Summary

Congenital esophageal atresia is the most frequent congenital defect of this organ. In this condition a part of the esophagus does not develop, as a result of which the continuity is broken and one or both of its' ends are closed blind or are attached to the trachea.

The frequency of atresia's occurrence amounts to 1/2500-3000 births. It may occur in an isolated or syndromic form with at least one congenital malformation. Embryology of the espophagus as well as the ethiopathogenesis of esophageal atresia have been poorly recognized so far. The main causative factor has not been identified, however supposedly, the isolated form is induced by the multi-factor cause (genetic or environmental).

Five main anatomic types of the disorder can be distinguished. The most common is the esophageal atresia with a distal tracheoesophageal fistula (type III according to Ladd classification – approximately 85% of cases).

In order to evaluate the risk and the possibilities of comparative results of the treatment, prognostic scales were introduced: Waterson, Montreal and the most commonly used one – the Spitz classification, where the main evaluation criteria of survival are the baby's birth weight and the presence of cardiac abnormalities.

The attempts of surgical treatment of esophageal atresia date back to the second half of 19th century. 14th March 1941 Cameron Haight was first in history to successfully operate on a patient in compliance with the current principles.

Progress in surgery, neonatology and the neonatal intensive care resulted in the relatively low mortality in esophageal atresia, however still relatively frequent presence of late complications; i.e. anastomotic stenosis, gastro-esophageal leakage and ingestion disorders.

Undertaking research on the short and long-term outcomes of treatment of esophageal atresia gives an opportunity of a comprehensive analysis, comparison and exchange of information which aims to improve the treatment as well as life quality for children suffering from this disorder.