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## OUTCOME OF THE SURGICAL TREATMENT OF ESOPHAGEAL ATRESIA AND ITS ASSOCIATED FACTORS AMONG NEWBORN AT FRENCH MEDICAL INSTITUTE FOR MOTHERS AND CHILDREN (FMIC) HOSPITAL KABUL AFGHANISTAN

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**Introduction:** Esophageal atresia/tracheoesophageal fistula (EA/TEF) is a condition resulting from abnormal development before birth of the tube that carries food from the mouth to the stomach (the esophagus). Over the passage of time, there is a modification in treatment modalities that has enhanced the overall outcome of disease. It is also recognized that prompt diagnosis with appropriate clinical management and expeditious referral to a tertiary care center had a dramatic impact on the improved survival of these infants. Hence, this study aimed to determine the outcomes of surgical treatment of esophageal atresia with or without TEF among newborn at French Medical Institute for children, Kabul, Afghanistan.

**Methodology:** An analytical retrospective hospital based research study was conducted to accomplish study objectives. Records of 165 newborns that were admitted with EA/TEF and had undergone survey at French Medical Institute for Children (FMIC), Kabul, Afghanistan were reviewed. Data was collected through a self-developed structured questionnaire. Data was analyzed with the help of Statistical Package for Social Sciences version 19.0. Chi-square test of independence was run and P-value was computed to determine an association between factors and outcome of EA/TEF among newborns.

**Results:** A total of 165 newborns who were admitted with the diagnosis of EA with or without TEA and undergone surgery were recruited in this study. Most of the study participants (61.21%) were males. Majority of the cases (69.09%) had birth weight of 2 to 3 kg and had type "C" classification of EA+TEF. In terms of their ages at the time of surgery, most of them were aged less than 1 week during the surgical procedure. Around 31% of the cases had an associated anomaly VACTERL. Around 69% of the cases had survived post-surgery. Most of the cases had developed complication like: stenosis, fistula and recurrence. With regard to length of stay during treatment, around 83% of newborns stayed for more than 10 days. This study has manifested that weight, presence of anomaly VACTERL, and complications after surgery were significantly associated with outcome of surgical procedure among newborns with the diagnosis of EA+TEF admitted to FMIC hospital.

**Conclusion:** The condition of EA+TEF is quite prevalent among newborns in Afghanistan. Weight of newborn, presence of anomaly VACTERL, and complication were found as significant determinants of outcomes of surgery for newborns with EA+TEF. It is important to design interventions which could help in improving the outcomes of surgery and reduce the risk of mortality among newborns. The high incidence of low birth weight, delayed diagnosis, poor referral, and lack of advanced neonatological back up are important contributory factors to poor outcome

### Biography

Dr. Mohammad Tareq Rahimi born in Kabul Afghanistan in 1971. Has been graduated from Kabul Medical University in 1998 and has got diploma on Pediatric Surgery from Child Health institute Kabul in 2004. He worked as a faculty in Child Health institute for 2 years and after joined French Medical Institute for Mothers and Children in Kabul and work till now as a consultant of Pediatric Surgery, faculty, Program director and Head of Pediatric Surgery there. Also he trained by Professor B. PVY from France for Plastic surgery during 2006 till 2012 and also he trained in plastic Surgery in Alma hospital in Belgium and in Saint Vincent de Paul in Paris- France.

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