

# Congenital esophageal atresia – surgical treatment results in the context of quality of life

Michaela Dellenmark- Blom, Queen Silvia Children's Hospital, Sweden;  
Anna Rozensztrauch, Wroclaw Medical University, Poland

## Introduction

Evaluation of quality of life (QoL) after surgical repair of esophageal atresia (EA) is an important factor for effective treatment and proper care of the child.

## Results

- 73 patients (31 girls, 42 boys) have participated in the study
- 84% had EA/TEF and 16% had EA without TEF
- 51% premature infants were identified
- 56% had associated malformations, isolated 44%
- The analysis showed that there is a significant correlation ( $p < 0,034$ ) between gestation age (whether the child was born preterm or in term) and QoL in the domain of social functioning (Tabl.1),
- In the surveyed group the mean QoL score in emotional functioning were significantly lower 57 [range 30-100] then in social functioning 72 [range 0 – 100], whereas mean physical functioning score was 69 [range 25-100],
- The comparison between the QoL of children with TEF and those without TEF revealed no statistical differences ( $p > 0.05$ ),
- The presence of concomitant anomalies does affect the overall generic QoL (Fig.1),
- Children with associated central nervous system anomalies has the lowest mean score (M=49) in emotional functioning

## Methods

The survey was conducted from July 2015 to January 2016. The data of 73 patients were analyzed. Quality of life was evaluated by means of PedsQL 4.0 questionnaire. Mann -Whitney U test was applied and p-values  $< 0.05$  were considered statistically significant.

Tab 1. Gestation age and QoL dimentions

Dimentions	Gestatio n age	Mean	SD	P-value
Physical Functioning	Preterm	66,74	20,74	0,287
	Term	71,82	21,10	
Emotional Functioning	Preterm	55,65	11,34	0,704
	Term	58,82	16,96	
Social Functioning	Preterm	66,08	26,77	0,034
	Term	79,04	19,99	

SD= standard deviation, significant at  $P < 0.05$

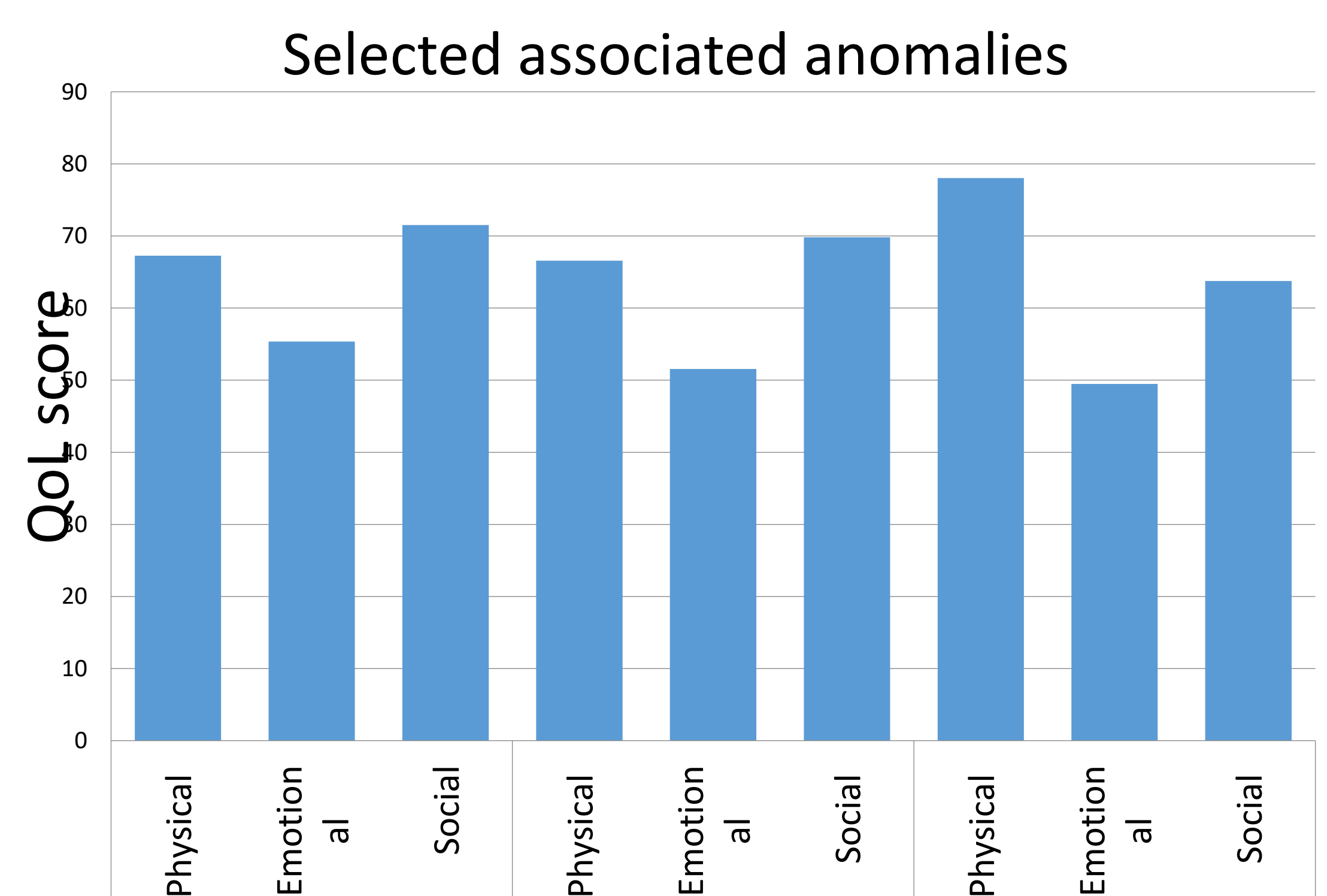


Figure 1. Score ranges from 0 (worst) to 100 (best), the higher the score, the better QoL

## Conclusions

QoL of premature and syndromic with EA appears to be low. It seems to be needed to extend psychological care of premature babies with EA.