



Clinical Challenge

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A 4-year-old child had a history of frothy secretion immediately after birth with prolonged nursery (NICU) admission, later he continued to have wheezy chest and recurrent admission due to chest infection, his weight is just below 2SD of the mean further, he has other genital anomalies (imperforated anus).

What could be the Dx?

Trachea-esophageal fistula possible VACTREL syndrome.

Describe the cough in such cases?

Barky cough- wet cough.

Describe the barium meal: (Figure 1).

Severe esophageal stricture with residual dye, proximal dilatation and dilated lower part of the esophagus very suggestive of reflux disease (GERD), no apparent leakage in to the airway.

Describe the bronchoscopy picture: (Figure 2).

Picture of the tracheal lumen showing a normal subglottic area with marked narrowing of the mid tracheal lumen very suggestive of moderate tracheomalacia.



Figure 1: Barium meal.

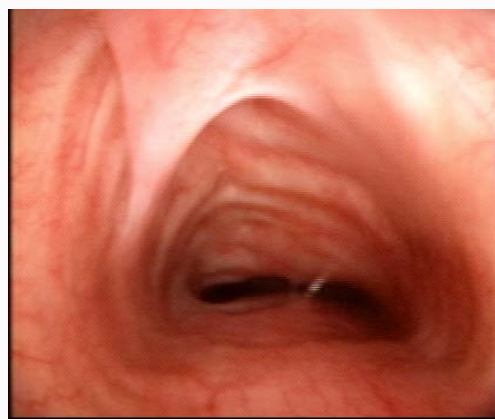


Figure 2: Bronchoscopy picture.

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What medical complications might expect in such cases?**Gastroenterology (GIT):**

- Motility disorder
- GERD
- Stricture
- Recurrent fistula

Pulmonology:

- Variable length of tracheomalacia
- Recurrent chest infection

Others: Related to the complete picture of VACTREL.

What is your management plan?

Multidisciplinary approach.

-Gastroenterologist, Pulmonary, Swallowing team, genetics, pediatric surgeon, Nutritionist...etc. [1-3].

References

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