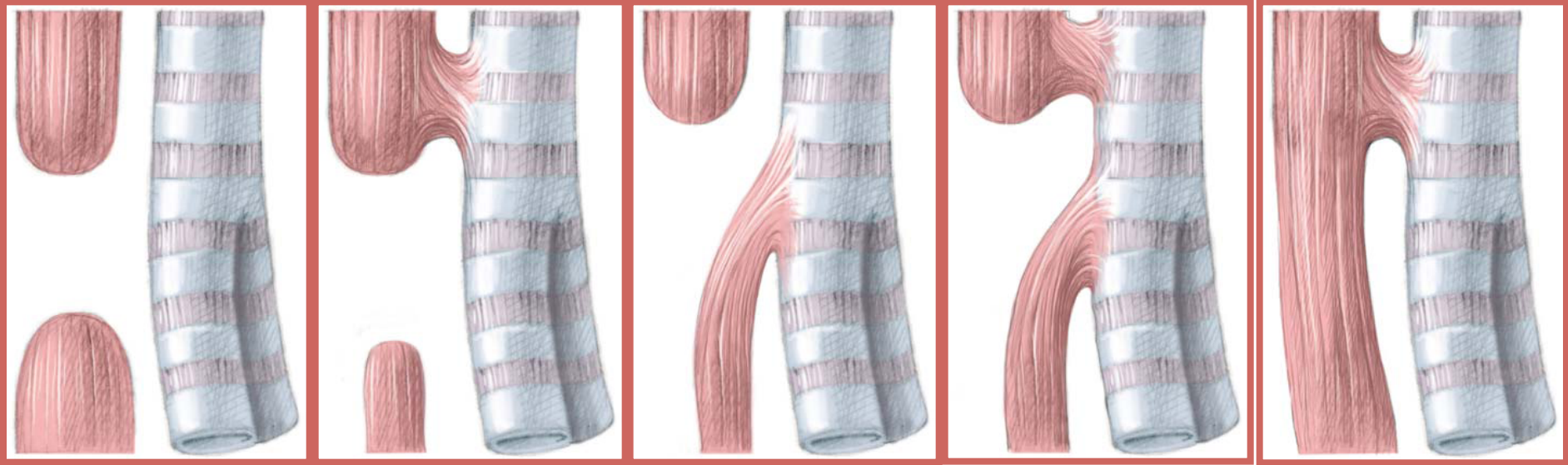
*** Read before the American Surgical Association, May 4, 1944, Chicago, Ill.**

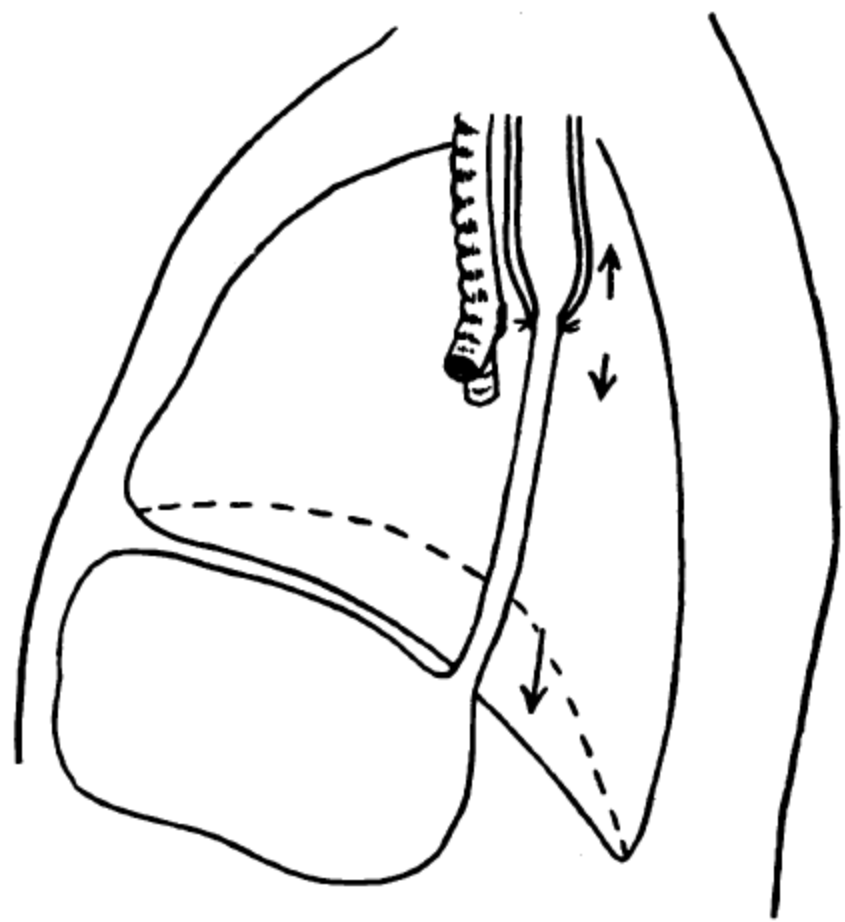
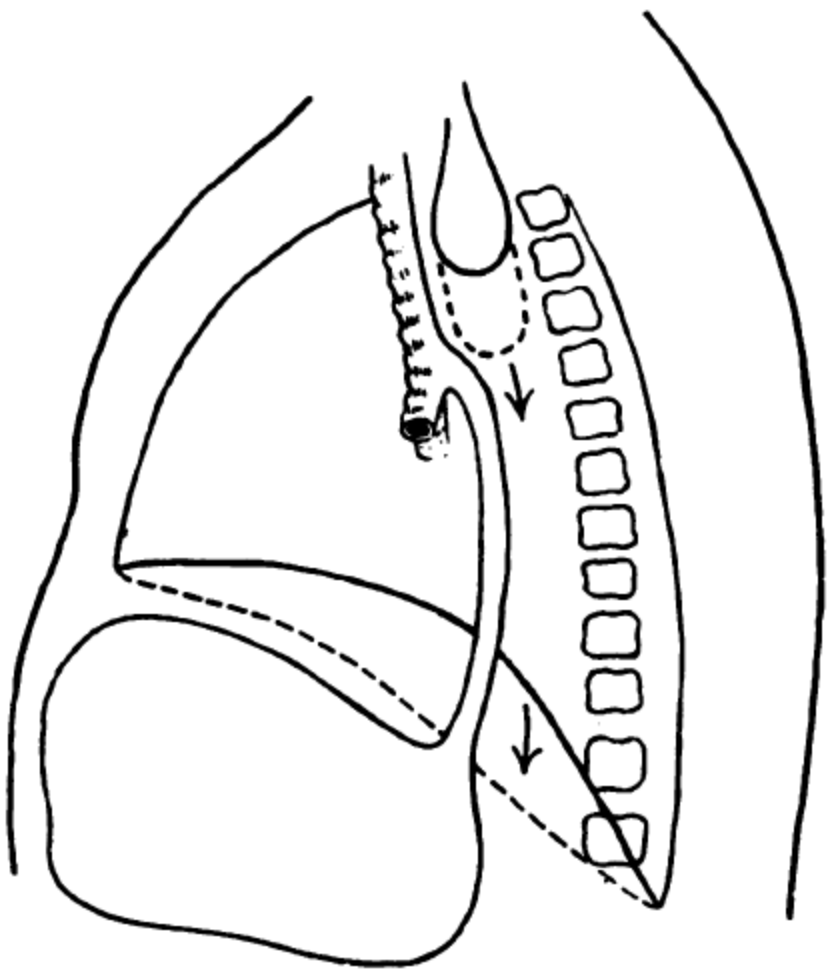


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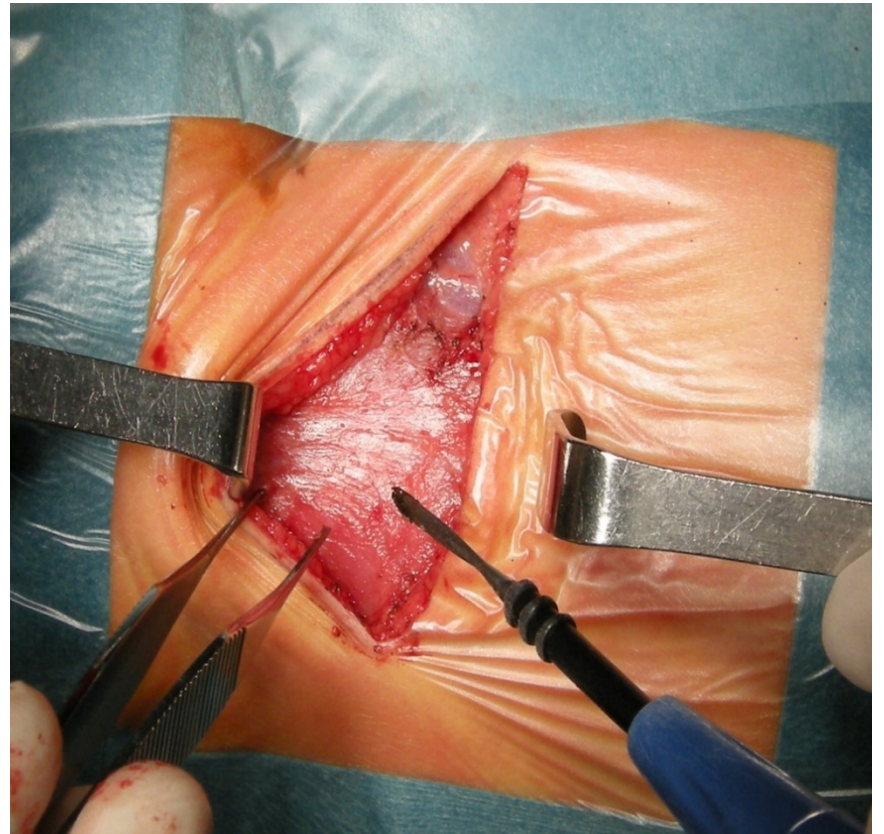
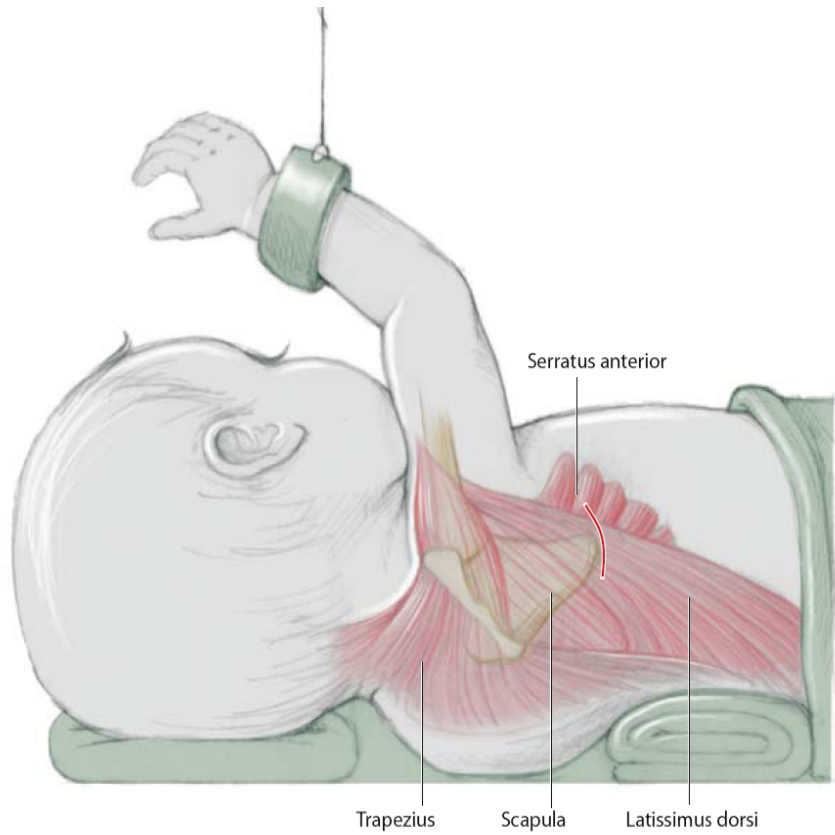


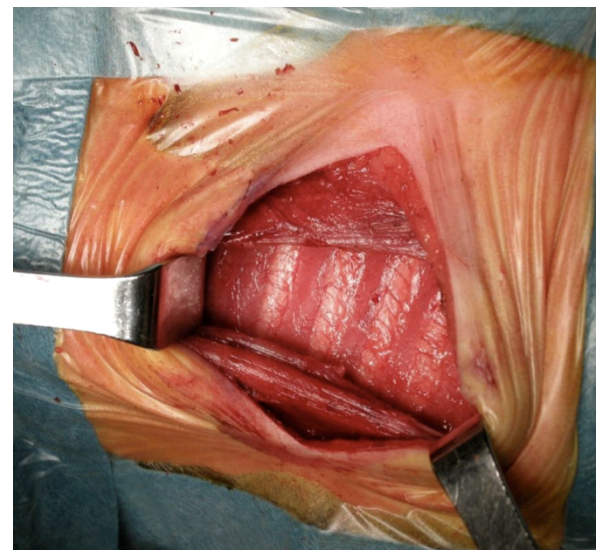
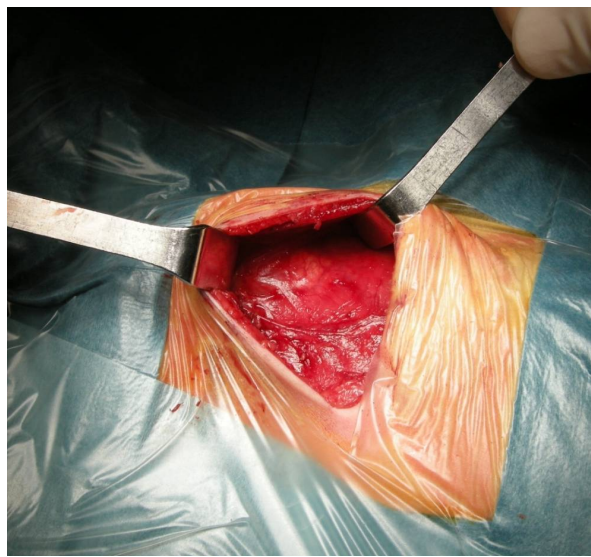
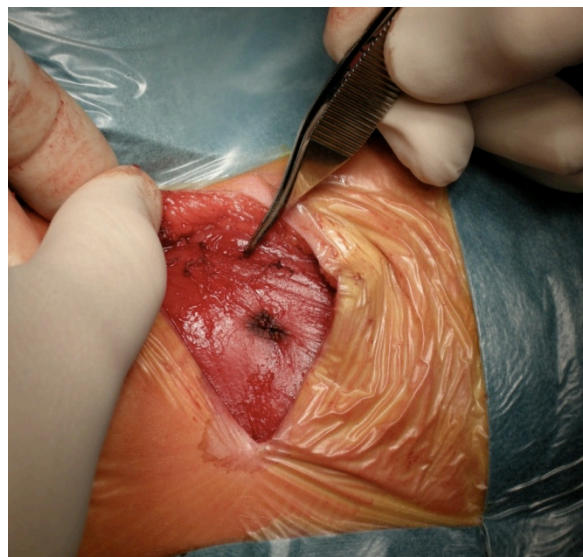
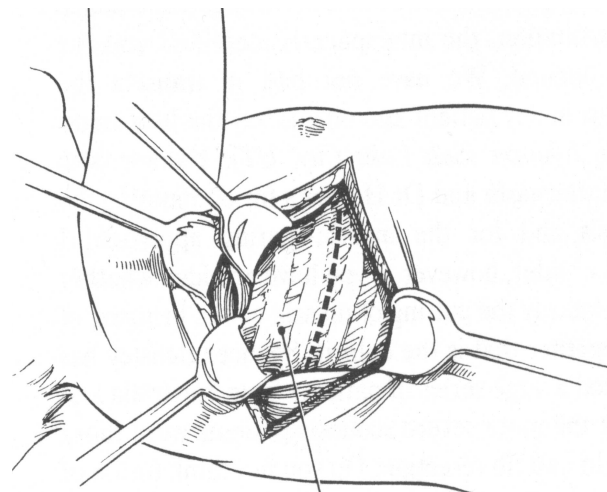
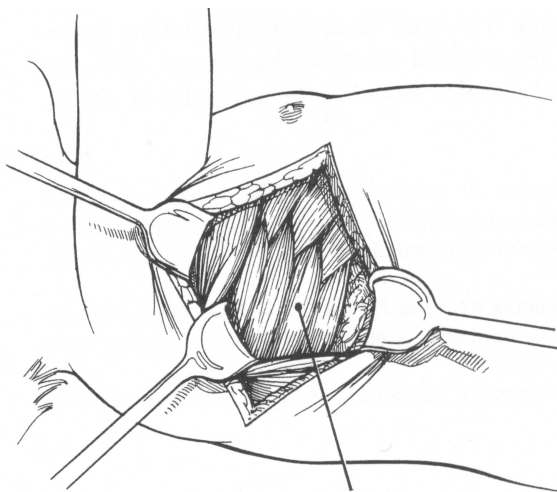
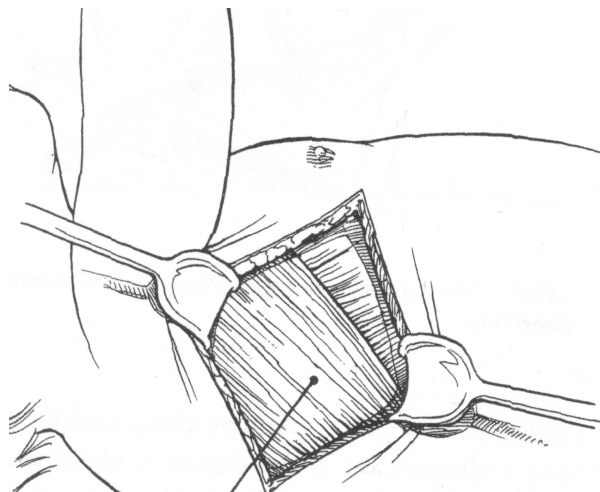
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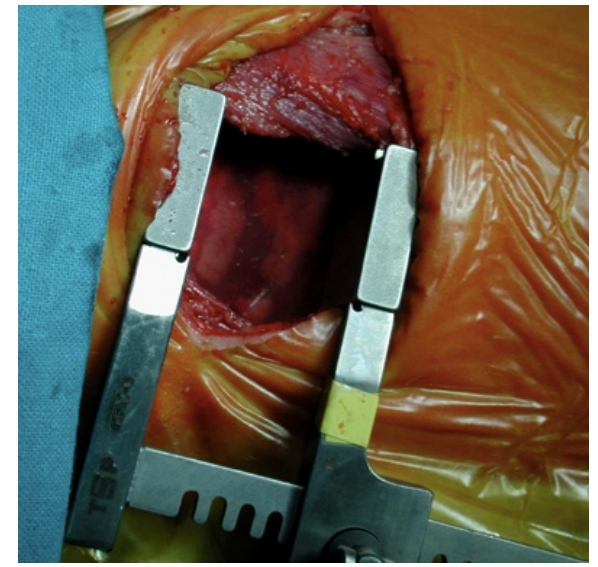
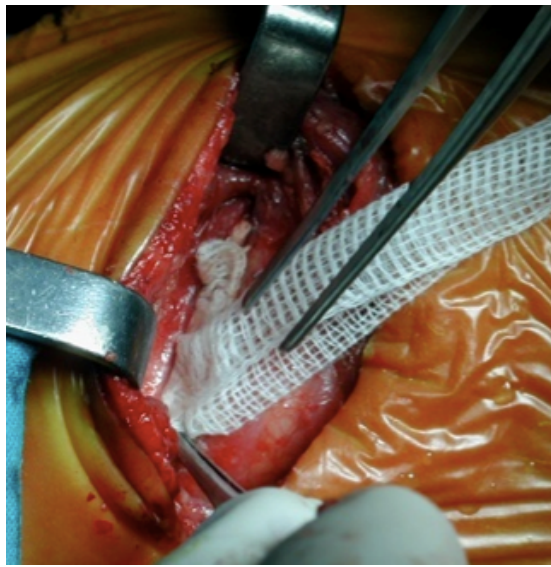
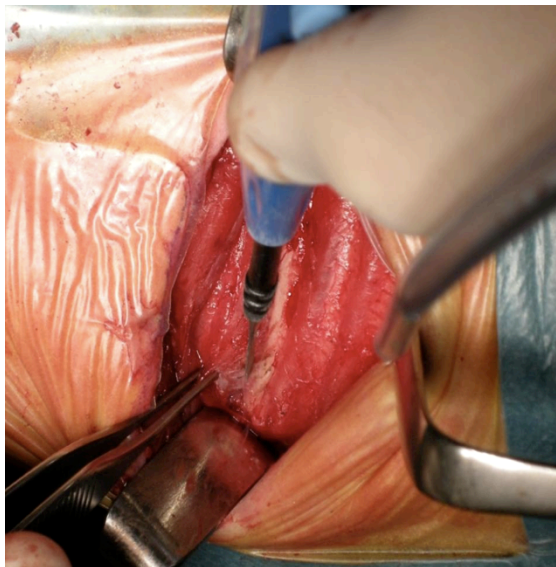
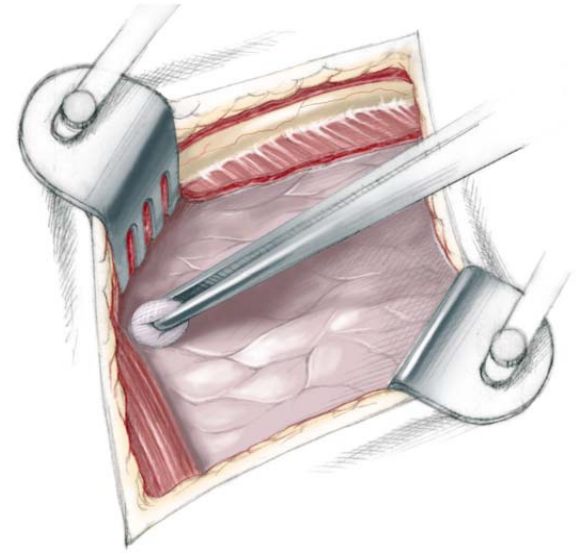
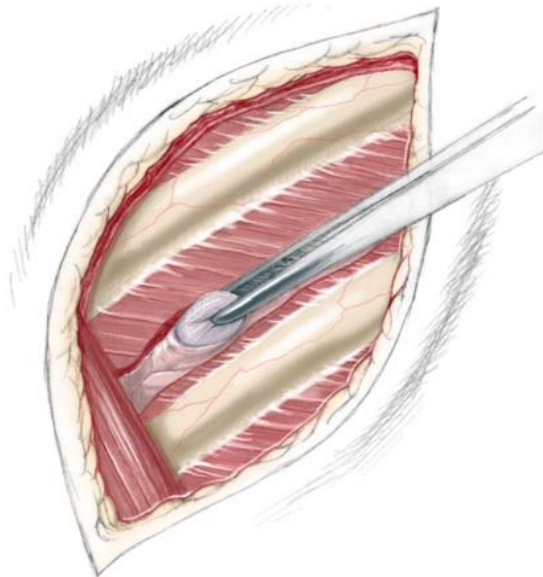
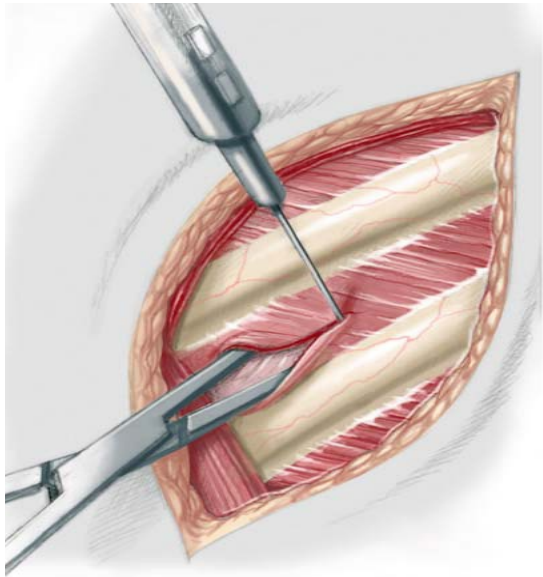


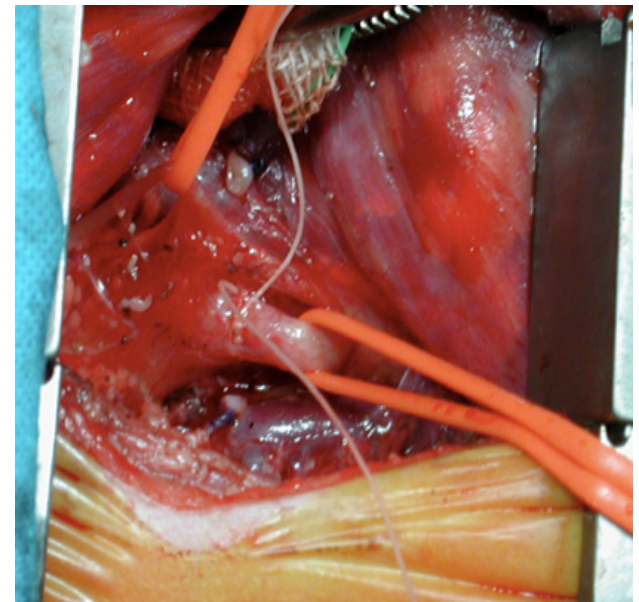
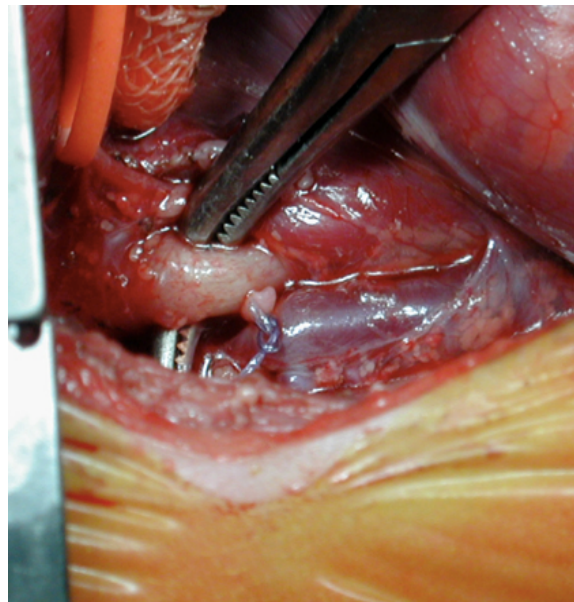
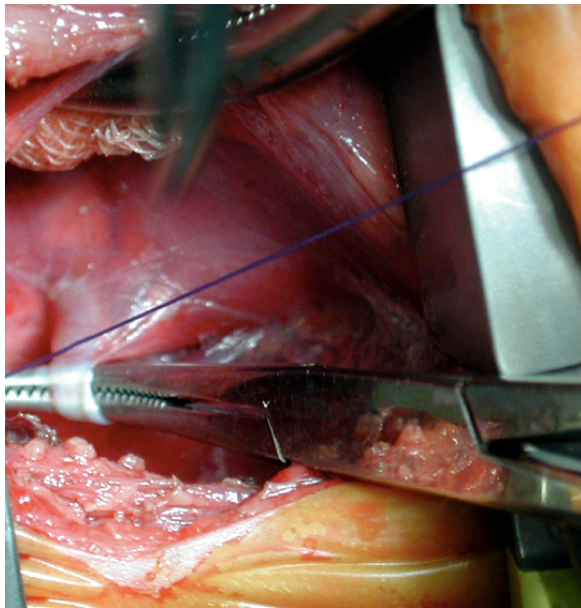
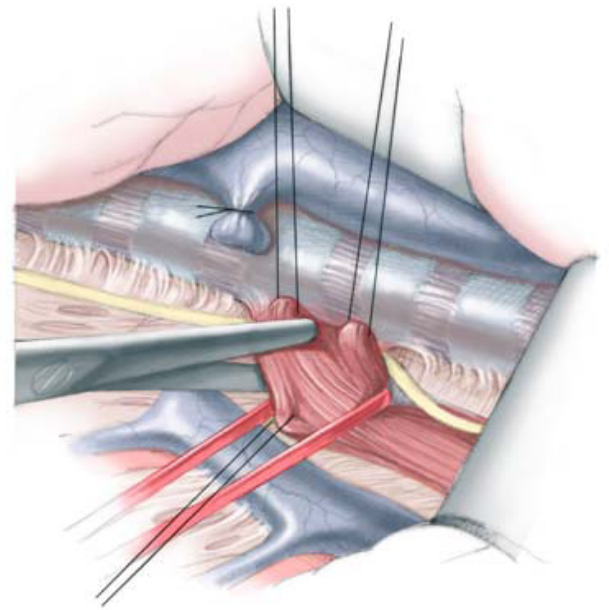
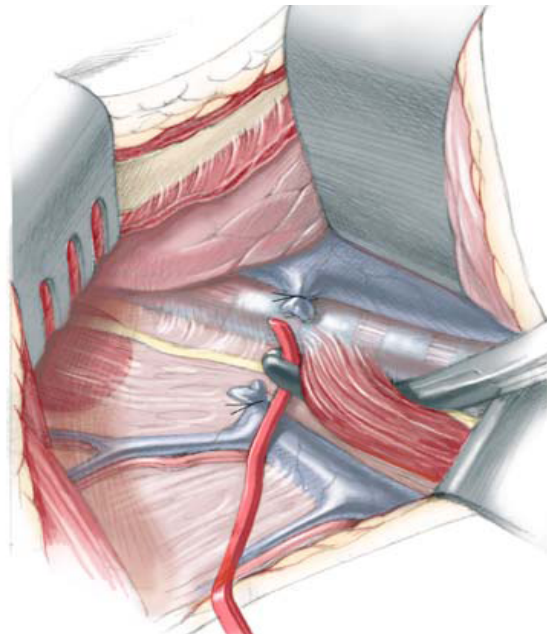
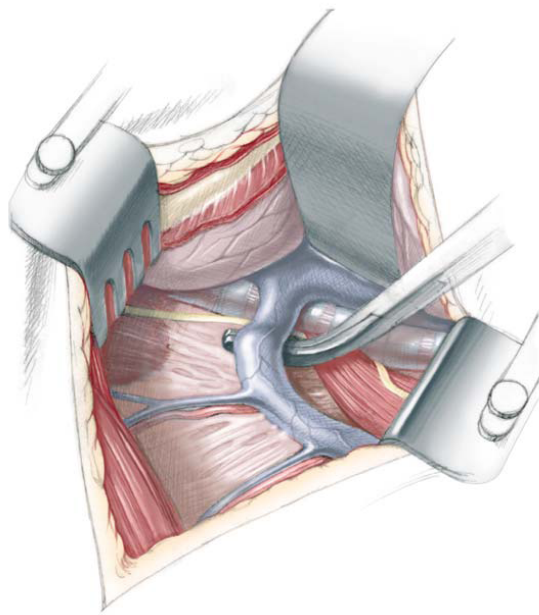


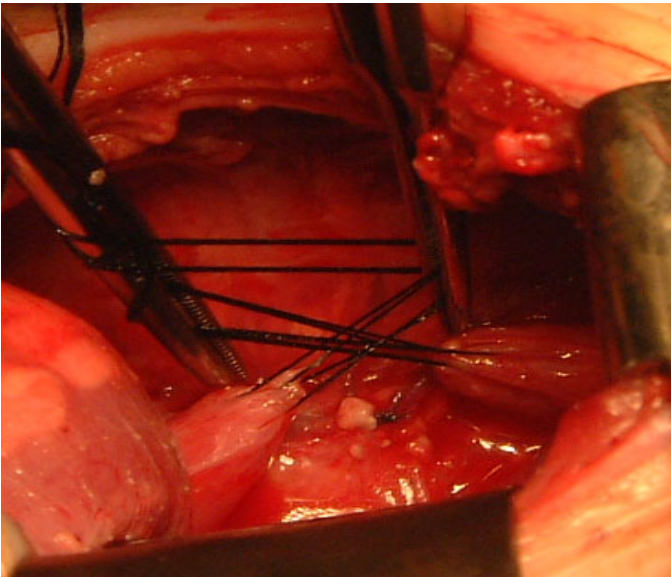
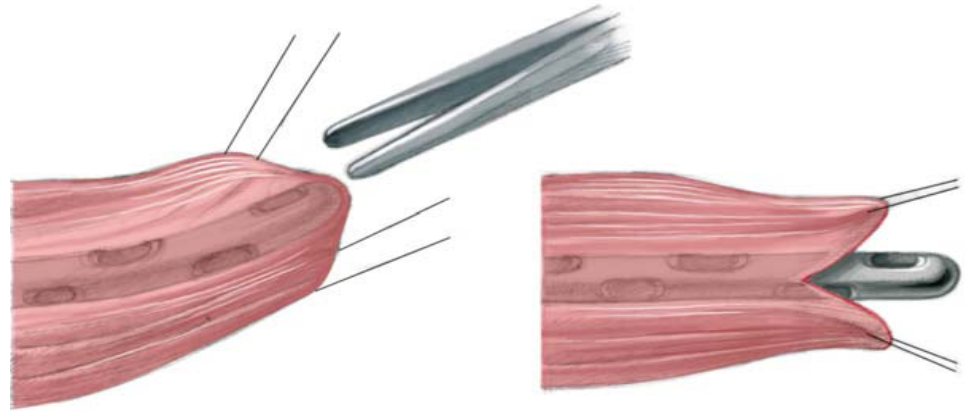
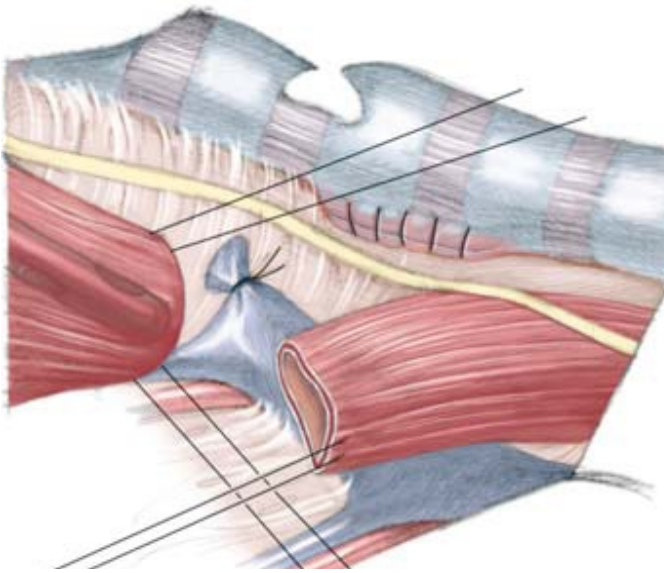
LEGATURA FISTOLA + ANASTOMOSI

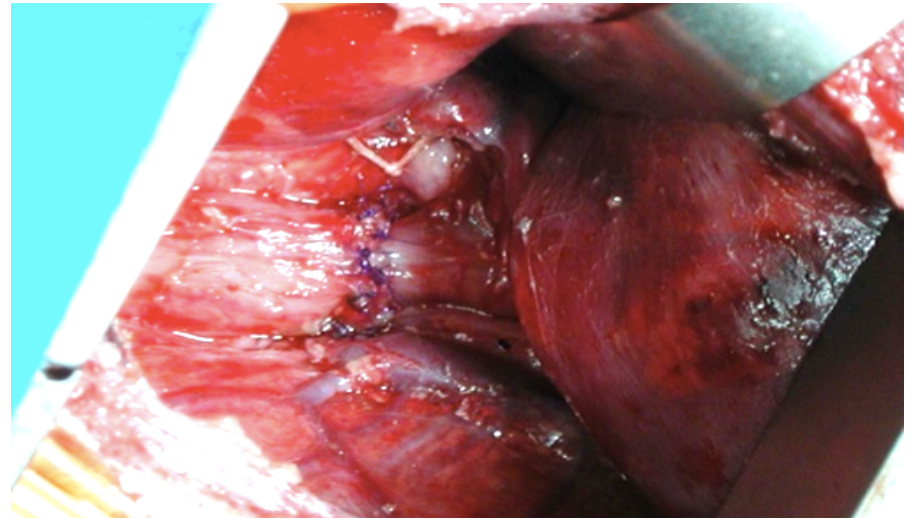
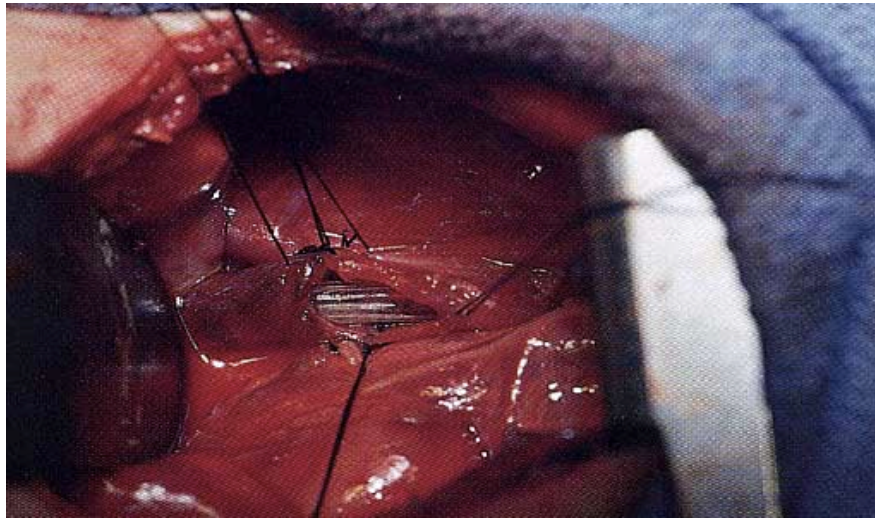
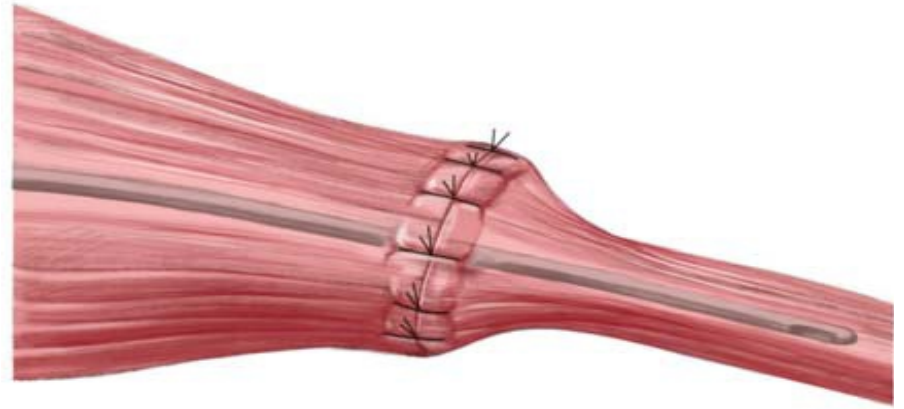
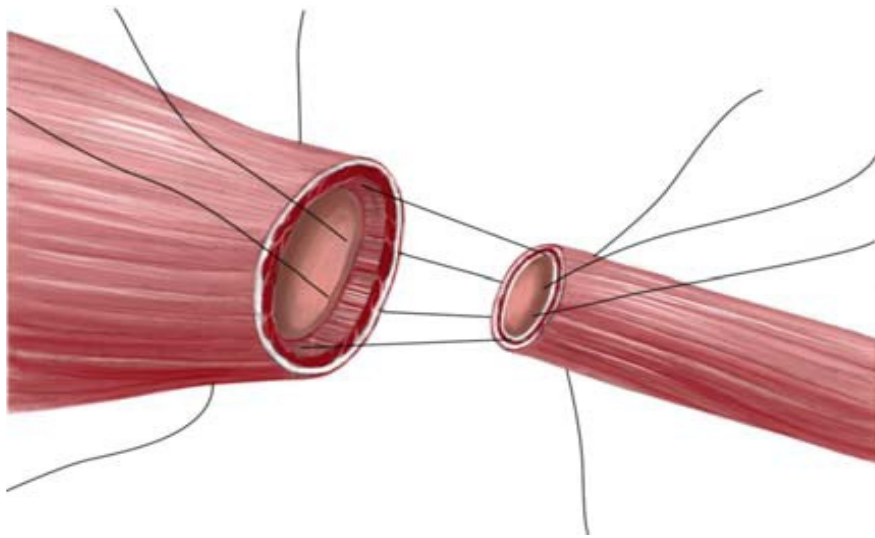












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1944



2015



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Best Practice Guideline article

The evidence base for neonatal surgery

Nigel J. Hall, Simon Eaton, Agostino Pierro *

Department of Paediatric Surgery, UCL Institute of Child Health, London UK

LEGATURA FISTOLA
+
ANASTOMOSI

TRACHEOSCOPIA

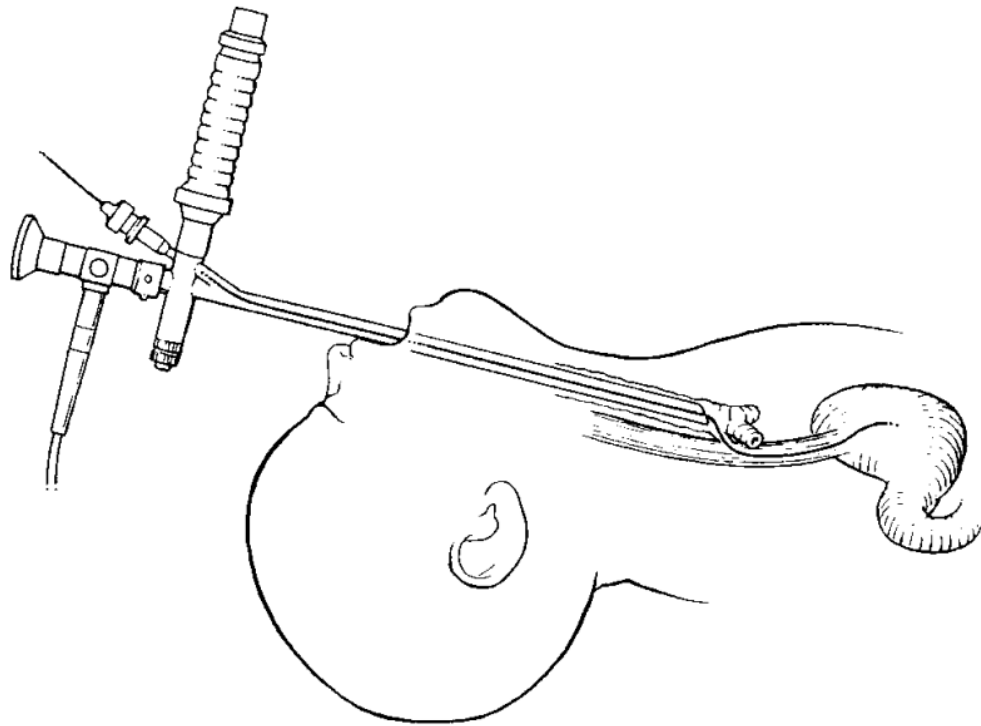
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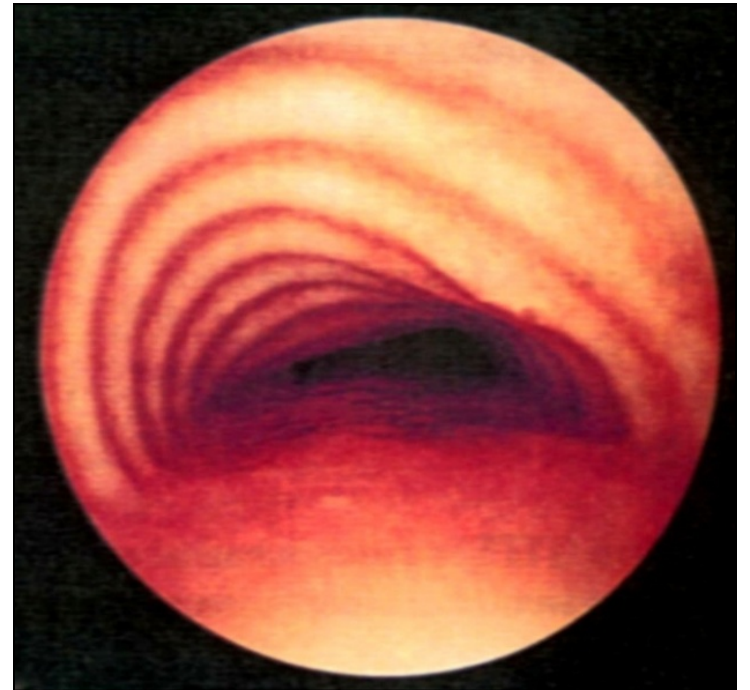
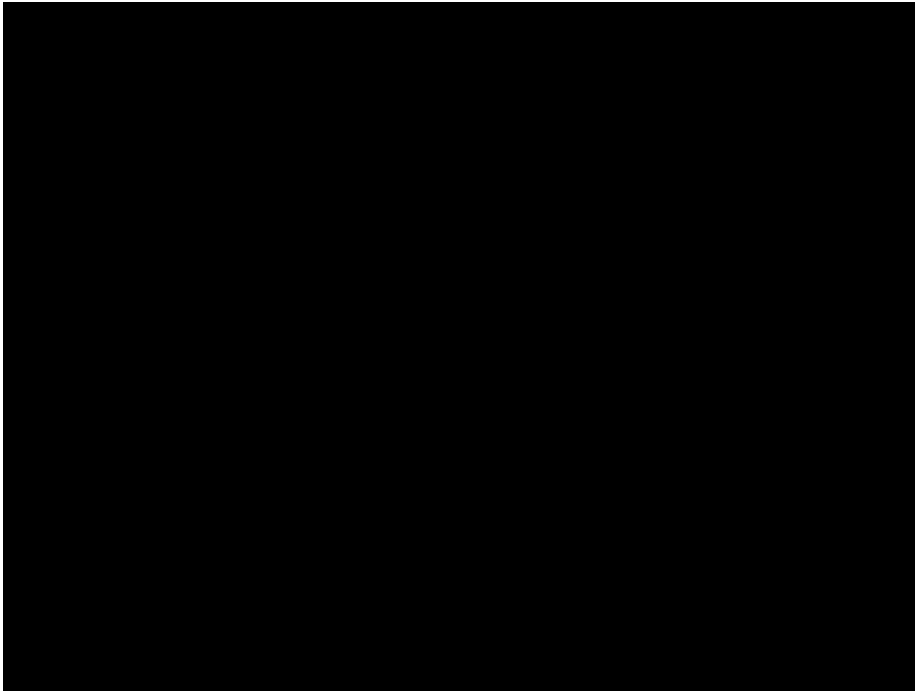
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ANASTOMOSI

Tracheoscopy



Tracheoscopy





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Esophageal atresia with proximal tracheoesophageal fistula: A missed diagnosis ☆,☆☆,☆☆☆,★,★★,★★★

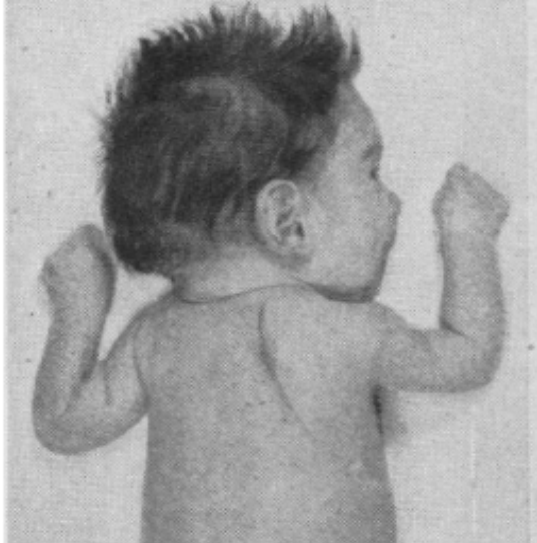
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TRACHEOSCOPIA
+
LEGATURA FISTOLA
+
ANASTOMOSI

APPROCCIO



TORACOTOMIA POSTEROLATERALE

MINITORACOTOMIA TRANSASCELLARE

TORACOSCOPIA

TORACOTOMIA POSTEROLATERALE

MINITORACOTOMIA TRANSASCELLARE

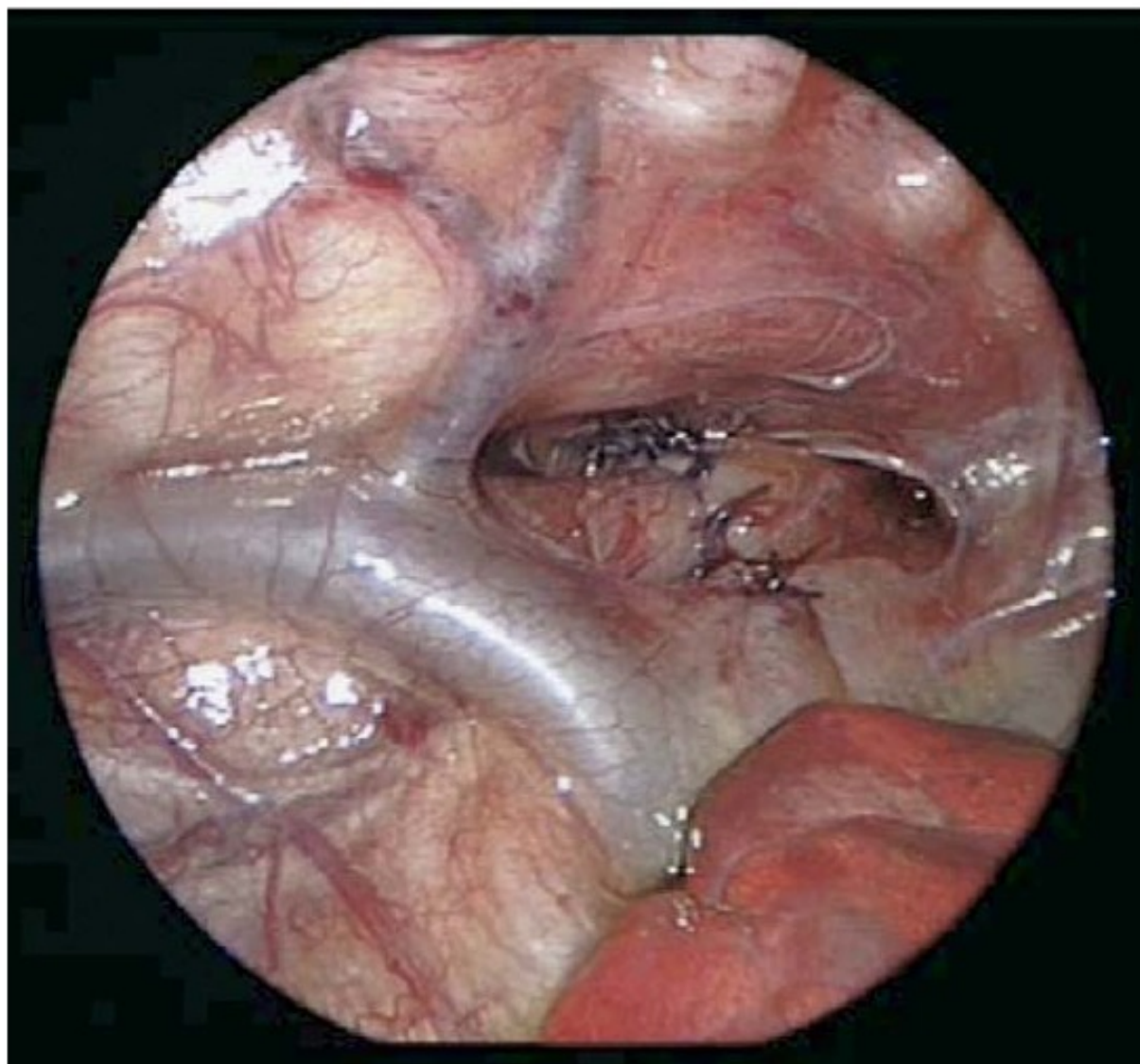
TORACOSCOPIA

TORACOTOMIA POSTEROLATERALE

MINITORACOTOMIA TRANSASCELLARE

TORACOSCOPIA







Case Report

Thoracoscopic Repair of Esophageal Atresia in an Infant: A Surgical First

**THOM E LOBE, M.D.,¹ STEVEN ROTHENBERG, M.D.,²
JEURGEN WALDSCHMIDT, M.D.,³ and LUTZ STROEDTER, M.D.³**

Thoracoscopic treatment of esophageal atresia with distal fistula and of tracheomalacia

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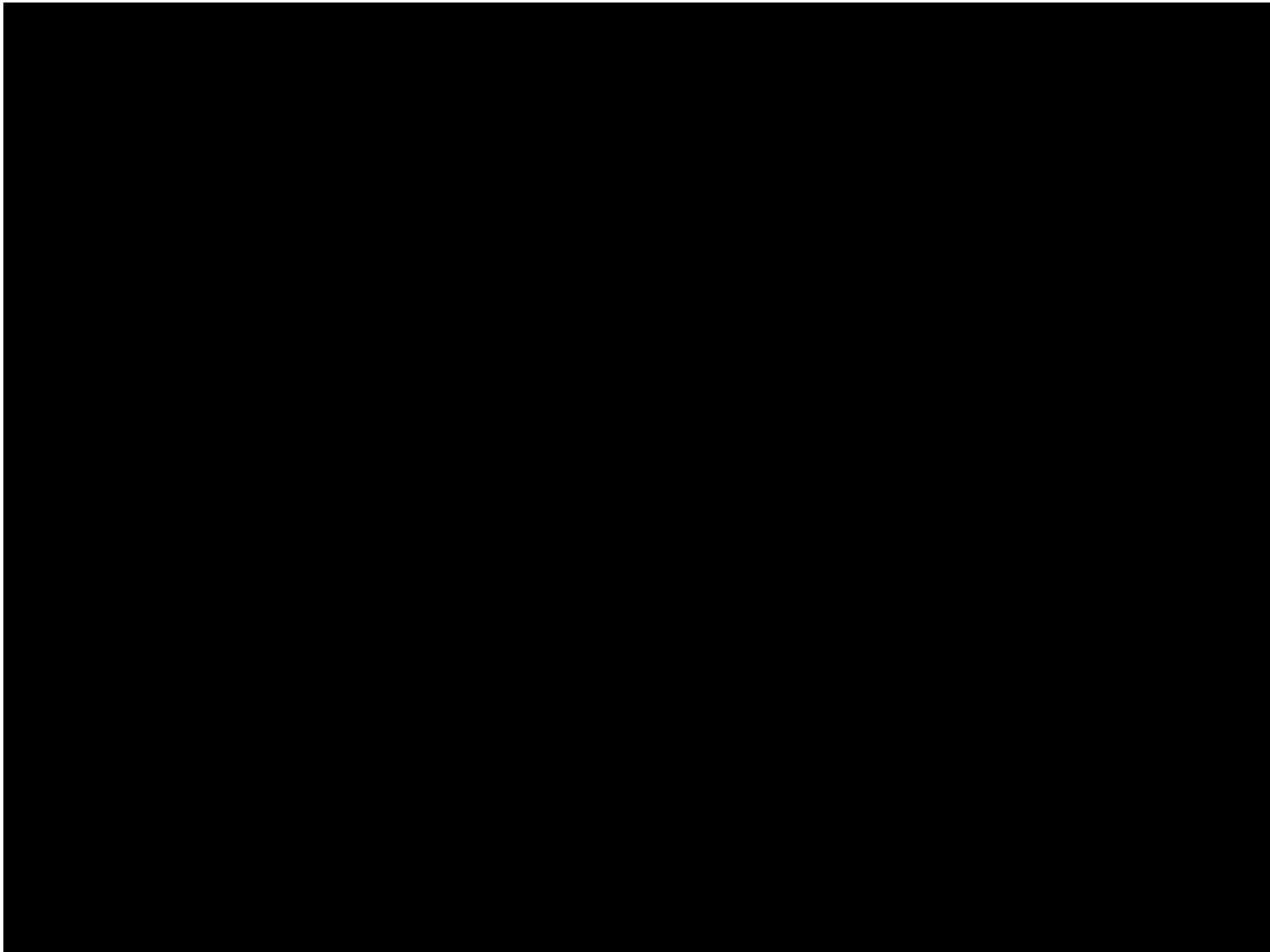
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Oesophageal Atresia Treatment: A 21st-century Perspective

**Lewis Spitz*

The importance of the following 3 general aphorisms needs to be considered:

1. There is a well-defined and clear relationship between volume (of cases), management outcome, and research output.
2. Most medical and surgical procedures have a better outcome when performed in hospitals that do a lot of the procedure in question.
3. Increased hospital specialisation is associated with improved patient outcomes.

A clear example of the effect of centralisation of care is the outcome for biliary atresia in the United Kingdom. Before 1995, 15 centres were performing surgery for biliary atresia. The 5-year native liver survival in the 2 centres with “high” volume was 61% compared with 14% in the 13 centres operating on fewer than 5 cases per year. This led the National Health Service to legislate that in the future, only 3 centres would be designated to carry out surgery on biliary atresia. The results for biliary atresia in the

Gastric transposition is now accepted as the procedure of choice in many centres. We have carried out this procedure in 192 cases (1980–2005) with a 4.6% mortality (a reflection of the extremely complex nature of the cases from our centre nationally and from abroad), a leak rate of 3% and a stricture of 20% (mostly following caustic ingestion) (3). A satisfactory outcome was achieved in 90% of cases, and there was no deterioration of function over time.

Recurrent fistula occurs in 5% to 8% of cases, so a surgeon will only manage 1 or 2 cases in 10 years. The repair of the fistula can be challenging and the recurrence rate is high.

Tracheomalacia in its mild form is common and manageable for the “barking cough” characteristic in children with repaired atresia. In its severe form it causes apnoeic and/or cyanotic attacks. It is caused by defective cartilaginous support of the trachea, mainly at the site of the fistula. Aortopexy is dramatically effective in resolving the problem (4).

What measures would I suggest to improve the outcome of oesophageal atresia?

Oesophageal atresia is a relatively uncommon condition—1 in 2500 to 3000 births. Eighty-five percent of cases are of the common variety of oesophageal atresia with distal tracheoesophageal fistula. Each regional centre, serving a population of 2.5 million, will manage on average 8 to 10 cases per year. With 5 paediatric surgeons per centre, each surgeon will operate on 1 to 3 cases of oesophageal atresia per year. For isolated atresias, which make up only 8% of cases of oesophageal atresia, surgeons will manage only 1 case every 5 to 10 years. This is clearly unacceptable.

1. Centralisation and concentration of patients particularly for
 - a. Pure and long-gap atresia
 - b. Replacement procedures
 - c. Recurrent trachoeoesophageal fistula
 - d. Severe tracheomalacia
 - e. Associated major cardiac defects
2. Recognition of the value of teamwork and specialisation in
 - a. Paediatric anaesthesia
 - b. Intensive care
 - c. Cardiac, renal, urological, and orthopaedic expertise
 - d. Expert radiology
 - e. Respiratory support
3. Careful and long-term follow-up in multidisciplinary teams with particular reference to respiratory and swallowing problems, nutritional support, and early recognition and treatment of gastrooesophageal reflux, strictures, tracheomalacia, and recurrent fistula
4. Promotion of the work of parent support groups, which provide knowledge of day-to-day problems, psychological support, and occasionally financial assistance, and raise money for research and development

LOMBARDIA

Dettaglio Bilancio Demografico								
Anno	Nati	Morti	Iscritti da altri comuni	Iscritti dall'estero	Altri iscritti	Cancellati per altri comuni	Cancellati per l'estero	Altri cancellati
2002	86.633	85.482	268.496	47.872	22.677	245.543	7.992	11.618
2003	87.559	89.822	270.820	95.721	85.371	259.720	9.139	42.639
2004	92.898	82.585	300.964	112.493	30.815	282.705	10.166	15.418
2005	92.480	85.585	307.425	73.405	15.872	294.976	10.006	16.505
2006	95.156	84.834	326.569	64.451	12.786	310.353	11.403	22.133
2007	96.280	85.465	316.722	91.337	9.953	302.675	12.648	16.539
2008	98.672	89.755	308.738	95.408	8.981	289.307	14.749	17.718
2009	98.792	89.567	279.623	90.387	7.204	266.265	15.782	20.927
2010	97.815	90.165	287.259	101.321	8.861	270.375	16.886	26.257
2011	94.079	89.068	289.968	86.001	11.977	275.993	17.340	44.140
2012	91.798	93.757	319.423	70.164	63.099	303.998	22.585	30.500

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Ospedale Maggiore Policlinico

Dipartimento per la Salute della Donna, del Bambino e del Neonato



UNITA' OPERATIVA DI NEONATOLOGIA E TERAPIA INTENSIVA NEONATALE

Cattedra di Neonatologia - Università degli Studi di Milano



UNIVERSITÀ DEGLI STUDI
DI MILANO

Direttore: Prof. Fabio Mosca
Via della Commenda 12 - 20122 Milano

Casistica UOS Chirurgia Neonatale

2010-2015: 60 atresie esofagee

2010: 4

2011: 10

2012: 11

2013: 13

2014: 14

2015: 8 (gennaio-agosto)



"We are like dwarfs sitting on the shoulders of giants. We see more, and things that are more distant, than they did, not because our sight is superior or because we are taller than they, but because they raise us up, and by their great stature add to ours."

Sir Isaac Newton, 1675

Grazie!