A retrospective review of the techniques used for the diagnosis of H-type tracheoesophageal fistula across two paediatric regional centres

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A total of 3 patients had evidence of pulmonary aspiration, with one patient requiring transfer to the intensive care unit. All patients undergoing investigation for H-TEF had ready access to the hospital resuscitation team, which is essential given the risk of significant aspiration.

Our combined experience has shown, that although LCS can diagnose H-TEF, it can miss a few cases. A positive diagnosis of H-TEF was subsequently made on LTE for those cases that were not diagnosed on LCS: these were guided by a high index of clinical suspicion, necessitating further fluoroscopic investigation.

CONCLUSION

H-TEF is an uncommon condition. The small number of cases we have identified is a significant limitation of our study. As such, we are not able to comment on the statistical significance of either technique.

We have demonstrated that cooperation between two centres can have a positive outcome on assimilating defined diagnostic pathways into clinical practice regarding uncommon conditions.

A new-born term male who presented with aspirating feeds. First attempt with LCS (Fig. 1) was negative for H-TEF, however, positive on LTE (Fig. 2, yellow arrow).

A diagrammatic representation of H-TEF (Fig. 3).

REFERENCES


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