

Fact Sheet

Division of Child and Adolescent Health
Pediatric Screening and Genetic Services
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Esophageal Atresia and Tracheoesophageal Fistula

What are esophageal atresia and tracheoesophageal fistula?

Esophageal atresia occurs when the esophagus does not develop correctly before birth. Instead of a continuous tube to carry food from the mouth to the stomach, the esophagus forms a pouch.

Tracheoesophageal fistula (abbreviated TEF) occurs when the trachea or “windpipe” (the tube bringing air from the nose and mouth to the lungs) forms an abnormal connection to the esophagus. Usually, esophageal atresia and TEF occur together, but they can occur individually.

What types of problems occur with esophageal atresia and tracheoesophageal fistula?

Infants can breathe saliva and digestive fluids into their lungs, leading to coughing, choking, pneumonia, and turning blue, especially after feeding. Children also cannot bring food into the stomach. Without early identification and surgery, children can die from these complications. After surgery most children do well. They may have some long-term problems with respiratory infections and digestive problems, like reflux.

How common are esophageal atresia and tracheoesophageal fistula?

Esophageal atresia and TEF occur in about 1300 births each year in the United States. In Virginia, approximately 20 children are born yearly with esophageal atresia and TEF. About 30-50% of children with esophageal atresia and TEF have other birth defects, including heart problems or other digestive system problems.

What causes esophageal atresia and tracheoesophageal fistula?

Esophageal atresia and TEF can occur as the only birth defects a child has, but they can also occur in combination with other birth defects as part of a syndrome (combination of findings). The way in which a syndrome is passed through the family is specific to the given syndrome. A genetic counselor or geneticist can help you determine the risks for your family and situation.

How are esophageal atresia and tracheoesophageal fistula treated?

A newborn with esophageal atresia and TEF should not be fed through the mouth. Special care is needed to keep the child from choking. Children need surgery to reconnect the two ends of the esophagus and to separate the trachea and esophagus. Sometimes the type of esophageal atresia and TEF or the extent of other birth defects or health problems means that surgery must wait. In these cases, a tube called a gastrostomy tube (or “g-tube”) is inserted into the stomach to provide food.

Where can I go for more information about esophageal atresia and tracheoesophageal fistula?

Esophageal Atresia | Tracheoesophageal Fistula Child and Family Support Connection
www.eatef.org 1-312-987-9085

March of Dimes Birth Defects Foundation
www.modimes.org 1-888-MODIMES (1-888-663-4637)

** This publication was supported by grant number U50/CCU321127-02 from the Centers for Disease Control (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.*