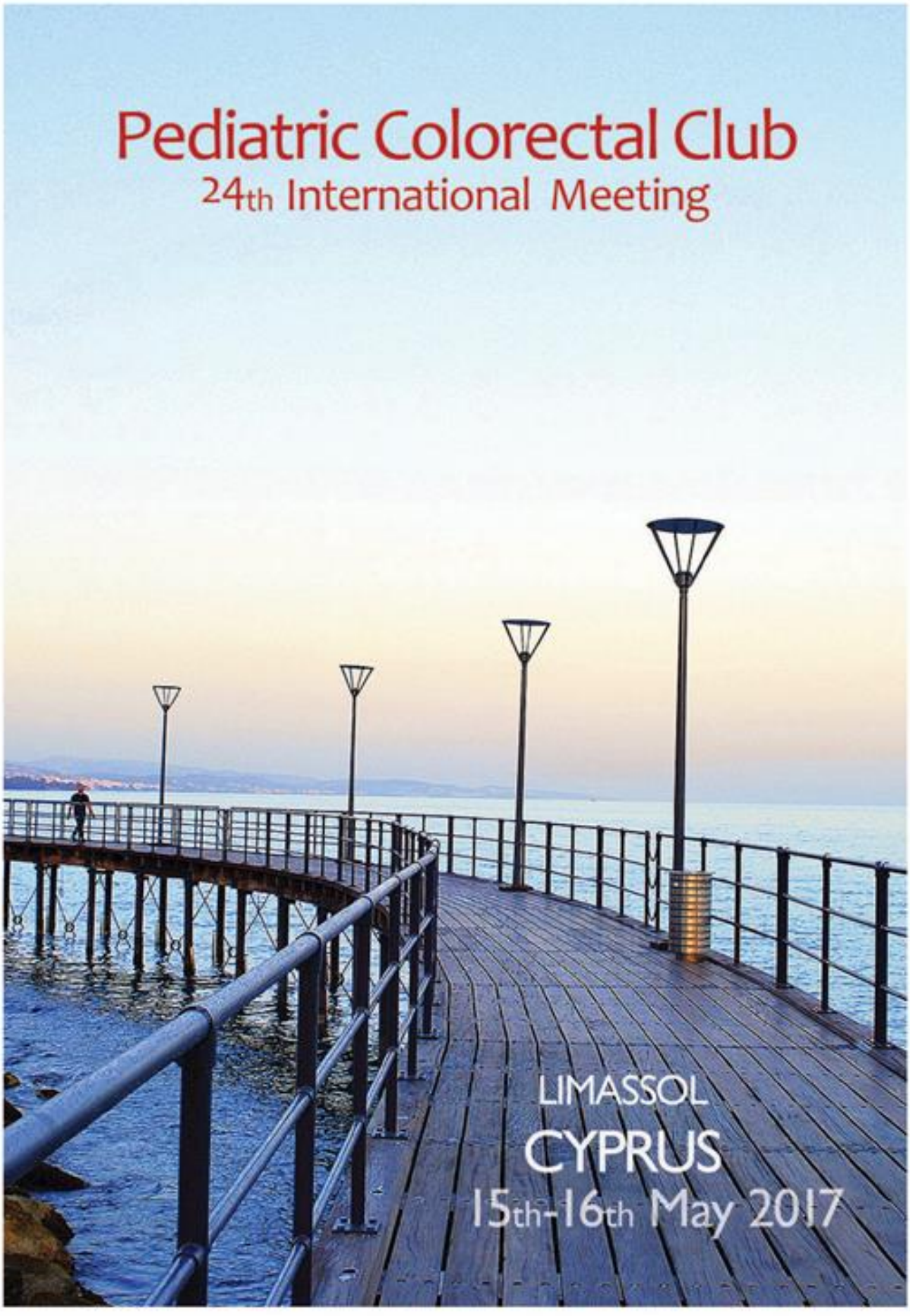
Pediatric Colorectal Club

24th International Meeting



PW 3-04

A NEW OPERATIVE TECHNIQUE FOR IDIOPATIC MULTIPLE RECURRENT INTUSSUSCEPTIONS AND RETROSPECTIVE ASSESSMENT OF RECURRENT INTUSSUSCEPTIONS

Melih Akin, Eren Yasa, Mesut Demir, Meltem Kaba, Nimetullah Mete Genc, Nihat Sever, Cetin Ali Karadag, Abdullah Yildiz, Ali Ihsan Dokucu (Istanbul, Turkey)

Aim: Treatment of the continued recurrent intussusceptions are a challenging problem despite not to find any leading point. We aimed to review our 10 years experience for recurrence intussusception and describe a new operative technique for recurrent intussusception cases without any leading points.
Methods: We retrospectively reviewed the data of patients with recurrent intussusception in our clinic between 2007 and 2015. Demographic, clinical and operative findings were recorded. One patient who operated by new procedure was evaluated prospectively.
Results: 33 patients were admitted to our clinic due to recurrent intussusception. 22 patients had 2, 8 patients had 3, 1 patient had 4, 1 patient had 7, 1 patient had 8 recurrences. 87 ultrasound guided hydrostatic reduction were performed in all patients. 4 patients had leading points. 2 patients had multiple recurrences, one of both was operated by new procedure. This procedure was performed by laparoscopy assisted terminal ileum folding and fixed ceaceum. Patient followed 34 months.
Conclusion: Ultrasound guided hydrostatic reduction can be performed successfully in patients with recurrent intussusceptions. This new operative technique can be satisfactory for recurrent intussusceptions without any leading points.

PW 3-05

IS THERE A CAUSAL RELATIONSHIP BETWEEN INTUSSUSCEPTION AND FOOD ALLERGY?

Aydin E., Beser OF., Ozek E., Sazak S., Duras E. (Istanbul, Turkey)

Aim: Intussusception which is the 2nd most common abdominal emergency in children, occurs when a bowel segment invaginate as a telescope one into another. Food allergy is the adverse immunological reaction to a specific allergen which is reproducible on repetitive exposure on the same allergen. There are few case reports regarding the relation between intussusception and lymphoid hyperplasia because of food allergy. Herein, the aim of this study is to demonstrate the incidence and type of food allergy in intussusception, the clinical features of the patients and the factors determine these.
Method: Patients diagnosed as intussusception between January 2015 and December 2015 was admitted to hospital for further investigation. The diagnosis of intussusception was determined by the Brighton Collaboration Intussusception Working Group criteria. Incidence of food allergy was investigated in cases diagnosed and treated as intussusception per the ESPGHAN Guideline: Diagnosis and Management of Food Allergy. Patients are divided into two as allergy positive and negative. The two groups were analyzed comparatively per demographic features, clinical, physical and laboratory findings. Statistical analysis was done with IBM SPSS Statistics 20.0.0. Ethical committee approval for the study protocol and written family consent were taken from the parents of all patients.
Results: There were 38 patients diagnosed as intussusception in year 2015. Twenty-one of them was included in the study. The mean age of the patients was 4.41 years old and median age was 4 years old. Eight (38,1%) patients diagnosed as food allergy while 13 (61,9%) patients were non-allergic. These two groups of patients were analyzed per demographic and clinical features and laboratory examinations. Demographic features of the two groups were equal. (p>0,05) The mean number of days of presenting symptoms was 1,13 in allergy group and 7,85 in non-allergy group. (p>0,05) Two (25%) of the patients in the allergy group had normal physical examination findings and normal abdominal graphs while 4 (31%) of the patients in non-allergy group. One (13%) patient in the allergy group diagnosed as ileoileal intussusception while 4 (31%) patients in non-allergy group diagnosed as ileoileal intussusception. (p>0,05) The mean number of intussusception attacks in allergy group was 1,63 while 1 in non-allergy group. (p>0,05) In the allergy group, 1 (13%) patient was followed up, 6 (75%) patients were reduced with pneumotic and 1 (13%) patient reduced manually. In the non-allergy group 4 (31%) patients were followed

up, 6 (46%) patients were reduced with pneumotic, 1 (7%) patient reduced manually and resection anastomosis was performed in 2 (15%) patients. (p>0,05) In the allergy group, the mean of total IgE was 416,43iU/ml (median 123,61iU/ml ± 846,05) and ECP was 58,31µg/L (median 44,55µg/L± 44,14). In the non-allergy group, the mean of total IgE was 102,74iU/ml (median 31,11iU/ml ± 173,51) and ECP was 28,46µg/L (median 19,20µg/L± 18,54). There was statistical difference between groups for ECP. (p<0,05)
Conclusion: Intussusception and food allergy are both common health problems in childhood. Because food allergy was frequently observed in our study, it should be kept in mind as one of the probable cause of intussusception.

PW 3-06

POSTOPERATIVE INTUSSUSCEPTION IN CHILDREN - EXPERIENCE WITH SIX PATIENTS

Slavkovic A., Djordjevic I., Marjanovic Z., Zivanovic D., Konjic E., Dobanovacki D., Martinovic V., Petrovic M. (Nis/Novi Sad, Serbia; Tuzla/Mostar, Bosnia and Herzegovina)

Aim: Study analyzes the time, place, type of primary surgical procedure which precedes the postoperative intussusception (POI) and method of diagnosis and treatment.
Method: We retrospectively analyzed the medical records of six patients aged 0-18 years who developed POI after a variety of intraabdominal procedures and extensive burns, in the period 2006-2016. The study was approved by Ethical Committee.
Results: The median age was 23,8 months (6-66) with the male-to-female ratio 1:1. Patients were reoperated approximatively on the 4,66 postoperative day (POD) (3-6). Diagnosis was made by ultrasound. POI was mainly ileoileal and was reduced manually in all patients. Table summarized main results.
Conclusion: POI are very rare and should be suspected in pediatric patients who showed signs of intestinal obstruction in early postoperative period after major surgical interventions and patients with severe electrolyte disbalances. It is different to predict POI postoperatively. Ultrasound is capable of delineating the features of POI. Early recognition and prompt management are important.

Primary disease	Sex	Age (months)	Original operation	Location of POI	Second op. time (day)	Treatment of POI
Intussusception ileocoecocolica	m	8	Manual reduction	ileoileal	POD 6 day	MR
Tumor of colon ascendens	m	66	Hemicolectomia dextra	ileoileal	POD 5 day	MR
Abscess due to perforated appendix	f	42	Appendectomia and drainage	ileoileal	POD 3 day	MR
Intussusception ileocoecocolica	f	6	Hydrostatic reduction	jejunojejunal	POD 5 day	MR
Intussusception ileocolica	f	9	Manual reduction	ileoileal	POD 6 day	MR
Extensive burns	m	12	Electrolyte disbalances	Ileocoecocolic	POD 2 day	MR

PW 3-07

HARTMANN REVERSAL SURGERY AFTER A TRAUMATIC RECTAL INJURY: A REPRODUCIBLE SINGLE-PORT APPROACH IN PEDIATRIC PATIENTS

Alvarez GN., Corona BC., Fernandez AR., Ruiz de Temiño M., Delgado AR., Elias PJ. (Zaragoza, Spain)

Aim: Single-port surgery is getting more popular among pediatric surgeons and has been described as a safe and feasible technique for a great variety of procedures, specially appendicectomy. Hong technique, based on the Alexis retractor, is considered a low-cost single-port approach easily performed with conventional laparoscopic instruments. Our objective is to present the single-port approach for reversal Hartmann's surgery in pediatric patients.