

From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 08/07/2025 08:31 AM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The CGR will be held today July 8, 2025, in CPD Hall, AIIMS Rishikesh, from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:

<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m92d4f2f819a19c0605cf8a9c2ec95f2b>

Tuesday, July 8, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2511 853 5384

Meeting password: 080725

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CGR

Age: 12 yr/Male	Clinician in-charge & discussant Dr Abhishek Bhardwaj & Dr Abhimanyu Singh	Pathology discussant:
Ward: ENT & Head-Neck surgery ward	Radiology discussant: Dr Nishant	
DOA: 11.03.2024	DOS: 22.03.2024	DOD: 26.03.2024

PRESENTING COMPLAINTS

- Tracheostomy and RT tube dependence with chronic cough and failure to thrive

HISTORY OF PRESENTING ILLNESS

- Previously healthy until RTA in August 2023 → required prolonged ventilation.
- Tracheostomy done in September 2023.(outside)
- 1 month later: sudden, progressive leakage of food from tracheostomy, starting with liquids → all feeds.
- Associated with: coughing during meals, food particles seen during suction.
- No history of: difficult tube changes, dyspnea, or fever.

PAST AND PERSONAL HISTORY

- No co-morbidities
- RTA in August 2023 → required prolonged ventilation

EXAMINATION

- Neck examination revealed surgical stoma without any other significant finding
- Tracheoscopy revealed 1.5*1.5 cm frank tracheoesophageal fistula about 1 cm below the tracheostomy site.

RADIOLOGICAL INVESTIGATIONS

HRCT Neck and thorax (26/10/2023):

- Tracheoesophageal fistula noted at c7-t1 level.

SUMMARY

12 year old, frail, thin, male - tracheostomy and RT dependent was admitted with diagnosis of acquired/iatrogenic tracheoesophageal fistula. He was evaluated and underwent defect repair with muscle interposition under GA on 22 march 2024. Post discharge on follow up he underwent barium swallow and was started on oral feed and decannulated. The child is now able to carry out normal day-to-day activities and resumed school.