

OUTCOMES IN ADULTHOOD OF GASTRIC TRANSPOSITION FOR OESOPHAGEAL ATRESIA

Edward Hannon^{1,2}, Simon Eaton¹, Kate Cross², Edward Kiely², Lewis Spitz^{1,2}, Joseph Curry², Paolo De Coppi^{1,2}

¹UCL Great Ormond St Institute of Child Health, London, UK, ²Great Ormond St Hospital, London, UK

Aims of the study: Gastric transposition (GT) is the most frequently performed procedure for oesophageal replacement in oesophageal atresia (OA). We investigated long term functional and quality of life outcomes in adult patients treated with GT in childhood, compared to those treated with primary repair (PR).

Methods: Following ethical approval, OA patients treated with GT or PR at a single institution before 1995 were contacted. Telephone interviews were conducted with each patient including medical history and current symptoms. Validated questionnaires: Gastro intestinal symptoms rating scale (GSRS) and Gastrointestinal quality of life index (GIQLI) were completed to assess health related quality of life (HRQoL). Data are given as mean±SD.

Main Results: 55 patients (32 GT, 23 PR) were recruited. Age and gender were similar between groups. Distribution of type of defects was different between groups (Table 1). 44% of GT patients had the procedure as primary repair of long gap OA compared to 56% in whom GT was performed following previous failed surgery.

3(9%) GT patients required major revision surgery and 10(31%) required anastomotic dilatations as adults compared with 13% of PR patients. BMI was significantly lower in GT patients ($p=0.01$) and 6(18%) require jejunostomy feeding.

GSRS scores for GT (2.5 ± 1.2) and PR (2.4 ± 1.1) patients were not significantly different ($p=0.9$) but worse than published scores (mean 1.6) for healthy age-equivalent individuals.

Mean GIQLI for GT (107 ± 26) and for PR (112 ± 22) patients were also not significantly different ($p=0.48$), but worse than normal population mean (125 ± 13). 23% of GT and 42% of PR patients reported higher scores than the normal population mean.

Conclusions: Although complex OA patients (GT) suffer from significant morbidity in adulthood they report similar symptom scores and HRQoL to those managed with PR. These findings emphasise the importance of transitional care into adult services for OA patients.

	Gastric Transposition n = 32	Primary Repair n = 23	P value
Demographics			
Mean age (SD)	29±5	31±4	
Gender	50% male	56% male	0.79
Mean BMI (SD)	20±4	24±5	0.01
Living independently	50%	81%	0.02
Full time employment	60%	70%	0.57
Associated abnormalities	60%	48%	0.42
Type of OA	Type A = 40%, Type C = 47%, Type B = 3%, Type D = 10%	Type A = 4.5%, Type C = 91%, Type D = 4.5%	
Morbidity			
Major revision surgery	9%	0%	
Anastomotic Dilatations	34%	13%	
Supplementary feeding	18%	0%	
Chronic respiratory disease	28%	17%	
Anaemia	47%	7%	
Depression	19%	7%	
Dumping syndrome	25%	0%	
Current Medication			
Anti-reflux	33%	27%	
Inhalers	27%	18%	

Table 1. Demographics, morbidity and current medication by group.