

Predictors of the Performance of Early Antireflux Surgery in Esophageal Atresia

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Mots-clés antireflux surgery [48], Esophageal Atresia [49], fundoplication [50], gastroesophageal reflux disease [51], Infant [52]

OBJECTIVE: To identify predictors of and factors associated with the performance of antireflux surgery during the first year of life in children born with esophageal atresia.

STUDY DESIGN: All patients were included in a French registry for esophageal atresia. All 38 multidisciplinary French centers completed questionnaires about perinatal characteristics and one-year outcome for children born with esophageal atresia.

RESULTS: Of 835 infants with esophageal atresia born in France from 2010 to 2014, 682 patients, excluding those with long-gap esophageal atresia, were included.

Three patients had type I, 669 had type III, and 10 had type IV esophageal atresia.

Fifty-three children (7.8%) received fundoplication during the first year of life. The median age at the time of the end-to-end esophageal anastomosis was 1.1 day (range 0-15). Multivariate analysis identified three perioperative factors that predicted the need for early antireflux surgery: anastomotic tension ($P = .004$), associated malformations ($P = .019$), and low birth weight ($P = .018$). Six other factors, measured during the first year of life, were associated with the need for antireflux surgery: gastroesophageal reflux ($P < .001$), anastomotic stricture ($P < .001$), gastrostomy ($P < .001$), acute life-threatening event ($P = .002$), respiratory complications ($P = .045$), and poor nutritional status ($P < .001$).

CONCLUSIONS: Gastroesophageal reflux disease, low birth weight, poor nutrition, and surgical anastomosis difficulties predicted the performance of antireflux surgery in the first year of life in infants with esophageal atresia.

Résumé en anglais

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