

UTILITY OF SURVEILLANCE ENDOSCOPY EXAMINATIONS IN PATIENTS FOLLOWING REPAIR OF OESOPHAGEAL ATRESIA

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Aims: Surveillance endoscopy examination(s) in patients after repair of oesophageal atresia lack clear consensus guidelines. In this study we examined histological changes following oesophageal atresia (OA) repair to guide timing of surveillance endoscopy and transition of care.

Methods: A retrospective case record review of patients who underwent repair of oesophageal atresia at a single institution from September 1983 who had > 13 years follow up.

Results: 105 patients were identified (57M : 48F), 12 had long gap OA. A total of 46 patients (44%) underwent endoscopic oesophageal biopsy, 20 patients (19%) did not undergo biopsy and 33 patients (31%) did not complete >13 years of follow up, death occurred in 6 patients (6%). 25 patients (24%) underwent fundoplication. Endoscopy was performed at mean of 10.8 years (range 0-19.9 yrs). Metaplasia was reported in 8 patients (17%) - (Gastric metaplasia in 6 patients and intestinal metaplasia in 2 patients, no dysplasia(s) or malignancy). Metaplasia resolved on subsequent biopsy in 4 of 8 patients. At the time of transition from paediatric to adult sector follow up, mild grade oesophagitis was found in 15 patients (33%), moderate in 2 (4.3%) and severe in 1 patient (2%), non specific oesophagitis in 4 patients (9%) and pseudomembranous oesophagitis in 1 patient (2%).

Conclusion: Histological abnormalities (oesophagitis and metaplasia) exist in at least 39% of oesophageal atresia patients on follow up surveillance. Although no cases of dysplasia or malignancy were detected these findings overall show the utility of scheduling surveillance endoscopy to facilitate co-ordinated transitional care with adult specialities.