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An Alarming imaging Comorbidity Which Wasn't.

KEYWORDS: Nasogastric tube, Congenital diaphragmatic hernia, Oesophageal atresia

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ABSTRACT *A 38 weeks' term, weighing 2.5 kgs, baby had respiratory distress. Chest X-ray revealed Congenital Diaphragmatic Hernia(CDH) left, upturned nasogastric tube (NGT) in upper esophagus, pathognomonic of oesophageal atresia (OA) along with Pneumothorax left. However, before sending for surgery, to be sure of OA, the NGT was removed and reinserted and this time, the tube went right down to stomach and excluded OA conclusively. This case underlines the importance of execution of sound Clinical Principles and Practices of ensuring or double checking by skills or interventions before diagnosing a rare disease or comorbidity, as in this report, timely reinsertion of feeding tube excluded OA, a rare comorbidity of combination of OA with CDH, preoperatively.*

Introduction

The comorbidity of OA with CDH is of rare occurrence with reported incidence 0.005 per 1000 births.(1)

Case

A 38 weeks' term, weighing 2.5 kgs, appropriate for gestational age, female neonate was brought to Pediatric emergency department at 10th day of life. The baby was delivered by an unbooked Primigravida mother at rural centre vaginally. She had no overt history of Polyhydramnios. There was no history of birth asphyxia. At presentation, baby had respiratory distress. Chest X-ray (Figure1) revealed Congenital Diaphragmatic Hernia(CDH) left, upturned nasogastric tube (NGT) in upper esophagus, pathognomonic of oesophageal atresia (OA) along with Pneumothorax left. Arrow in Figure1 showing upturned NGT. The neonate was appropriately stabilized in NICU. However, before sending for surgery, to be sure of OA, the NGT was removed and reinserted and this time, the tube went right down to stomach and excluded OA conclusively. (Figure 2) The arrow in Figure 2 shows tip of NGT in stomach. Thereafter, the baby was operated for CDH along with appropriate management of Pneumothorax. Postoperatively, the neonate required Mechanical ventilation for short duration and had been kept under follow up as a high risk baby.

Conclusion

This case underlines the importance of execution of sound Clinical Principles and Practices of ensuring or double checking by skills or interventions before diagnosing a rare disease or comorbidity, as in this report, timely reinsertion of feeding tube excluded OA, a rare comorbidity of combination of OA with CDH, preoperatively.

Figure 1: Arrow showing upturned NGT.

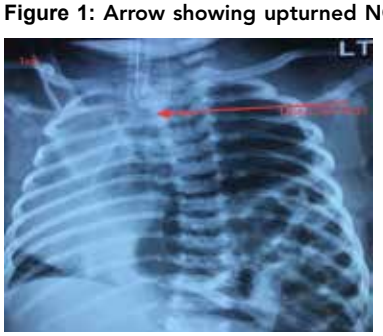

Figure 2: Arrow shows tip of the NGT

References:

1. van Dooren M[1], Tibboel D, Torfs C.The co-occurrence of congenital diaphragmatic hernia, esophageal atresia/ tracheoesophageal fistula, and **lung** hypoplasia. Birth Defects Res A Clin Mol Teratol. 2005 Jan;73(1):53-7.