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CLINICAL IMAGE IN GASTROENTEROLOGY

VACTERL syndrome☆

Síndrome VACTERL

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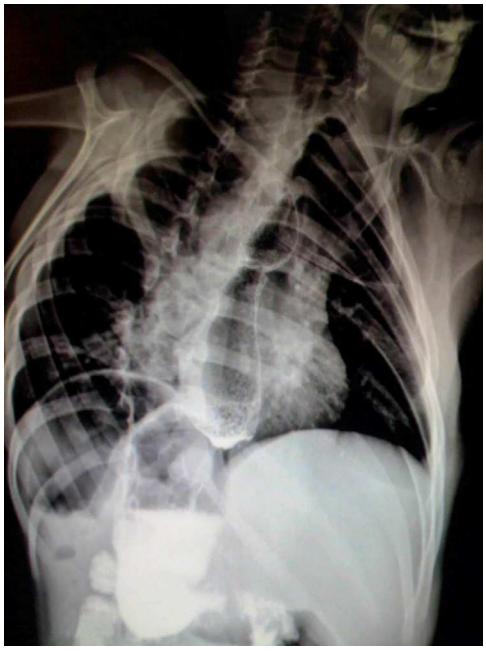

Figure 1 Chest and abdominal X-ray showing the characteristic data of the VACTERL association.

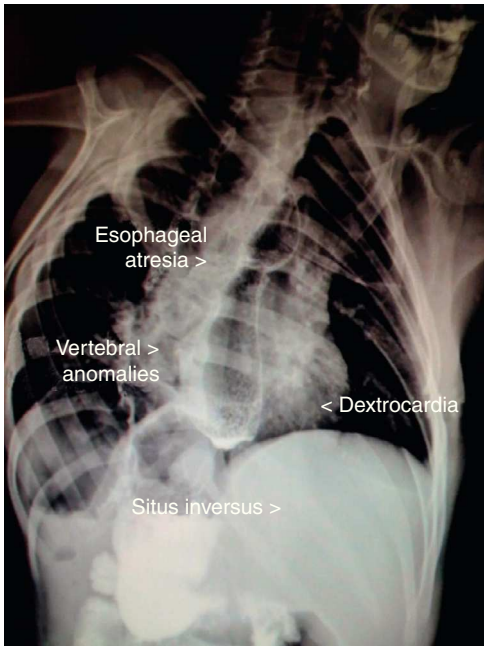

Figure 2 Chest and abdominal X-ray showing the alterations found in the VACTERL association.

A 9-year-old boy was diagnosed with a tracheoesophageal fistula and esophageal atresia at birth, both of which were surgically repaired. At the follow-up visit with the services of Pediatrics and Gastroenterology of our hospital center, the chest and abdominal x-ray presented herein showed the presence of *situs inversus*, morphologic abnormalities, and vertebral fusion, as well as postsurgical changes in the esophageal repair, all of which are characteristic findings of the VACTERL association (Fig. 1).

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Some authors prefer the term «association» rather than «syndrome» due to the fact that the complications are not pathophysiologically related and because there is no specific etiology, even though the alterations occur in organs derived from the mesoderm and the pathology presents more frequently in the children of diabetic mothers. The VACTERL association (V: *Vertebral anomalies*, A: *Anal atresia*, C: *Cardiovascular abnormalities*, TE: *Tracheoesophageal fistula*, R: *Renal anomalies*, L: *Limb defects*) is defined by the presence of at least 3 of the malformations just mentioned. Patient management is divided into 2 stages: in the first, conditions that are life-threatening, such as severe cardiac malformations, are treated surgically; and in the second, the remaining malformations continue to be under long-term control and rehabilitation (Fig. 2).

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Conflict of interest

The authors declare that there is no conflict of interest.