

Récidive Fistule Oeso-Trachéale

Pathogénèse

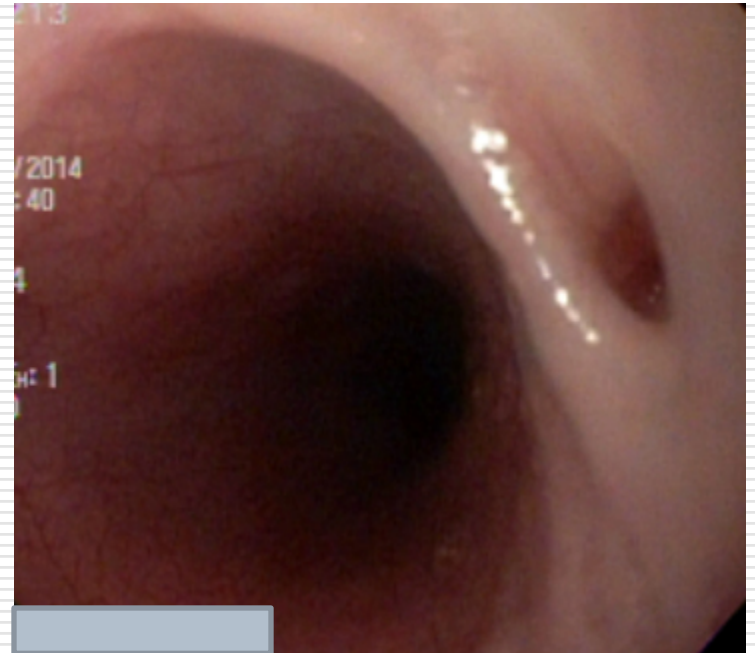
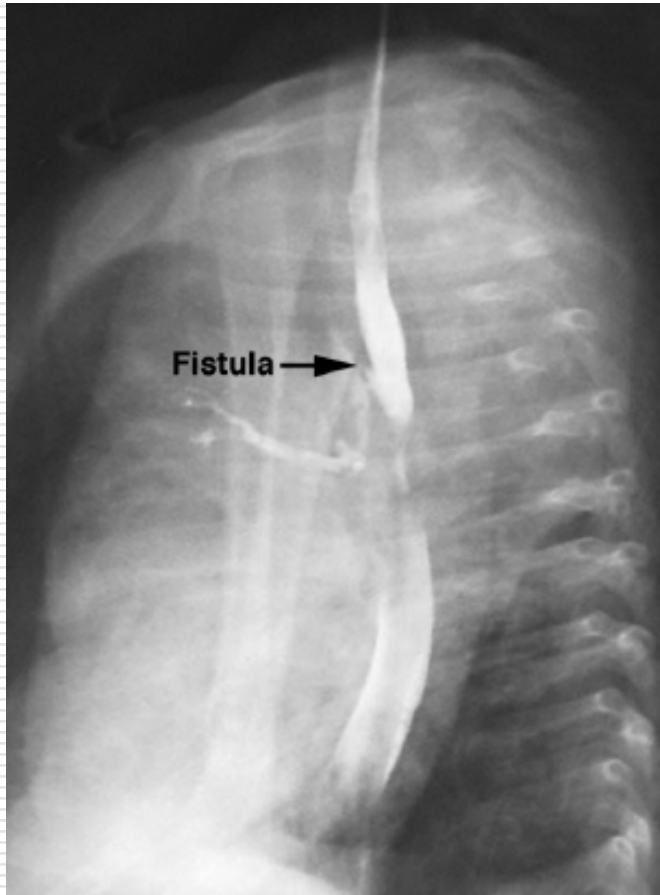
- ❑ Technique inadéquate de fermeture de la FOT
- ❑ complication de l'anastomose œsophagienne :
ischémie, fuite, et/ou sténose
- ❑ lésion trachéale lors de la chirurgie initiale
- ❑ Juxtaposition des 2 sutures : trachéale et œsophagienne
- ✘ AO type IV méconnue: FOT supérieure

SYMPTOMATOLOGIE

- Dg → Difficile âge : 2-3 mois (7j-18 ans)

 - Σ ômes de RGO \pm Trachéomalacie

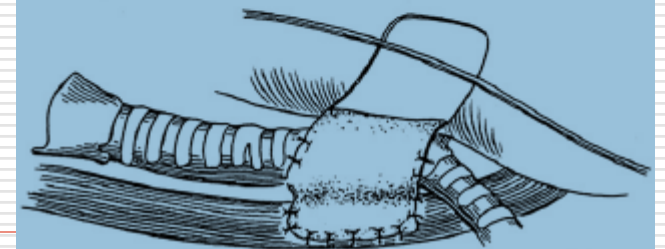
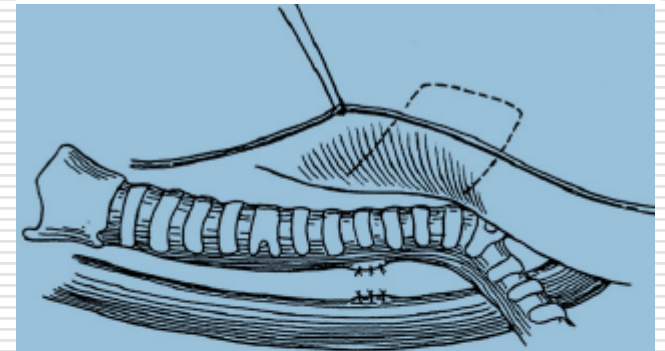
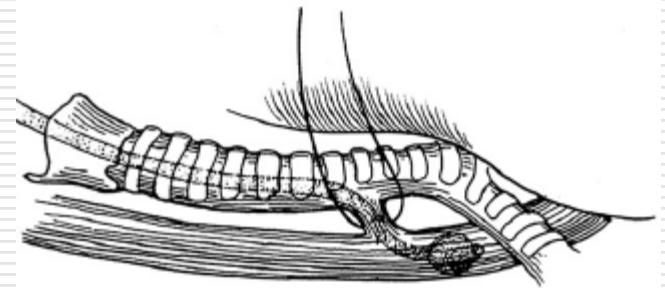
 - Σ ômes :
 - Blocage respiratoire
 - Toux
 - Cyanose (/ alimentation)
 - Infections respiratoires récidivantes
 - pfs : mise en jeu du P^c vital
 - Voire : asymptomatique
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Cadena-Leon JF et al GastroEnterol 2016

Traitement "classique" / Thoracotomie

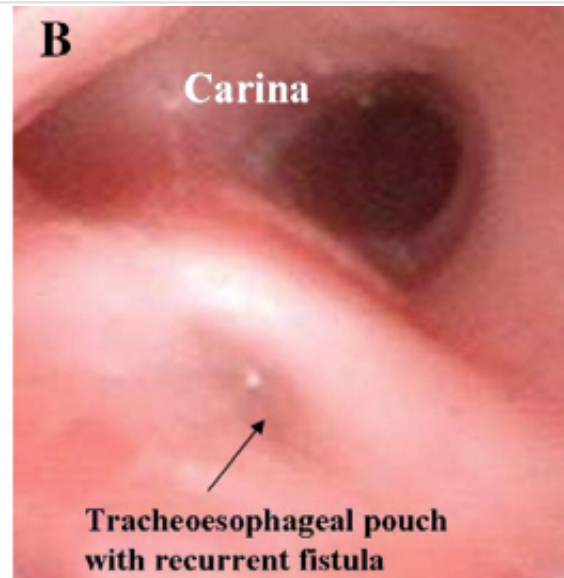
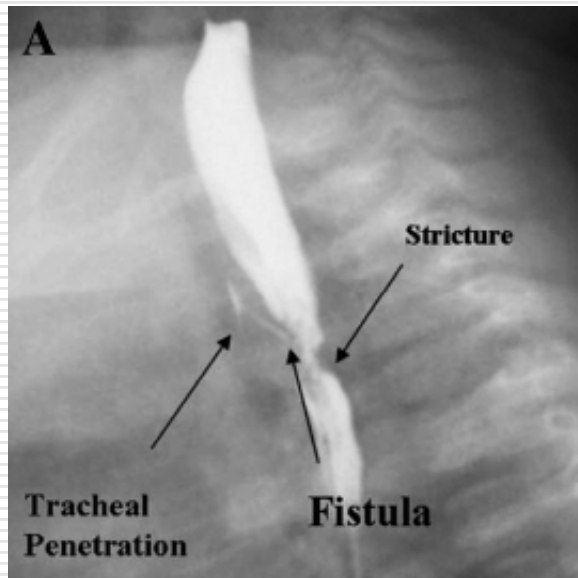
- Repérage FOT / Trachéoscopie
- Sonde dans le trajet
- Dissection de la fistule – double ligature + section
- Interposition d'un lambeau pleural



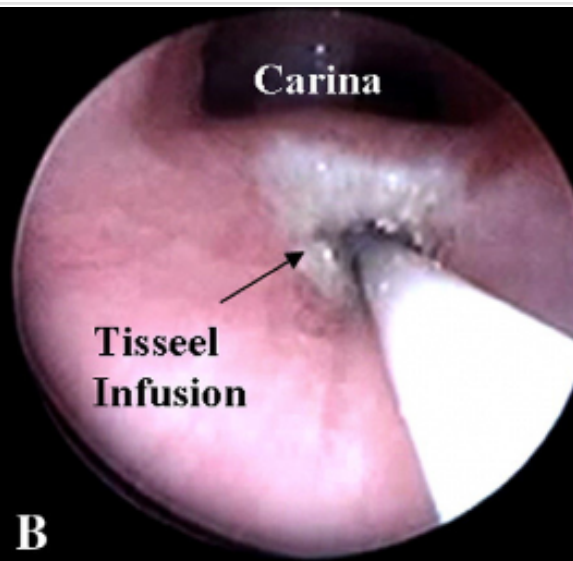
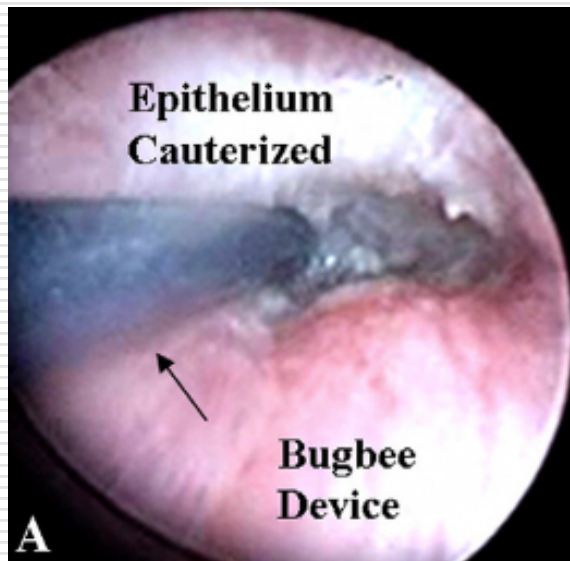
Indications Thérapeutiques

- ❑ **Gold standard = cure chirurgicale**
- ❑ MAIS État respiratoire de l'enfant
= pfs C.I. à 1
Thoracotomie
- ❑ ⇒ Alternative
- ❑ Tt Endoscopique
même si = 1^{er} temps d'attente
→ amélioration clin. → cure Chir 2^{nde}

TT Endoscopique



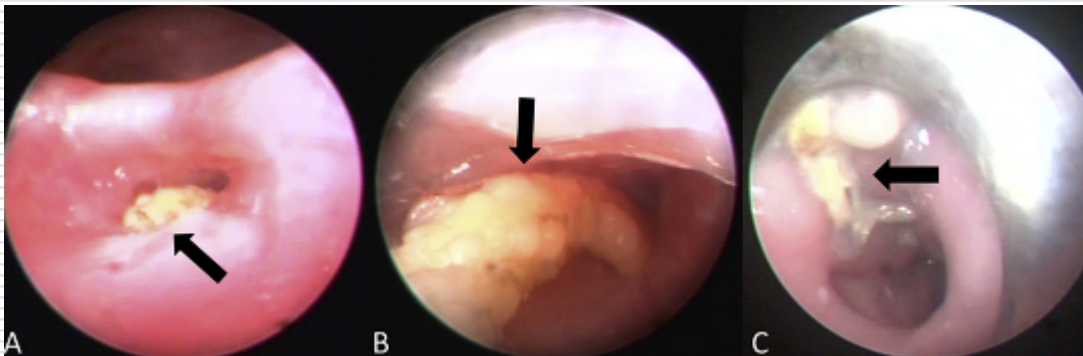
Richter GT et al - JPS 2008



A- Electrocoagulat° / Bugbee
→destruct° de la muqueuse
B- application de colle bio + Aprotine
à l' aide d' 1 KT souple

Tt Endoscopique

Dokumku Z et al – Int J Pediatr ORL 2014



(A and B) Bronchoscopic view of Surgicel
1 (arrow) in TEF,
(C) Esophagoscopic view of Surgicel
1 (arrow) at anastomosis level (TEF, tracheoesophageal fistula)

□ Revue de littérature : 44 articles : 1955 à 2013 → 165 patients

Aworanti O, Awadalla S in Eur J Pediatr Surg oct 2014

Table 3 Summary of published outcomes of endoscopic treatment versus open surgery for recurrent tracheoesophageal fistulas

Descriptive data	Endoscopic treatment	Open surgery
Number of patients	57	108
Age range at treatment onset in mo ^a	0.5–156	0.5–90
Successful single treatments <i>n</i> (%)	21 (37%)	85 (79%)
Mean number of treatments required (range)	2.1 (1–6)	1.1 (1–2)
Treatment failures converted to other procedure <i>n</i> (%)	9 (16%) (84% overall success)	7 (6.5%) (93.5% overall success including three perioperative mortalities)
Mean length of follow-up in mo (range) ^a	3–108	0.5–287

Abbreviation: mo, months.
^aRange for available data only.

Complicat° +++	5 % 1 dc	16 % 4 dc (1960)
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Table 4 Summary of results comparing de-epithelialization only versus sealant only versus de-epithelialization + sealant

Descriptive data	De-epithelialization only (5 articles)	Sealant only (4 articles)	De-epithelialization + sealant (15 articles)
Number of patients	15	6	36
Successful single treatments <i>n</i> (%)	3 (20%)	4 (67%)	14 (39%)
Mean number of treatments performed (range)	2.7 (1–6)	1.5 (1–3)	2 (1–5)
Treatment failures converted to other procedure <i>n</i> (%)	2 (13%)	1 (16.6%)	6 (16.6%)

Note: When multiple techniques were used on one patient the last technique described was used to deduce the final outcome.

ChimioCautérisation / Endoscopie → Acide Trichloroacétique

Lelonge Y et al – Surg Endosc April 2016

□ n = 14

■ RTEF 12

■ CTEF 2

= Application / tampon imbibé TCA 50% pdt 30'' x 3
au besoin : 1x / mois si persiste TEF

□ nb gestes : 1,8

□ Contrôle : Clin + OesophagoRX + Endosc

□ Suivi = 41 mois (8-72 mois)

□ Succès 14/14
