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Title: Late diagnosis of high tracheoesophageal fistula

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Body: In a term newborn a resistance at inserting a nasogastric tube was noted. On chest x-ray the tip of the tube projected at the jugulum with airless abdomen. An oesophageal atresie type II was diagnosed and a gastrostomy performed. Anastomosis was finally completed at 5 months of age. The postoperative course was complicated by repeated atelactasis in the right lung and persistent need of oxygen support. Flexible bronchoscopy showed a malacia of the distal trachea and a protrusion in the pars membranacea in the proximal trachea. Dyed milk given in the oesophagus appeared in the trachea in the area of the protrusion. Aspiration via the larynx could not be ruled out completely. Esophagoscopy was unremarkable except for a stenosis of the anastomosis. An esophagogram did not reveal a fistula. Because of persisting desaturations at sleep and aspiration pneumonias rigid bronchoscopy was performed and a pit was seen in the subglottic protrusion. An uretral catheter with an angled tip could be inserted in the protrusion and emerged in the esophagus. Therefore an esophageal atresie type IIIa was diagnosed, the rarest typ (less than 1%). The fistula was closed by surgery. Soon after operation no supportiv oxygen was needed aspiration pneumonias ceased. A high fistula is often hard to recognize in flexible bronchoscopy at spontaneous breathing. Using rigid bronchoscopy under artificial ventilation can be decisive for the diagnosis of high tracheoesophageal fistulas.