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Gastroesophageal reflux and congenital gastrointestinal malformations

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Abstract

Although the outcome of newborns with surgical congenital diseases (*e.g.*, diaphragmatic hernia; esophageal atresia; omphalocele; gastroschisis) has improved rapidly with recent advances in perinatal intensive care and surgery, infant survivors often require intensive treatment after birth, have prolonged hospitalizations, and, after discharge, may have long-term sequelae including gastro-intestinal comorbidities, above all, gastroesophageal reflux (GER). This condition involves the involuntary retrograde passage of gastric

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Saliva can accumulate in the upper pouch as it cannot drain into the stomach. Once discharged, babies may have problems with acid reflux for the first year.

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