

Correspondence

Congenital esophageal stenosis and antral web. A new association and management challenge

To the Editor

I greatly thank Al-Tokhais et al¹ for their interesting case report on the congenital esophageal stenosis associated with antral web. Two salutary lessons could be extracted from their case report: 1. It truly increases the awareness of neonatologists and pediatric surgeons on that new association and widens the context of complex congenital anomalies. 2. One of the main objectives of antenatal care program of the pregnant is to assess the presence of congenital anomalies of the fetus. Clinical examination, laboratory tests, and imaging studies, particularly ultrasonography are critical tools to achieve that objective. Disproportionate abdominal girth of a pregnant in regard to her gestational age often urges the gynecologist-obstetrician to arrange for both ultrasonography to detect polyhydramnios and measurement of amniotic and/or serum alpha fetoprotein concentration. Polyhydramnios and elevated amniotic and/or serum alpha-fetoprotein concentration are associated with adverse perinatal outcomes, including a wide range of fetal abnormalities.^{2,3} I wonder whether the mother of the studied baby had polyhydramnios or elevated amniotic and/or serum alpha-fetoprotein concentration in her early pregnancy as a brief antenatal history was not addressed by Al-Tokhais et al.¹ Despite that limitation, I presume that the studied case report sends a sound message to all gynecologists-obstetricians that during first trimester antenatal care, they should not totally rely on polyhydramnios and amniotic alpha fetoprotein concentration as critical tools to predict the presence of congenital anomalies in the gastrointestinal tract of the fetus, particularly at the level of esophagus

and duodenum. Esophageal and duodenal obstruction could have no effect on the amount of amniotic fluid, or the alpha-fetoprotein concentration since swallowing and subsequent utilization of amniotic fluid do not occur before 12 weeks of gestation.^{4,5} Duodenal stenosis associated with esophageal atresia could be easily diagnosed by ultrasound at 12 weeks' gestation through vaginal transducer.

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Reply from the Author

No reply was received from the Author.

References

1. Al-Tokhais TI, Ahmed AM, Aljubab AS. Congenital esophageal stenosis and antral web. A new association and management challenge. *Saudi Med J* 2010; 31: 1166-1168.
2. Romero Gutierrez G, Fuentes Paramo H, Membrila Alfaro E, Vargas Huerta M. [Ultrasonographic diagnosis of polyhydramnios and its association with congenital malformations]. *Ginecol Obstet Mex* 1996; 64: 1-5. Spanish
3. García-Cavazos R, Colín-Valenzuela A, Espino y Sosa S. [Alpha-fetoprotein as an early predictor of adverse perinatal outcome]. *Ginecol Obstet Mex* 2010; 78: 268-274. Spanish
4. Tsukerman GL, Krapiva GA, Kirillova IA. First-trimester diagnosis of duodenal stenosis associated with oesophageal atresia. *Prenat Diagn* 1993; 13: 371-376.
5. Marquette GP, Skoll MA, Yong SL, Pugash D. First-trimester imaging of combined esophageal and duodenal atresia without a tracheoesophageal fistula. *J Ultrasound Med* 2004; 23: 1232.

Related topics

Al-Tokhais TI, Ahmed AM, Aljubab AS. Congenital esophageal stenosis and antral web. A new association and management challenge. *Saudi Med J* 2010; 31: 1166-1168.

Pusalkar S, Abdellatif TE. Schatzki's ring. An unusual clinical and radiological presentation. *Saudi Med J* 2005; 26: 467-469.

Machmouchi MA, Al Harbi M, Bakhsh KA, Al Shareef ZH. Congenital esophageal stenosis. *Saudi Med J* 2004; 25: 648-650.