

Esophageal Atresia

What is it?

Esophageal atresia (pronounced eh-sof-ah-JE-al ah-tre-zhah) is a birth defect of the esophagus. The **esophagus** is a tube that connects the mouth to the stomach. **Esophageal atresia** occurs when the upper esophagus ends and does not connect with the lower esophagus and stomach. Esophageal atresia may occur with another birth defect called **tracheoesophageal fistula (TEF)**. The **trachea** is the windpipe, and TEF results when part of the esophagus is connected to the trachea. Although esophageal atresia and TEF most commonly occur together, it is possible for a baby to have esophageal atresia without a TEF. About half of babies with this condition have other conditions such as heart or other digestive system issues. Babies with esophageal atresia also can have difficulty breathing.



Esophageal Atresia Type C



Normal Esophagus

Image courtesy of the Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities

There are four types of esophageal atresia:

- **Type A:** The upper and lower parts of the esophagus do not connect and have closed ends. The esophagus does not attach to the trachea.
- **Type B:** The upper part of the esophagus is attached to the trachea, but the lower part of the esophagus has a closed end. This type is very rare.
- **Type C:** The upper part of the esophagus has a closed end, and the lower part is attached to the trachea. This is the most common type.
- **Type D:** The upper and lower parts of the esophagus are not connected to each other. Instead, each is connected separately to the trachea. This is the rarest and most severe form.

How common is it?

About 1 out of every 4,300 babies are born with esophageal atresia each year.

What causes it?

The cause of esophageal atresia is unknown in most babies. There may be many factors that cause it. More research is needed to understand the exact cause.

How is it diagnosed?

Esophageal atresia is usually not diagnosed during pregnancy. It is usually detected after birth when the baby first tries to feed. The baby may choke or spit up when trying to swallow. A doctor may need to insert a tube into the baby's nose or mouth to see if it can reach the stomach. An x-ray can confirm that the tube stops in the upper esophagus and does not reach the stomach.

How is it treated?

Esophageal atresia is usually corrected with surgery. During surgery the two ends of the esophagus are reconnected. This should allow the baby to breathe and feed properly. Multiple procedures may be needed. Your child's doctor will discuss appropriate treatment options with you.

For more information:

Centers for Disease Control and Prevention

<https://www.cdc.gov/ncbddd/birthdefects/esophagealatresia.html>

St. Louis Children's Hospital

<http://www.stlouischildrens.org/diseases-conditions/esophageal-atresia>