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MORTALITY IN OESOPHAGEAL ATRESIA: A SINGLE CENTER EXPERIENCE

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Background: Mortality in newborns with oesophageal atresia (OA) has been markedly reduced over the years with a reported of survival of 80 to 90% in developed countries. In this review, we describe a 10-year (2006 - 2015) experience in our center in regards to the mortality in OA and its associated factors.

Methods: Our registry of surgical neonates were reviewed for the OA cases and mortality rate with its associated factors were analyzed.

Results: 253 neonates had been admitted to our neonatal surgical unit during the study period. 54.9% were male, the mean birth weight was 2.29 kg and 88.5% of them weighed more than 1.5kg. 248 cases underwent surgery and 5 were not operated. Among those who were operated, 79.8% had primary anastomosis during first surgery and 20.2% planned for staged surgery. Majority of them were OA with distal tracheoesophageal fistula (89.9%) and 9.3% were pure OA. In-hospital mortality rate for the operated cases was 16.9% and it significantly had lower birth weight (mean 1.97kg), higher among those less than 1.5kg and those underwent staged repair. Mortality rate between male and female newborn was not significantly different. Higher mortality rates observed among pure OA cases and inborn were otherwise not significant. Associated major cardiac anomaly has been the major contributing factor for mortality followed with respiratory failure and sepsis.

Conclusion: Our mortality rate is 16.9%. Refinement of operative strategies and postoperative care especially among very low birth weight neonates can potentially improve survival rate.