Correspondence

Tracheal compression as a cause of respiratory symptoms after repair of oesophageal atresia

Sir,

The article by Cook and Bush (*Archives*, 1978, 53, 246) draws attention to tracheal compression in infants with oesophageal atresia as a cause of respiratory symptoms and recurrent chest infections. In their case, the compression was due to pulsation of the aortic arch and was relieved by tracheopexy. We fully agree that careful bronchoscopic and oesophagoscopy investigations should be performed if signs of tracheal compression are observed.

In our series of 117 cases of oesophageal atresia (1965-77), there was evidence of tracheal compression or tracheomalacia in 27: in 7, there was a congenital cardiovascular lesion (in 4, this included abnormal origin of arterial brachiocephalic truncus); in 9, a gross subanastomotic dilatation of the oesophagus (Figs 1 and 2)

Fig. 1 Normal trachea after oesophageal anastomosis (arrow).

Fig. 2 Flattened lumen of trachea due to gross subanastomotic dilatation of oesophagus, 5 weeks later (arrow).

cured by progressive bougienage; in 2, both these two causes; in 9, no definite compression but a tracheomalacia with inspiratory flattening of lumen. Repeated milk inhalation may also contribute to respiratory infection, while tracheopexy is helpful in vascular compressions; in 'idiopathic' tracheomalacia no treatment seems to be available, and apnoeic and cyanotic attacks together with inhalation pneumonia remain a permanent hazard.

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Cystinotic rickets treated with vitamin D metabolites

Sir,

With reference to the article by Etches *et al.* (*Archives*, 1977, 52, 661), we should like to add two further cases which we have treated successfully with 1- α -hydroxycholecalciferol.