

TITLE: Association of thoracoscopic and endoscopic approach in lengthening technique for long gap esophageal atresia.

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Background: The treatment of ultra-long gap esophageal atresia (EA) remains a major surgical challenge. Our goal was to describe a combination of thoracoscopic and endoscopic approach as the first time of Foker's technique.

Case history: A baby boy born at 35 weeks weighing 2,451g had an esophageal atresia without distal fistula. The proximal esophagus reaches the second thoracic vertebra and the distal pouch reaches the diaphragmatic line with absence of the intrathoracic esophagus (gap of 8 vertebrae). At the age of 2 months, external traction sutures were applied thoracoscopically at the ends of both esophageal pouches. The movements of an endoscopy placed in the upper and lower segments facilitate the mobilization of both pouches. Daily traction was started on day two postoperatively. Esophageal anastomosis was achieved on day 8. A contrast esophagogram showed an anastomosis leak that resolved after 22 days. At the age of 42 days he presented with a significant stenosis that required pneumatic dilatation. He currently is 11 months old and doing well tolerating full oral feedings and gaining weight.

Discussion: With this case we have dispelled the doubts about the efficacy of the growth procedure to treat ultra-long gaps EA. The longitudinal tension produced by traction sutures have induced growth of the atretic segments nearly enough to bridge the thoracic gap. We disagree with the initial idea that the sutures should be made extraluminally to avoid mediastinitis. The endoscopic vision showed that our sutures were placed transluminally, but the

traction exercised on the filaments contracted the pouches preventing the salivary leak.