Title	Do associated anomalies influence mortality in oesophageal atresia?
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39.2 Do associated anomalies influence mortality in oesophageal atresia?

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Purpose: To study the influence of associated anomalies in babies born with oesophageal atresia (OA).

Methods: A retrospective review of records of 41 consecutive cases of esophageal atresia managed by us over a 11 year period was undertaken.

Results: A higher incidence of associated anomalies was seen in those babies with lower birth weights. While all 5 (100%) babies with OA who weighed <1800gm had associated anomalies, those who weighed 1800-2500gm and >2500gm were associated with 67% (10/15) and 43% (9/21) anomalies respectively. The most common system in which anomalies occurred was the cardiovascular system (37%) followed by gastrointestinal (24%), musculoskeletal (17%), genitourinary (7%), chromosomal anomalies (5%) and others (12%).

A total of 17 (41%) babies had no associated anomalies and they all survived. Of the 10 babies who had 2 or more systems involvement, 4 succumbed while only 1 of the 31 babies with one system involvement died; the difference between these two groups was highly significant (p=0.009) (Fisher exact test). The overall mortality rate was 12%. Of the deaths, 3 had severe anomalies that were incompatible with life such as bilateral renal agenesis, Trisomy 18 and complex cardiac anomalies.

Conclusions: The association of 2 or more system anomalies and the severity of associated anomalies influence mortality in esophageal atresia.

39.3 The omohyoid sling syndrome

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Introduction: A condition was identified where 5 patients presented with a 'transient' lower neck swelling only during swallowing. Routine work-up did not reveal any abnormality. Literature search showed that this condition had only been reported in Chinese and Japanese literature.

Method: The 5 patients were studied using serial photography and clinical videography. Specifically directed real time ultra-sonographic and CT cuts made at the level where the neck swelling appeared were obtained. The digital information was displayed in rapid sequence on a computer screen to re-create the movements of structures during a swallowing cycle. Comparison with the normal side was made. The literature experience was summarized.

Results: Scanty published experience is available. The swelling appears during swallowing when the throat ascends, and subsides with its descent. The sternomastoid appears to be passively tented up by an abnormal underlying omohyoid muscle. Evidence suggests that the latter has lost its restriction to bowstring by the retaining deep cervical fascia.

Conclusion: Besides its diagnostic clinical features, specially arranged USG/CT are useful confirmatory investigations. As the condition is purely functional and harmless, patients should be counselled and reassured. An appropriate name for the condition is 'omohyoid sling'.