

Mucosal bridge as a cause of dysphagia after surgery for esophageal atresia

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CASE PRESENTATION

Esophageal atresia (EA) is a congenital disorder that affects one in 2500 newborns (1). In the long-term follow-up of these patients, dysphagia is a frequent complication after EA repair. The authors describe three patients presenting with dysphagia after surgical repair of type C EA for whom a treatable cause was found. Two of these patients underwent surgical correction on the first day of life, which was complicated by an anastomotic leak. In the third patient, surgery was postponed to five months of life due to low birth weight and prematurity, rendering reanastomosis technically difficult. All three patients underwent a barium swallow due to persistent dysphagia at six, 13 and 15 years of age, respectively. Esophageal diverticulae were present in two patients, but none had esophageal strictures (Figure 1). Upper endoscopy revealed a mucosal bridge slightly above the anastomotic site (Figure 2). Two patients showed dramatic improvement of their dysphagia after resection of the mucosal bridge using argon plasma coagulation (Figure 3). The mucosal bridge was not excised in the third patient, whose dysphagia remained.

DISCUSSION

The etiology of these mucosal bridges is unclear, but may be a consequence of surgery, trauma from nasogastric tube placement (2) or gastroesophageal reflux disease (3). Alternatively, mucosal bridges may also be a consequence of inflammation (4) caused by chronic food stasis due to esophageal dysmotility, which was present in all three of our patients, as confirmed by manometric studies (5).

CONCLUSION

In the setting of dysphagia after surgical repair of EA, the resection of esophageal mucosal bridges appears to be efficacious in improving dysphagia.

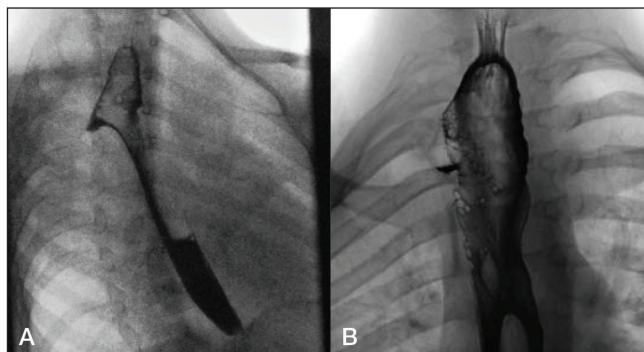


Figure 1 Barium swallow in patient 1 (A) and patient 2 (B). Diverticulae but no strictures are apparent in both patients

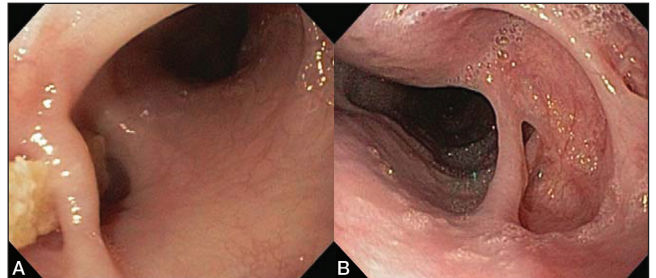


Figure 2 Endoscopic views of mucosal bridge (A) with food remnant in patient 1. B In proximity to a diverticulum in patient 2

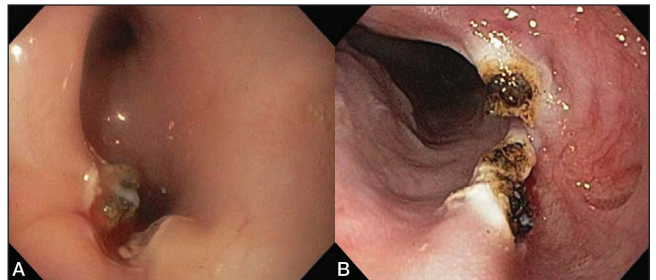


Figure 3 Endoscopic views after resection of mucosal bridge using argon plasma coagulation in patients 1 (A) and 2 (B)

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REFERENCES

- Spitz L. Esophageal atresia. *Orphanet J Rare Dis* 2007;11:2:24.
- Buchman AL, Waring JP. Mucosal bridge formation in the esophagus caused by injury from a nasogastric tube. *J Parenter Enteral Nutr* 1994;18:278-9.
- Abbas MI, Wilson CC, Biko DM, et al. Esophageal mucosal bridge in a 7 year-old. *J Pediatr Gastroenterol Nutr* 2012;58:e1.
- Honda S, Sugimoto K, Iwasaki H, et al. Multiple mucosal bridge formation in the esophagus in a patient with Crohn's disease. *Endoscopy* 1998;30:S37-8.
- Lemoine C, Aspirot A, Le Henaff G, et al. Characterization of esophageal motility following esophageal atresia repair using high-resolution esophageal manometry. *J Pediatr Gastroenterol Nutr* 2013;56:609-14.

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