

**KARYA ILMIAH:  
SEMINAR INTERNASIONAL**

**CASE REPORT: GASTROSTOMY AND DUODENOSTOMY PRIOR TO PRIMARY  
ESOPHAGEAL REPAIR IN A LONG GAP TYPE C ESOPHAGEAL ATRESIA**

**dr. Supangat M.Kes., Ph.D Sp.BA**

**NIP. 197304241999031002**

- Tenaga Pengajar Bagian Paraklinik  
Fakultas Kedokteran Universitas Jember

**KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN**

**UNIVERSITAS JEMBER**

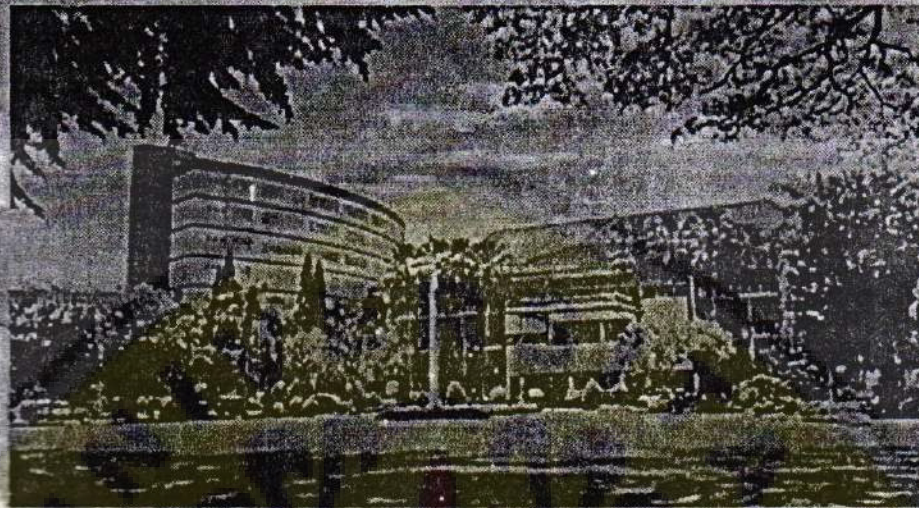
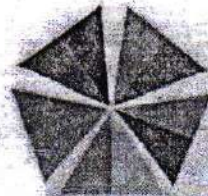


---

Karya Ilmiah Dipresentasikan dalam Seminar Internasional :  
2<sup>nd</sup> International Conference on Medicine and Health Sciences:  
Current Health Scenario, 30<sup>th</sup> Nov - 1<sup>st</sup> Desember 2018, Jember  
Indonesia



**2<sup>nd</sup> ICMHS**



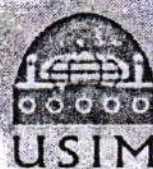
# **2<sup>nd</sup> International Conference on Medicine and Health Sciences**

30<sup>th</sup> November - 1<sup>st</sup> December 2018

Universitas Jember Indonesia

**The Current Health Scenario :  
Change in Paradigm for Optimal Health**

# **Programme Book**





Supangat

# PROGRAMME BOOK

**2<sup>nd</sup> International Conference on  
Medicine and Health Sciences**

**The Current Health Scenario:  
Change in Paradigm for Optimal Health**



**30 November - 2 December 2018  
Universitas Jember, Indonesia**

**Editors:**

I Dewa Ayu Susilawati

I Dewa Ayu Ratna Dewanti

Nylachoirotunnisa

## Organizing Committee

### Steering Committee

dr. Enny Suswati, M.Kes. (UNEJ)  
Lestyo Wulandari, S.Si., M.Farm., Apt. (UNEJ)  
Irma Prasetyowati, SKM., M.Kes. (UNEJ)  
Ns. Lantin Sulistyorini, S.Kep., M.Kep. (UNEJ)  
Dr. Umi Athiyah., Dra., M.S., Apt (Universitas Airlangga)  
Prof. Dr. Muhammad Shamsir bin Mohd. Aris (USIM)  
Yolanda Deliman, M.S., Pharm (USC)

**Chairman :** drg. Rahardyan Parnaadji, M.Kes., Sp.Pros.

**Secretary :** drg. Dessy Rachmawati, M.Kes., Ph.D  
Dr. drg. Masniari Novita, M.Kes., Sp. OF

**Treasurer :** Dr. drg. Sri Hernawati, M.Kes.  
drg. Zahara Meilawaty, M.Kes.

### Secretariat, Publication, and Sponsorship Division

**Coordinator :** drg. Ayu Mashartini P, Sp.PM.

**Member :**

drg. Yani Corvianindya Rahayu, M.KG  
drg. Nuzulul Hikmah, M.Biomed.  
Endah Puspitasari, S.Farm., M.Sc., Apt.  
dr. Pulong  
Afif Hamdalah, SKM., M.Kes  
M.Kholid Rosidi, MNS.  
Elizabeth Y Tan, R.Ph., M.Sc (USC)  
Dewi Melani Heriyadi, S.Si., M.Phil., Ph.D., Apt  
Dr. Nor Azilah Noh  
Yanuar Nurdiansyah, S.T., M.Cs  
Villa Nanda Sahara, S.Kom



2<sup>nd</sup> International Conference on Medicine and Health Sciences

**PROGRAMME**

1 <sup>st</sup> December 2018		
07.00-08.00	Registration	
08.00-09.00	Plenary lecture	<b>Dr. Phurpa Wangchuk</b> (Australian Institute of Tropical Health and Medicine)
09.00-10.00	Plenary lecture	<b>Dr. Phillip du Cros MBBS M.Clin. Epid</b> (Infectious Disease Specialist, TB Elimination and Implementation Science- Burnet Institute- Australia)
10.00-10.15	Coffee break I	
10.15-11.15	Plenary lecture	<b>Assoc Prof. Wakako Tsugawa</b> (Tokyo University of Agriculture & Technology - Japan)
11.15-12.15	Plenary lecture	<b>Prof Bhisma Murti, MD, MPH, MSc, Ph.D</b> ( Masters Program in Public Health, Graduate School, Universitas Sebelas, Indonesia) <b>Path Analysis, SEM, and Multilevel Modeling: An Alternative Approach to Health Data Analysis</b>
12.15-13.15	Moslem prayer + Lunch	
13.15-16.30	<b>POSTER PRESENTATION</b> (Lobby Aston Hotel) PP (50 - 142)	<b>ORAL PRESENTATION</b> Kisho Room: OP- (13 - 25) Tulip Room: OP- (26 - 33) Saphire Room: OP- (34 - 41)



**ORAL PRESENTATION, 1<sup>st</sup> December 2018  
SHAIRE Room**

SHAIRE Room 13.15-13.45	IS-8 Ancah Caesarina	Invited Speaker-8 Healthcare professionals' behavior role in a healthcare-associated infections prevention program
SHAIRE Room 13.45-14.15	IS-9	Invited Speaker-9
SHAIRE Room 14.15-14.30	OP-34 Nazefah Abdul Hamid	Human papillomavirus-16 E2 as an apoptosis-inducing protein for cancer treatment: a systematic review
SHAIRE Room 14.30-14.45	OP-35 Antonius Nugraha W Pidhi Pratama	Medication Adherence amongst Leprosy Patients in Sumenep, Indonesia
SHAIRE Room 14.45-15.00	OP-36 Iin Triwahyuni	The potential of cocoa beans( Theobroma cacao) as an anticancer agent, between challenges and expectation
SHAIRE Room 15.00-15.15	OP-37 Erma Sulistyaningsih	Purification and Sequence Analysis of CIDR1a-PfEMP1 Recombinant Protein from Indonesian Plasmodium falciparum Isolate
SHAIRE Room 15.15-15.30	OP-38 Noor Setiyadi	Prevalence of Drug Resistant of Tuberculosis Suspect: Case Study In Sukoharjo Central Java Indonesia
SHAIRE Room 15.30-15.45	OP-39 Supangat	Case Report: Gastrostomy and Duodenostomy Prior to Primary Esophageal Repair in A Long Gap Type C Esophageal Atresia
SHAIRE Room 15.45-16.00	OP-40 Dewi Dianasari	Increased Expression of Insulin Receptor Protein with Sodium Orthovanadate in Alloxan-Induced Diabetes Mellitus Mice
SHAIRE Room 16.00-16.15	OP-41 Nor Eyzawiah Hassan	RAPIDLY GROWING MASS IN THE EAR CANAL; A RARE CASE OF ISOLATED SUPERFICIAL ANGIOMYXOMA



## Case Report: Gastrostomy and Duodenostomy Prior to Primary Esophageal Repair in A Long Gap Type C Esophageal Atresia

<sup>1,2</sup>Supangat Supangat, <sup>2</sup>Gilang Candy and <sup>2</sup>Azka Darajat

<sup>1</sup>Dr. Soebandi District Hospital of Jember, Indonesia

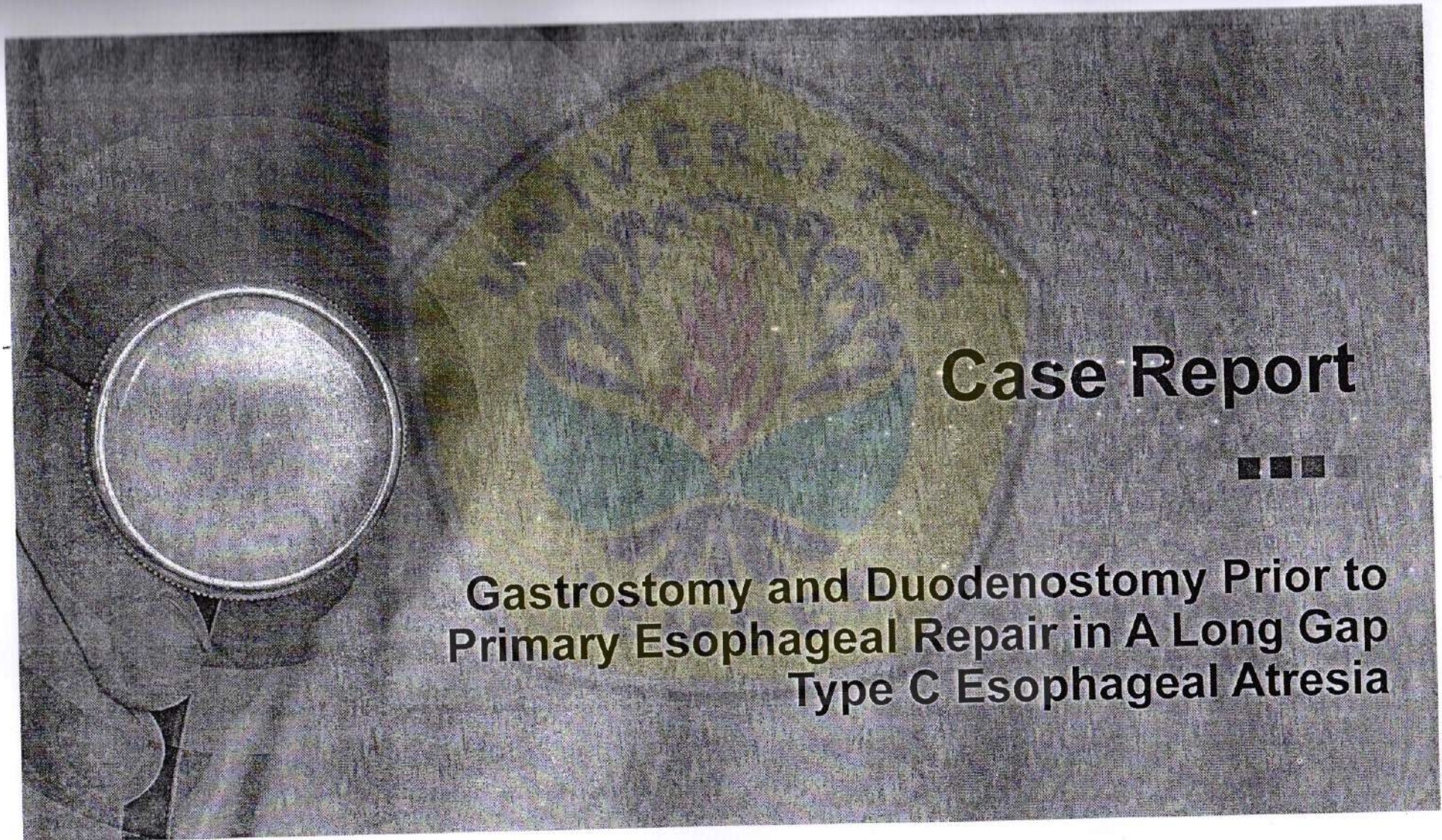
<sup>2</sup>Medical Faculty of University of Jember, Indonesia  
gilangvigorous@yahoo.co.id

### Abstract

Esophageal atresia (EA) with or without tracheoesophageal fistula (TEF) are one of congenital anomalies in alimentary tract. Esophageal atresia may present as single anomaly or associated with other congenital anomalies. We report a case of EA with TEF that presented as a single anomaly. Aspiration pneumonia has always been a threat in these patients. The esophageal atresia may cause hypersalivation that will develop into aspiration pneumonia if the saliva does not get removed adequately. An oroesophageal tube may be useful to confirm patency of the distal esophageal pouch and to evacuate saliva preventing aspiration pneumonia as a standard technique in patient with EA-TEF. Gastrostomy-jejunostomy are well known techniques used in long gap esophageal atresia, providing both decompression and enteral feeding. However, decompression and enteral feeding in our case were provided through gastrostomy-duodenostomy.

**Keywords:** *esophageal atresia, gastrostomy and duodenostomy*





## Case Report



**Gastrostomy and Duodenostomy Prior to  
Primary Esophageal Repair in A Long Gap  
Type C Esophageal Atresia**

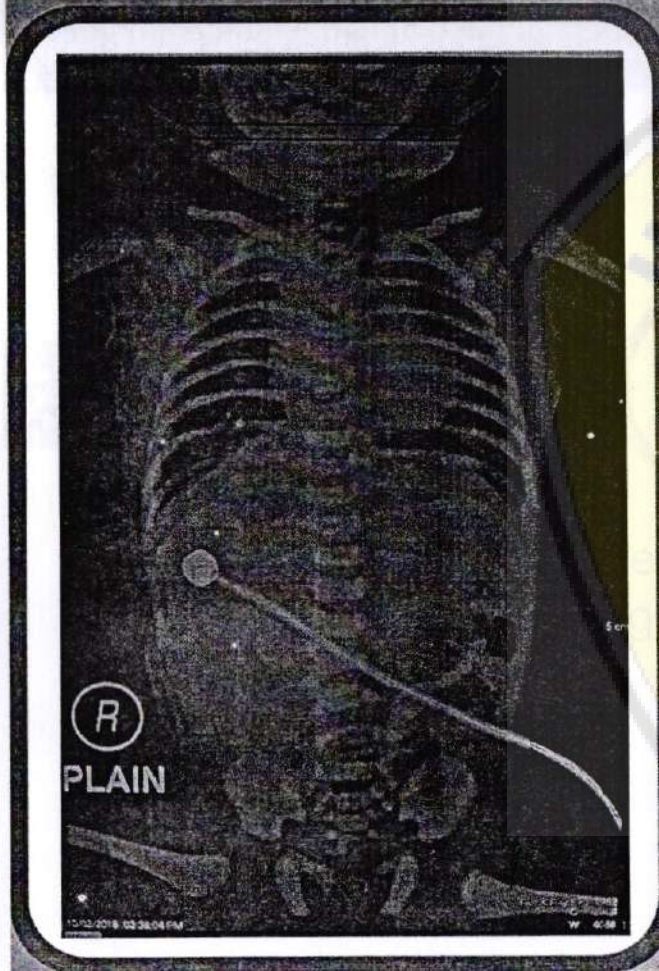


## History

- 2-days old female infant
- oral secretion and vomiting (susp. EA)
- C-section indicated by polyhydramnios, PROM, C-section history
- BW: 2450g; AS:7-8



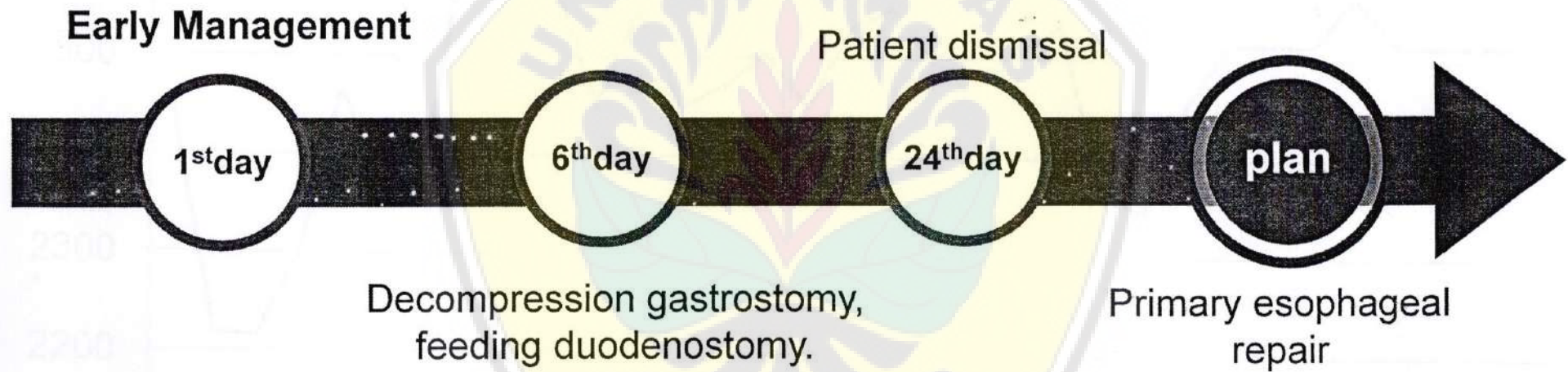
## Case History



- Contrast cut off at T2-T3
- Visible distal bowel gas
- Contrast did not go into respiratory tract

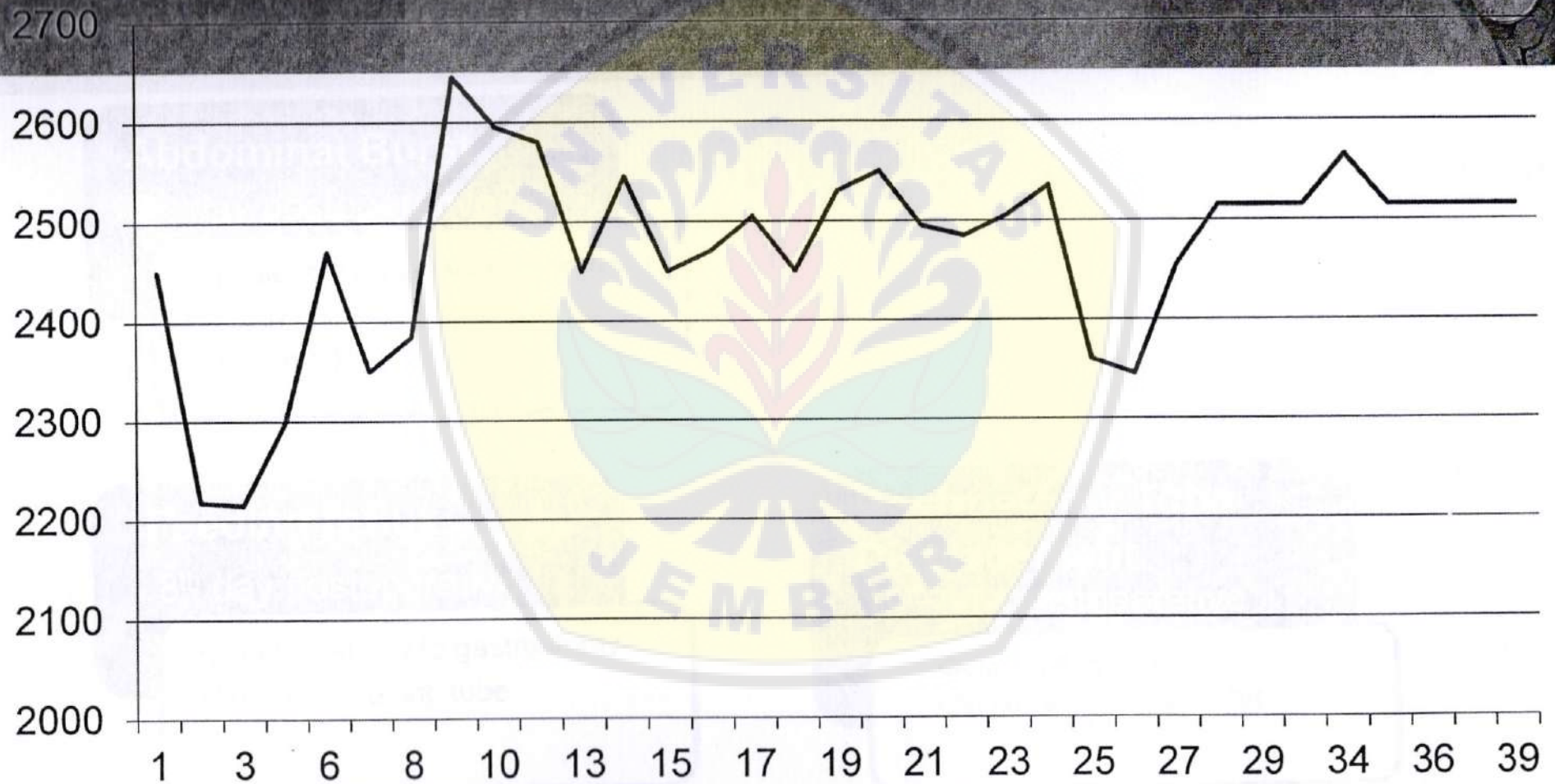


# Case History management plan





Weight Graph





## Case History Complications butuh revisi

### Abdominal Burst

3<sup>rd</sup> day postoperative

- Hypoalbuminemia (susp underlying process)
- Repair in OR

### Feeding reflux

8<sup>th</sup> day postoperative

- Duodenostomy to gastrostomy
- Adjusting feeding tube

### Gastrostomy Tube Displacement

19<sup>th</sup> day postoperative

- Replacing the tube
- Did not require repair in OR





**Thank You**