RARE CAUSE OF RECURRENT PNEUMONIA IN A CHILD

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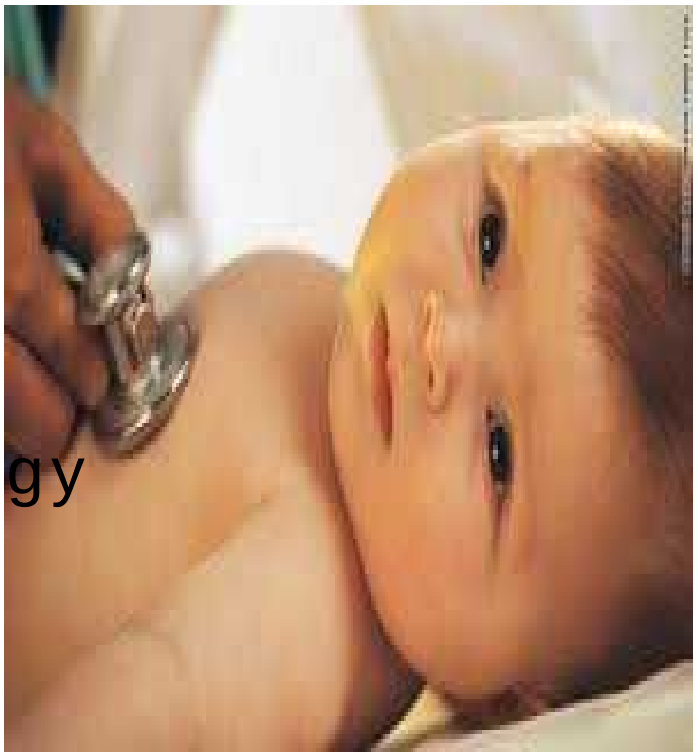


CASE REPORT

- 1 ½ year/male
- 1st born to NCM
- Presented to us for recurrent pneumonia/ cough/ regurgitation of feeds for the past 1 year
- Evaluated outside

INVESTIGATIONS DONE OUTSIDE

- Barium swallow :

  Apparently- normal esophagus

  palatopharyngeal incoordination
- Sweat chloride : normal
- Bronchoscopy : Tracheomalacia
- Echo : ASD
- Anti GERD medications were given for 3 weeks. No improvement. Hence feeding through NG tube was started.

ON ARRIVAL

- Child was on NG tube feed for the past 1 year

- C/o recurrent pneumonia
- C/o cough
- C/o regurgitation of feeds not related to swallowing

} since 6 months of age

- Particularly more for solid foods.

HISTORY

- No h/o polyhydramnios/antidepressant drug intake in the mother
- FTND
- Birth weight : 2.8 kg
- No h/o respiratory distress / feeding difficulties or frothing in neonatal period

EXAMINATION

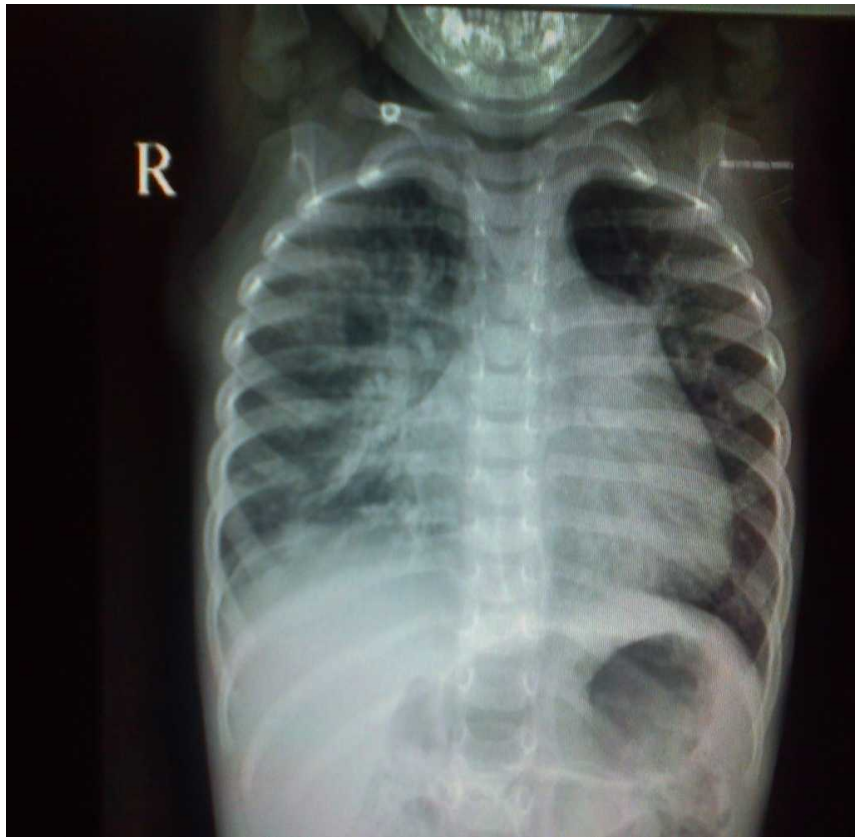
- Malnourished
- Alert
- Afebrile
- Intercostal retractions +
- Systolic murmur + fixed split S2
- Occ wheeze +
- Failure to thrive
  wt @ 1 ½ year =7 kg
- B/L undescended testes

INVESTIGATIONS

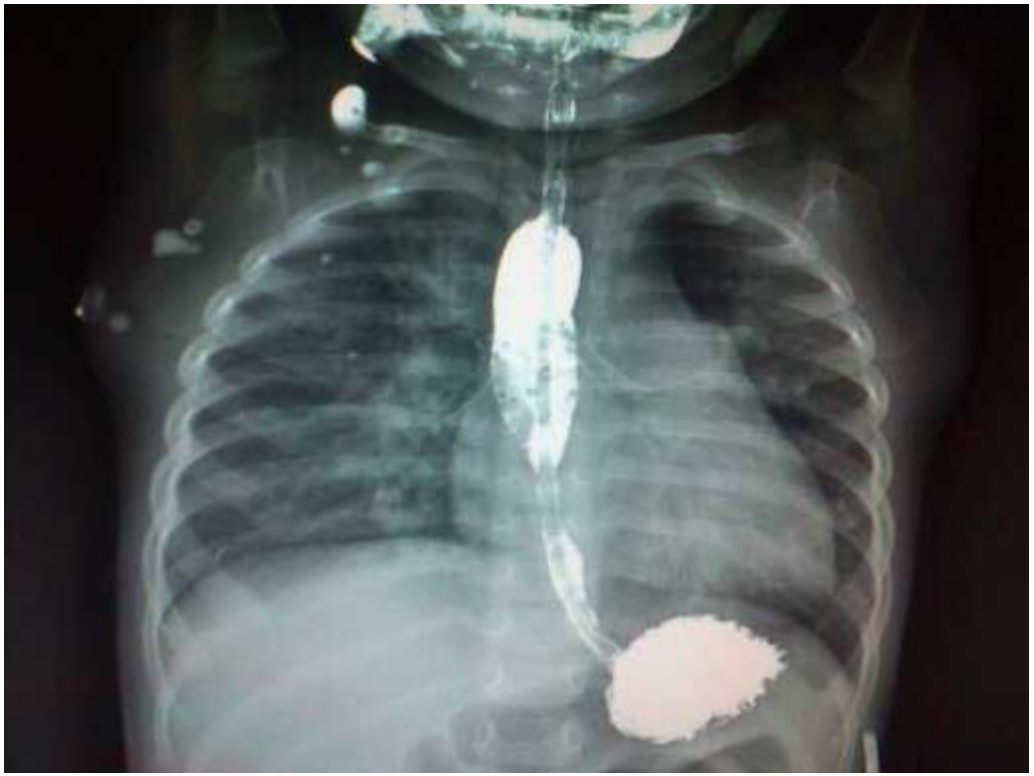
- Chest x-ray

  Right middle lobe pneumonitis

  Cardiomegaly with congestion



BARIUM SWALLOW



FFB - Tracheomalacia

Right and Left bronchial systems - N

- ECHO – large ASD

  OS 1.5 cm

  RA/RV dilated

Removed the NG tube

Observed the swallowing

The child could swallow without any difficulty

Removed NG tube & discharged the child with anti GERD and anti failure drugs.

Proper feeding technique was taught.

The child returned in about 2 weeks with the same complaints.
X-ray showed pneumonitis

Diagnosis reconsidered

THE MYSTERY UNRAVELED…

- UGI scope:

  Narrowing seen in distal esophagus

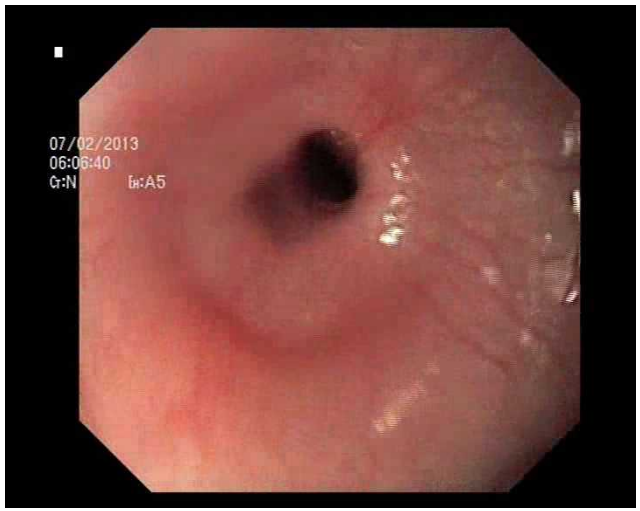
  20 cm from lower incisor.

  Scopy could not be passed through.

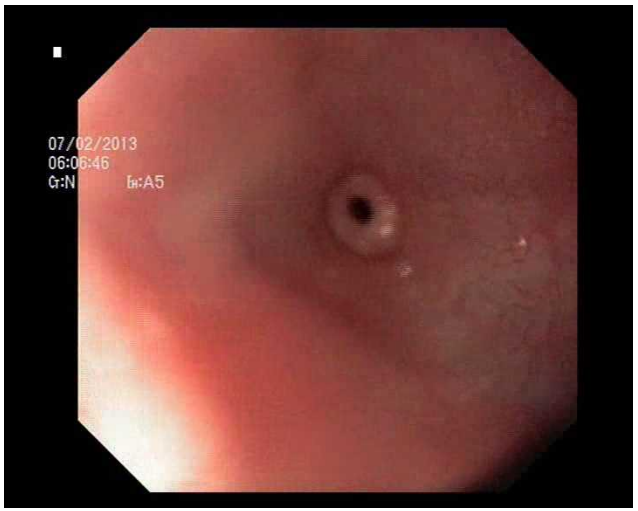
  IMP:

Esophagoscopy

Normal lumen

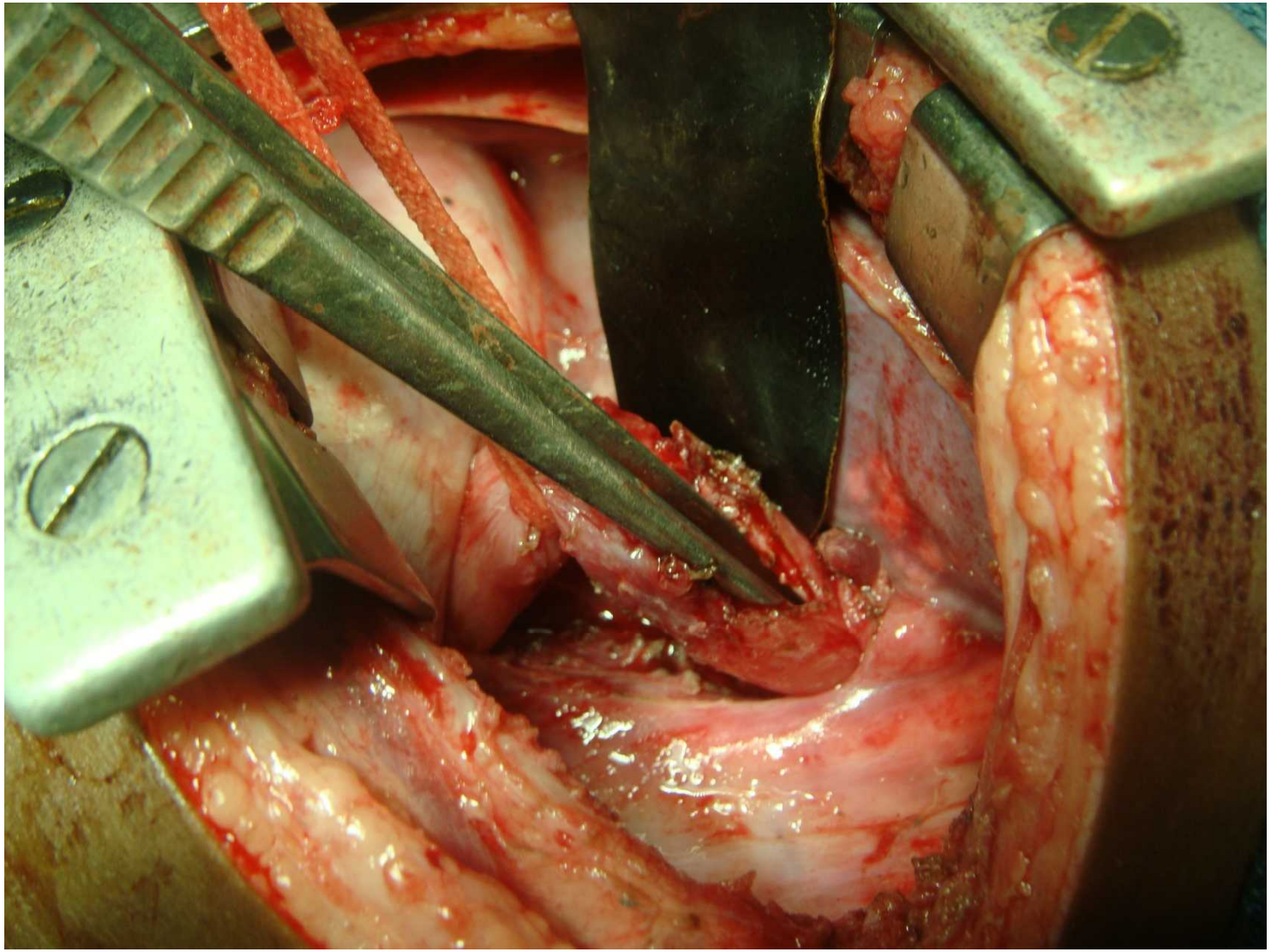


Congenital esophageal stenosis

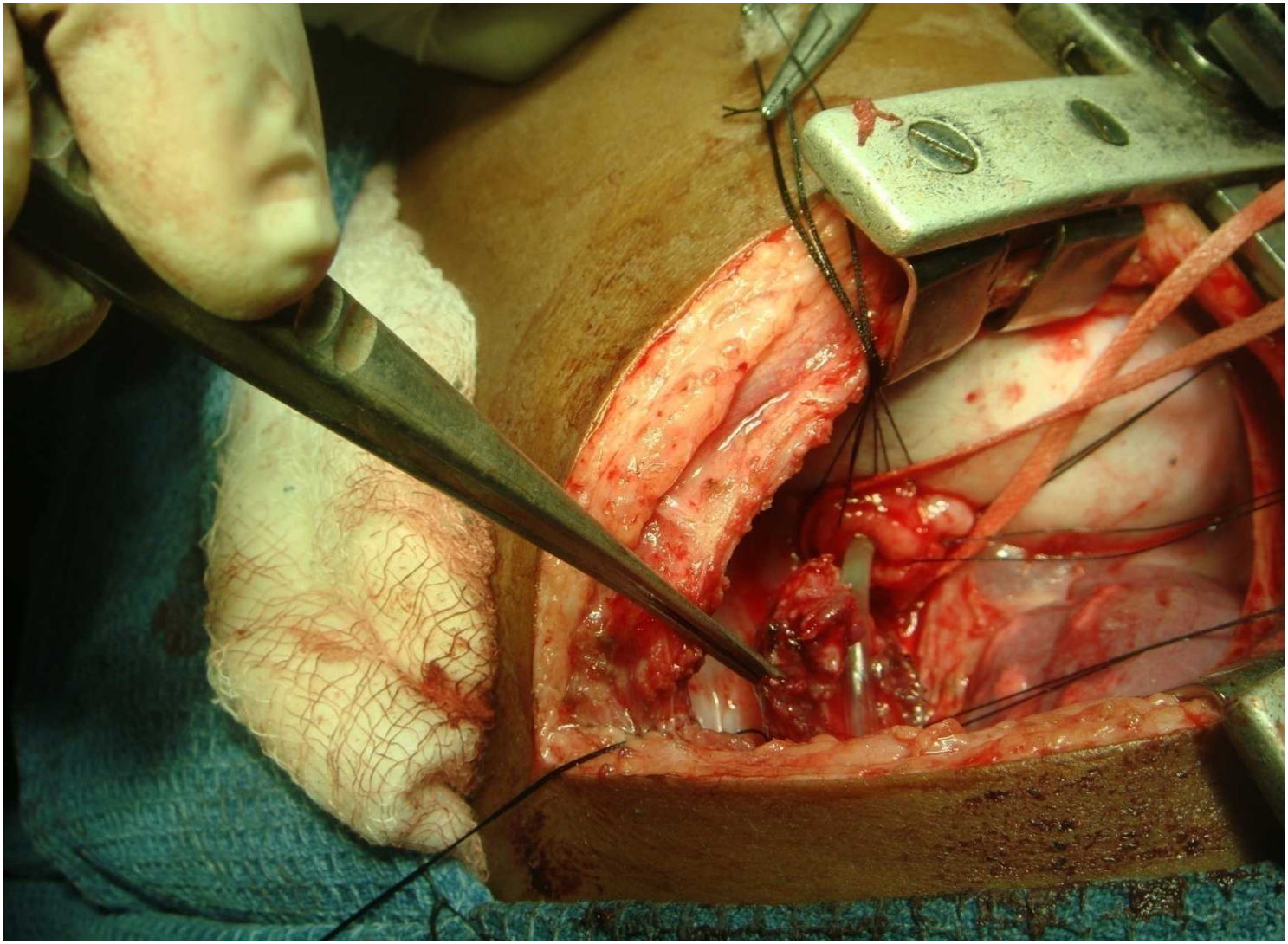


Left thoracotomy with excision of stenosed segment of esophagus and end to end anastomosis was done.

ADV: SURGICAL EXCISION



Stenotic segment about one inch length at the junction of proximal 2/3rd & distal1/3rd of esophagus



Segmental resection of stenotic esophagus

DISCUSSION

- Intrinsic stenosis of the esophagus,caused by congenital malformation of the esophageal wall architecture.
- 1 in 25,000-50,000 live births
-
- 4 % of all cases of esophageal stenosis
- Symptom onset b/n 4 to 10 months with introduction of solid foods
- M/c site is *distal esophagus*

Around 4- 6months

Symptoms include

- solid food refusal
- Regurgitation
- Vomiting
- Dysphagia
- aspiration pneumonias

TYPES

1. Tracheobronchial remnant
2. Fibromuscular stenosis
3. Membranous type

TREATMENT

1. Bougie /balloon dilatation
2. Endoscopic fulgaration
3. Surgery

- In ICH - 12 patients in last 6 years
- 2 – TBR
- 5 – FMH
- 1 – membranous
- 4 - inconclusive

Take home message

- ✓ Esophageal stenosis may present without TEF
- ✓ May present late usually during weaning
- ✓ Persistent vomiting/regurgitation Consider endoscopy
- ✓ In case of doubt- Reconsider the diagnosis.
- ✓ Don't rely on single investigation alone

ACKNOWLEDGEMENTS

- DEPARTMENT OF PEDIATRIC SURGERY

Thank you...